Co-Therapy and a Dialogical Approach -an inspiration from Scandinavian countries

PRACTITIONER RESEARCH PROJECT

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1. Title of Research Proposal

Co-Therapy and a dialogical approach: an inspiration from Scandinavian countries–A Practitioner Research Project

2. Brief description

This is a practitioner PhD research project exploring the effects of co-therapy on individual therapist and the team with which they work while adopting a dialogical approach in an outpatient service in the Czech Republic. It focuses on what is seen as emerging useful knowledge as well as focusing on the process of how this knowledge is created.

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Chapter I: Introduction

A.1.1. Introduction

This dissertation reports on a research project focused on the shared learning experiences among eight psychotherapists of an outpatient psychology/psychotherapy service in Rychnov nad Kněžnou in the Czech Republic, including myself as being inspired by a Norwegian practitioner research.

1.2. Motivation: The Dialogical Approach

There were two elementary motivations for this project:

1. Throughout the last several years prior to this research, we noticed new and useful aspects emerging in our practice which we named "relational," "collaborative," or "dialogical." We wanted to develop a theoretical way of describing these phenomena. This was challenging as each one of us had a tendency to "retreat" into our different theoretical vocabulary of our training background. We decided to use engage in this research as a way to develop and extend our understanding of this phenomena as a team.

2. We felt challenged by the research results of the "Open Dialogue Approach"[1] (Seikkula, 2006) in their work with psychotic patients. As Seikkula (2006) has pointed out, dialogism should not be taught but "rediscovered" (pp. 102). Our interest was, to explore the possibilities and map the journey of developing a dialogical approach in our own work. According to Gergen (1994) alternative understanding doesn't appear spontaneously, as Kuhn suggested (1970), but is born within socially constructed patterns. This new language of "alternative understanding" (Gergen, 1994) becomes a source of social transformation (Gergen, 1994) and opens the space for change in our work.

In transforming our team functioning, we wanted to enhance what is already "dialogical" in our current practice in order to explore further possibilities of improving our practice. We saw social/relational constructionism (see chapter 2) and collaborative approaches (see chapter 2) as the underlining epistemology in our work. We attempted to follow the same epistemology also in our research (see e.g. Simon, 2015; McNamee, 2012, 2017).

1.3. Double Norwegian inspiration

There were two ways in which we felt inspired by the Norwegian/Scandinavian research. First,

[1] "Open Dialogue" is one of the practical application of dialogical approach developed in Finland focusing on home-based treatment of patience with psychosis.

we were aware that there have been attempts, since the 1990`s, to articulate the implications and applications of the "Open Dialogue" approach in Norway and in other Scandinavian countries (Seikkulla, 2007, 2008, 2012). One of the first books we came across while exploring the possible implication of dialogism in our context was: Innovations in the Reflecting Process, edited by Harlene Anderson and Per Jensen (2007). Also, my personal encounter through EFTA (European Family Therapy Association) with Hans Christian Michaelsen was inspiring. A mutual cross-fertilization between the practice of Tom Anderson`s (1981) reflecting teams[2] and Open Dialogue was inspiring for us as we were using the reflecting team ourselves already. As we ourselves are well rooted into the clinical context in the Czech Republic, it was important for us to be inspired by experience coming from a similar environment. The research results on implementing the Open Dialogue tend to stress the challenging qualities the team needs to adopt in order to start working in dialogical way.[3] In his research, Lidbom and colleagues (2014), state that, "significant and meaningful moments in therapeutic conversations are related more to the interplay between inner and outer dialogues and less to the quality of utterances made by a participant" (p. 136). Holmesland and colleagues (2014) stress the importance of active listening, not just to clients, but to each other within the team. „An atmosphere based on active listening was perceived as a catalyst for genuine participation among all members of the network. This was in turn seen to generate more authentic representations of how the participants perceived their situation and their responsibility for improvement. The professionals' ability to listen actively and speak openly seems to be an important factor leading to increased integration of common goals, a sense of mutual interdependence and a shared team identity" (p. 147).

These research results have encouraged us to focus on the process of our own growing awareness of our inner polyphonic conversation and its transition into an outer dialogue as well as an awareness of our active listening to each other as means of developing authentic representation. After a long discussion, we decided to call the process of growing awareness „learning ". From here, we have focused on questions like, „When do I learn most "? In which context "? These questions led us to develop a simple questionnaire (which I describe in more detail in chapter 3) to help us identify the area we want to focus on in our research.

Second, we felt inspired by the work of Ottar Ness, PhD, in using practitioner research as a

[2] "Reflecting team" is a technique developed by Tom Anderson in late 1970`s. It invites the team of colleagues to sit in the session with the therapist/s and clients. At a certain point the therapist turns to the team to have a conversation among themselves (following certain conversational rules) and then the team turns the conversation back to the client-therapist dyade.

[3] When we started the research, there were only limited amount of studies available on implication and application of Open Dialogue outside of Finland and in English. The complex literature research has been published in 2017 by Buss and colleagues.

means of team transformation (Ness, 2011). He introduced us to the epistemology of practitioner research, as it has not been used in the Czech Republic before. We felt particularly inspired by the option to co-design our research, as a team, in order to enhance our learning while remaining "faithful" to the polyphony of our different perspectives given by our different training backgrounds. Ottar and his team have been inspiring and supporting us along the way from the initial inspiration to use a practitioner research to adopt a new practice, through dilemmas about the research design, in "making sense out of the data collected and in finally making understandable and presentable in the academic context. Without this on-going Norwegian connection, our research would have never happened.

1.4. Team as a means of polyphony

Each one of our eight team members (4 men and 4 women) had a background in a different psychotherapeutic/professional training ranging from systemic, narrative, Gestalt, to Rogerian, and identified professionally as clinical psychologists, social workers, or art therapists. Many of these psychotherapeutic approaches have their own understanding of what "dialogical" means (see chapter 2, pp. 37-42). The goal of this project was to map what we see as dialogical in our current practices, and create conditions/language where mutually challenged common understanding and practice of dialogism can emerge while still paying respect to our individual differences. We have attempted to create an environment, where each member of the team is invited to learn at their own pace, where different opinions are welcomed and at the same time common ethical goals are co-created.

1.5. Reflecting team as a starting platform for developing new perspectives: Tom Andersen`s footprints in our team

Practice of reflecting team is not well spread in the Czech Republic even though it is usually talked about in the systemic trainings. Maybe it is important to explain the context here how was psychotherapy taught and practiced in the Czech Republic till 1989 when the fall of communism has happened. Till then psychotherapy was considered a "burzoas" practice, it was not taught or trained and practising it was considered somehow on the edge of legality. As both of my parents have worked all their life as psychologist and psychotherapists, I have a detailed knowledge of how personal creativity has been flourishing as a key quality when confronted with difficult client story. There has been a presence of large practical knowledge but very little (if not none) theoretical reflection. One simply did what seemed to work.

So, when in the late 1990`s the trainers from Austria mentioned as a part of systemic training (where both of my parents were participating as trainees) the practice of reflecting team developed by Tom Andersen, there was a readiness to just simply try it out without much hesitations. Even

though I have a suspicion that the trainers themselves had only experienced Milan style practice till then. Due to the lack of technique the team was brought straight into the room with clients. The practice has been happening at this particular working place ever since. So, when I have set up my team ten years latter, creating a practice when reflecting team is sitting with the couple of co-therapists and the family in the room, it was not considered strange even though there was no other place in the Czech Republic working like this (the place in Brno where reflecting team is done is not working with the couple of therapists as we do but only with a single therapist bringing his/her case). It was not till several years latter, when I have actually read the work of Tom Andersen that I have realised that our practice seems actually very close to his original ideas. The experience of co-working in front of/with a reflecting team with a family has helped us to transform the experience and create reflexive conversations with the co-therapist in front of the clients as we co-work without the team. This we consider an important part of dialogical approach. This inspiration has helped us also to establish the ethics of "confidenciality within the team", meaning that we ask our clients in the very beginning to share with us only the things which we can share with other team members if necessary (as health professional then we are of course bound with the medical secret). These simple organizational things have helped us to establish collaborative ethics of working when we share our cases, work openly in front of each other and with each other, different view point is treasured and disagreement are welcomed.

We are very much aware that this could never happen without the influence of Tom Andersen and his colleagues on our team.

1.6. Research as a team development experience

After a long journey of searching for the right format, and given our relational and collaborative orientation, we decided that the view of research as a constructive process (as opposed to a process of "discovery") was coherent and appropriate for this project (McNamee, 2006; McNamee & Hoskins, 2012; Gergen, 2014). We needed to create a design which would explore not just the reality as it is (traditional research where discovery is assumed) but also a reality as it could be, the discursive potential (McNamee, 2006) in order to develop the team's potential to understand/practice dialogism collaboratively. The team members were participating as co-researches and co-creators testing continuously the utility of emerging knowledge in our work with clients. Through encouraged self-reflexivity (in writing) and shared self-reflexivity (in co-therapy pairs and then in focus groups) a common language has evolved integrating dialogism as a part of team identity[4] (Wenger, 1998). The focus groups were taped, transcribed, analysed and the results

[4] Wenger (1998) sees identity, together with common learning, practice and constant search for meaning, as main aspects of creating a "community of practice". He sees identity as "layering of events of participation and reification by which our experience and its social interpretation inform each other" (pp.151).

fed back to the team in the beginning of the following focus group to be discussed. We have used Kathy Chermaz`s version of Grounded Theory (see Chermaz, 2011; chapter 6) to analyse the transcripts as one of our goals was to create a common theoretical structure about our understanding of dialogism.

From our experience, we know that new knowledge has a “team building" as much as “team breaking” potential. This research offers an example, including advantages and limits, of how using a relational constructionist perspective (McNamee, 2006) can enhance the team’s potential to develop as a team and integrate new knowledge.

1.6. Co-Therapy as a Learning Platform

Based on our pre-research results (see chapter 3), we have chosen the reflection of our co-therapy sessions, where we think we can learn most about ourselves, the evolution of our dialogic skills, and at the same time develop a practice-based common local language.

At the same time, we see co-therapy as a useful setting for practicing dialogism. As a result of the research process, what we see as useful dialogical co-therapy practice (including several techniques) has emerged and has been discussed, practiced and integrated.

Dialogical co-therapy became a standard practice for all members of our team. Through the course of the research, the co-therapy also became the space where we nurtured and encouraged our focus on learning. The focus on our own learning became a well-integrated part of the team vocabulary.

1.7. Purpose and Questions Asked

The two main questions we have asked ourselves after each co-therapy session were

1. What have I learned about myself?
2. What have I learned about the co-therapy process?

These questions were answered in writing individually, the answers shared and co-created in the discussion between the co-therapy pairs after the session and then brought into a focus group every 2-3 months.

Focus on learning has helped us to create a safe environment for self-reflexivity and shared self-reflexivity avoiding good-bad judgmental statements.

1.8. Rationale and the Significance of the project

We see that there is a huge gap between academic and practitioners` knowledge. This project has created a “practice-based knowledge” (McNamee, 2006) about dialogical way of working in an

outpatient psychology/psychotherapy service. It offers a close observation of how this knowledge was created.

It offers a fusion on a practical and theoretical level of different perspectives on dialogism (systemic, Gestalt, Rogerian, narrative) creating a common concept of **dialogical ethics**.

It maps/creates a dialogical way of using a co-therapy setting to enhance dialogical ethics in practical day-to-day encounter with colleagues and clients.

It shows advantages and pitfalls of using relational research as a tool for transformative experiences of a clinical practitioner`s team. It also shows how focusing on learning collaboratively can increase the team`s reflection-in-action (Schön, 1984).

B. Story behind the project

*A famous quote by Ben Witherington III, states "A text without a context is just a pretext for what we want it to mean…" (2009). I have decided, to present the **context** of what is being said throughout this thesis, in cursive writing. I will use this space to give examples, quotes, our experiences and thoughts. I will present this, from my personal perspective, based on my research journal, memories and interpretations.*

History of the project development

In 2007, I founded an outpatient psychology/psychotherapy service in a small rural town hospital in the Czech Republic, which soon developed into a team of 8-12 professionals. We all had different training backgrounds but, based on our previous experiences, we felt strongly about developing a collaborative team ethics. Building a team like that in a hierarchical environment of a hospital seemed challenging. What followed was a powerful experience which many teams have lived through before: mutual inspiration, high energy and a steep learning curve.

From the beginning, we adopted Tom Andersen`s reflecting team (1991) technique working as a team together one day every two weeks. Apart from that we would invite each other to sit in our sessions if we felt stuck. We would also invite clients to bring people from their own contexts who they would like to have there with them who could provide valuable insight.

The service became popular with an excellent collaborating network of medical doctors, social services, schools, courts and non-profit organizations.

Even though all of us were working part time we would be seeing more than a hundred families a month and a similar number of individuals. We have worked with a broad range

of clients from psychosomatic children/adults to high violence post-divorce families and psychotic patience.

We have gradually realized that our personal styles of working are changing and that we feel strongly about certain new aspects of our work which we also find effective for our clients.

The collaborative team ethic was something we have treasured dearly and also in line with theory, we have seen it as a good prevention of burnout syndrome while the work demands were increasing.

At this point we became very curious. What is it we are doing? Is the team atmosphere just a coincidence or are there any effective ways to establish this it? Is it repeatable? What is it in our work what we find so energizing? What are the new aspects in our work which we find effective for our clients? Can this last? How can we increase our self-reflexivity to learn the most from our clients?

This experience was difficult to share. We encountered envy and were often seen as naive or told, "wait it won't last that long anyway." In the way we organize our team, we find resonance with the concept of collaborative communities (Anderson, 1997) and with Etienne Wenger`s concept of "Communities of Practice"(1998) both building on the social constructionist perspective.

As understandable from a system theory perspective, explanations from any "outside" theory usually cause as much excitement as opposition and have a tendency to encourage a certain group dynamic rather than being really helpful. If there should be more understanding for our work, it needed to evolve from "within." So, we started to be curious about the possibility of research.

We all have agreed that research should proceed through increased self-reflexivity or "reflection-in-action" (Schön, 1983), what we started to call "shared self-reflexivity." We agreed with Vygotski (1986) that "thoughts are formed in language." Thus, in order to create the "generative loop of knowledge," we needed to create a space to reflect on our experience as a team.

As we talked with colleagues about our project, we were asked again and again the same question: Why Research? Why not supervision? Of course, supervision is obligatory for professionals in our position. We all use both individual and team supervision. We also have team "intervisions" once a week where we share cases and get each other's insights. But the cases we bring to supervision are usually the ones which are somehow challenging. The subtle changes in the way we talk about the "normal ones" is somehow more difficult to

capture. We needed to "step up one level" to observe this change in an extended frame of time and space and reflect on a theoretical level.

We approached two main institutions in the Czech Republic: Academy of Science (department of a psychotherapy research) and a University of Social Science (psychology and psychotherapy department) with an offer: We have an interesting amount of "data" passing through our hands and many questions. Could you please help us organize the data so they could be useful to us, or others, without compromising our work ethic?

We spent several days with the heads of both institutions trying to find an ethical way of researching this complex phenomenon, addressing different aspects of our work but none of the conventional methods of qualitative or quantitative research seemed to capture our needs. We would have to compromise our collaborative ethic. To put it in Martin Buber`s words, we would have to treat the clients or ourselves, or any other phenomena as IT, as an object. We knew that doing so would "kill" the phenomena as such. We did not really want to reduce the complexity of our experience.

So, how do we explore a living organism/system without „killing it "? As therapists, we knew more than well that it is the client's potential that is useful to explore and the potential's presence in his/her current behavior, not how things were in the past. We were interested in some kind of "ecological" research, exploring our potential.

From a previous experience, we knew that individual knowledge tends to divide the team members sometimes. The knowledge gained through this research had to be gained together. Not "on us" but "with us" and "together."

Parallel to this process was first my meeting with Jaako Seikkula and later on, other team members, which was a very inspirational moment. Reading his works on "Open Dialogue" has helped us to identify, on a theoretical level, many of the new aspects of our work we were trying to describe. The treatment results presented were so impressive that it made us doubt his methodology at first. But as we "dove" deeper into his work, we felt deeply challenged. The work of the open dialogue group looked very similar to ours. So, we asked ourselves, what makes the difference?

An interesting aspect of seeing "open dialogue" in "action" for the first time was that the Gestalt trained team member would say it is typical Gestalt, the PCA trained team member would say it is a good Rogerian work, the systemic or narrative people would feel the same. In other words, it was easy for us to identify with the open dialogue style. In "Open Dialogue" we recognize the same philosophy and energy source which we knew from our own practice. As a team, we made a common decision of transforming our practice

into a "dialogical practice" or "dialogically oriented" practice. None of us knew what this meant or what this could mean for us.

There has been quite a large amount of literature written on "dialog" within the Gestalt community or within the systemic community and, in other therapeutic schools, "dialog" is considered an elementary part of establishing a good therapeutic relationship. But somehow the different concepts did not seem "to mix." There would be no mutual quoting even though recognition of, for example Martin Buber, would be similar.

What seemed to be somehow already happening in part on a practical level seemed to fall to pieces on a theoretical level as each one of us has been from different theoretical backgrounds and therefore retreats to different vocabulary when faced with the challenge to describe our practical experience with clients. So, what vocabulary can we use, especially when "dialog" seems to be a key word in many different therapeutic schools and each one understands it differently? In addition, each one of us is a practitioner well established in his/her own theoretical background, not interested in "converting to a new religion of open dialogue." The more we learned about dialogism, meeting people like John Shotter, Spanulo Lobb, Peter Rober, Justine Van Lawick, etc. the more we felt challenged to find "our own understanding of dialogism ".

A breaking point for me was when I attended the Taos conference in Praha in 2014, meeting with Ottar Ness, Sheila McNamee, Kenneth Gergen and other colleagues developing the term relational research, building on the social constructionist perspective. This seemed to answer our need for a collaborative ethic in research. Nearly immediately after I returned from this conference, we as a team decided to connect our old interest in research with our interest in dialogism. But there was a huge challenge we faced, as none of us was a member of a university any more the therefore we did not have access to an academic library. Luckily for us prof. doc. Matthias Ochs, PhD very generously invested his time and effort not simply to supply us with all the literature we could possibly want but also to improve my academic writing skills to be able to formulate our project into an application for the Taos doctorate program. Through the process of pre-research, we co-created together within the following year and a half the design we could all identify as useful for our own practice.

Throughout the whole time of our research we have been closely collaborating and been inspired by the work of Ottar Ness and his team. The idea that transformation could be done as research and research could be viewed as a process of transformation of a therapeutic team has helped us to find our way through our own research process.

The description of the research process will be provided from my perspective. That means from a person who is a female, mother, clinical psychologist, rogerian, systemicly and narratively trained and who is the founder and leader of the service. If it were written by any of my colleagues, it would probably look quite different, even though we try to include each other's opinions with great appreciation.

C. Chapter Breakdown

In the first Chapter of this dissertation I will describe how we came to our research question, as well as the rational behind the choice of methodology used. In cursive writing I will offer more detailed story behind this project. In Chapter two I will critically review the relevant literature and in cursive writing offer examples of our understanding ad practical application of these theoretical ideas. In Chapter three I offer a detailed description of the methodology we used, data gathering process and data analysis. In cursive writing I offer the important context of the aspects presented. In Chapter four I present our findings with illustrative quotes in cursive writing. In chapter five I deal in a broader discussion with the possible implementation of our results, pros a cons of our research, limits of the study, and our practitioner research experience in more general terms.

Chapter II: Theoretical background

As the area of this research is extremely broad I have chosen to introduce five main concepts: Social/relational constructionism (Section 2.1.), dialogism (Section 2.2.), co-therapy (Section 2.3., learning-the dialogical perspective (Section.2.4) and self-reflexivity/shared self-reflexivity (Section.2.5.). Each of these topics are covered not just by books or articles but more likely by shelves of books. Thus, out of each topic I will only introduce terms and concepts relevant to our project. My main area of interest is the connection among these topics, how they all fit together.

In part one of this second chapter I will introduce the concept of social construction as part of broader post-modern turn. I will describe five areas defining the post-modern approach: universal vs. local truth, singular vs. multiple truth, gaining of knowledge, separation of inner and outer world, focus on language, and two main concepts: discourse and deconstruction. At the end of this chapter I will describe in *cursive writing* how these theoretical principles are transformed into our day-to day practice.

2.1.1. Social Construction as a postmodern stance

Social Construction has emerged within the frame of the post-modern turn (Phillip, Guy & Lowe, 2007). Post-modernism, sometimes called post-structuralism, started to developed in the mid

to late 20th century across philosophy, the arts, architecture, and criticism (Anderson, 1997). Philosophers like Jacques Derrida (1978), Michael Foucault (1972, 1980), Jean-Francois Loytard (1984), Ludwig Wittgenstein (1961) or Richard Rorty (1979) represent a broad critique of the set meta-stories and assumptions underlying intellectual and artistic life that have been around since the period of the Enlightenment (roughly, the mid-18th century). The Enlightenment focused on reason as the primary source of authority and legitimacy, and came to advance ideals like liberty, progress, tolerance, fraternity, constitutional government, and separation of church and state.

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). Based on Newton's view that the universe of experience is simply out there, available for empirically verifiable observation (Gergen, 2001), the truth was considered recognizable, describable, universal and singular. People could start to structure their knowledge, generalize their knowledge and control the world around them. This idea was not completely new. It dates back at least to the seventeen hundreds, when Italian philosopher Vico denounced that truth can be verified by observation. He suggested that the observer participates in construction of what he observes (in Anderson, 2014) The term "postmodernism" was first coined in philosophy by Jean-Francois Loytard (1984), stating that postmodernism is basically an "incredulity towards meta-narratives" (Weinberg, 2008)

Universal vs. local truth

Post-modern 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. As a consequence, they question and reject the modernists' fundamental and legitimizing "Truths" (Anderson & Gehart, 2007). Truth is considered to be socially negotiated within a specific relational context.

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). There are no "great narratives of legitimation" (Lyotard, 1984) which could be seen as a privileged meta-discourse.

> *In the context of our research, recognizing the value in local truth means that we are not aiming to discover a universal truth about what dialogism is but more likely focusing on what dialogism could be for us in our present situation. Our knowledge is growing out of our experience through sharing and building a common understanding.*

Singular vs. multiple truth

Rejecting the modernist assumption of a knowable, objective reality accompanied rejection of a singular and external truth (Flaskas, 2005). The possibility of capturing the truth is seen as always partial and limited within a local context. Through a multiplicity of different contexts there are always multiple narratives of truth present in parallel existence.

> *As each member of our team has a different understanding of what dialogism is, based on different previous trainings and experiences, building a common understanding that we don't see as competition between different views, helps us achieve a mutually enriching co-existence of different perspectives.*

Gaining of knowledge

Post-modern thinkers reject the notion that knowledge comes from directly perceiving reality. It is through people's everyday social interactions that linguistic understandings of experience become constructed and acted upon (Lock & Strong, 2010).

Since 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 focus on how people construct understandings of it together (Gergen, 1994, 2009).

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, 2009; Hoffman, 1990; Shotter, 1993).

> *In the case of our research, our knowledge is gradually built through sharing of our different maybe not-yet-fully developed understandings. Sometimes it was a phrase or a metaphor said in common discussions, used to describe our practical experience that actually became a key for developing our common theoretical knowledge. For example, a metaphor "dialogical co-therapy is like a dance, if you go right foot forward, I need to go left foot backwards…we need to stretch as far as possible while still staying connected"-has helped us to develop our theoretical thinking about the concept of polarities.*

Separation of the inner and outer world

Post-modernism rejects the dualism of the "inner" and "outer" or "objective" world. It is characterized as viewing knowledge as discursive with possible multiple contextualized realities and

by analysing concepts like truth, language, history, self or power (Anderson, 1997).

> *In our research, for example, we are looking for our personal understanding of what dialogism is, or could be, not for universal definition which could be understood by everybody the same way. Our need to "re-discover dialogism" for ourselves is building on the same preposition: our "inner understanding" defines what dialogism is for us.*

Focus on language

Through focus on language there came a recognition that social realities are negotiated in language. Austrian philosopher Ludwig Wittgenstein replaces the *picture metaphor* (as if one could stand outside the reality and "picture it") with the *language game metaphor (*Philosophical Investigations*,*1953). As there is a recognition of inseparability of phenomena from its context similarly as a word can only be understood through its place in the sentence. Similarly, as one gets immersed in a game and understands the rules of the game from "within" and it would not make any sense to evaluate the rules from "outside". As noticed by Shotter, (2011)," words do not signify meaning (tell us what something is) but take on their meaning through social interaction and exchange"(p.p. 147). 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 (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, 2009).
Gergen (1994) 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.

> *In our research, we had to negotiate together what "dialogism" is or could be for us through immersing in common process of learning, i.e. willingness to be addressed and transformed and address and transform the others where our lived experience and language we use to describe it is inseparably interwoven together. Aspects or phrases which will carry for us the transformative meaning cannot be easily identified, or more likely the reason why do they carry this potential cannot be easily identified. It is as if "the conversation itself has been the author of what is being said" (Bakhtin, 1981).*

Building on Wittgenstein, apart from others, Michael Foucault used the term discourse to reflect on power rooted in language and "language games" (Wittgenstein, 1953). On a macro social level, he talks about clinical discourse, psychiatric discourse, economic discourse, etc. (Foucault, 1972).

Discourse

Even though the term discourse was traditionally used as a linguistic concept (Hall, 2008) Foucault uses it in a different meaning. He defines discourse as a way of representing the knowledge about a particular topic at a particular historical moment (Foucault, 1972). He comes to the group of statements that belong to a single system or formation (Foucault, 1972). Through language, discourse constructs the topic, defines and produces the objects of our knowledge (Hall, 2008) 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, 2008).

What Foucault (1972) refers to as "discursive practice" defines the shared but tacit rules that prescribe what can be said and done within discourse and relationships. "Discursive practice implies a play of prescriptions that designate exclusions and choices" (Foucault, 1977) In this way, power is originated within a discourse. Power is not a *thing* that individuals can gain, possess and then lose (Burkitt, 1999; Foucault, 1979, 1982). In Foucault`s view, 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). Power has to be thought of as an interlocking series of relationships that produce a *configuration* (Ness, 2011).

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)

> *As described in more detail in chapters five and seven, recognition of the power we exercise whether as "psychologists" (towards our clients) as a "team" (towards other single professionals) or myself as a team leader and employer towards other team members became one of the ethical concerns throughout this research. The common recognition of this power led us to a goal to exercise this power not "over" (our clients, other team members, etc.) but "with" them. On practical level this effort resulted in, for example, in common report writing (the therapist and client together) as described in chapters six and seven in more detail or many discussions in our supervision sessions about my double role as a team leader and a colleague at the same time.*

Another term, or maybe better a life-attitude building on Wittgenstein formulating a postmodern critique of power is deconstruction.

Deconstruction

Deconstruction is a multi-layer term introduced by French philosopher Jacques Derrida, a student of Foucault. He sees "language as a system of signs and words only has meaning because of the contrast between these signs." (Derrida, 2003). Derrida proposed that signs always referred to other signs, existing only in relation to each other, and there was therefore no ultimate foundation or centre, this is the basis of "différance"(Burr, 2003).

Through deconstruction, he analyses any piece of text to reveal the discourse and the system of oppositions operating within it (Burr, 2003). Staying with these oppositions he recognized as crucial. "To be effective, deconstruction needs to create new terms, not to synthesize the concepts in opposition, but to mark their difference and eternal interplay" (Derrida, 2003, p.p.69). "Deconstruction is not some kind of teaching but more likely a way to approach cultural meanings and a way how to "work" with it" (Derrida, 2001).

Even in his own writings Derrida consistently uses this technique which in my experience, makes his work difficult to read and many times misinterpreted.

> *As each team member was coming from a different background, "re-discovering dialogism" confronted each one of us with different challenges. As the "post-modern turn" (Gergen, 2009, Anderson, 1997, Bertrando, 2007, Zatloukal, 2008) seems to happen within the psychotherapeutic context in many different therapeutic schools ranging from Gestalt (Lobb, 2013, Polster, 2005), psychoanalysis (Benjemin, 2004, Stern, 1998), Rogerian (Rogers, 2005), systemic (Ludewig, 1994, Seikkula, 2006) to narrative (White, Epston, 1990; Freedman, Combs, 1996), it created a natural "common ground" for different approaches.*
>
> *Using* ***Tom Andersen`s reflecting team (1991)***[5] *has opened from the very beginning our understanding of conversational therapies*[6]*. Even though none of us has ever met Tom Anderson and our knowledge of his work was very limited at that time, we were captured by the idea of the team sitting in the room with the clients(family) and the therapists bringing in a variety of different perspectives in a non-interpretative way. This "mosaic vision", showed that there are many different perspectives on the clients` situation. This seemed to*

[5] Reflecting team: see more detail in the chapter 1

[6] Conversational therapies. In conversational therapies the elementary principal is to find a new way how to talk with clients about aspects of their life causing anxiety. The goal is not to find new information but to form together new meanings and understanding. (Anderson, 1997, pp. 97)

empower the clients to "join in" with their views. Even one experience like this seemed to bring a big difference into the following therapy sessions. Developing a ***collaborative*** *way of working and developing a* ***"not-knowing position"*** *(Anderson, Goolishian, 1997) was for us a practical answer to ethical challenge, which we recognize in a post-modern perspective, whatever our original training was.*

Collaborative approach

A collaborative approach (Anderson, 1997), or more likely collaborative approaches, are building on the post-modern stance recognizing reality as socially constructed through language, where both knowledge and language are relational and generative. The target-of-treatment or more likely the „conversational partners" are recognized as „person-in–relations" whether they are individuals, couples or families (Anderson, 1997; Anderson and Goolishian, 1998; Anderson et al., 1986). A collaborative position expects a possible "mutual transformation" (Anderson, 1997) in all the partners involved in the conversation. This stance is built on a non-hierarchical therapeutic setting and on what Harlene Anderson calls "not knowing position".

Not-knowing position

Not-knowing refers to a therapist's intent: how they position themselves with what they know or think they know and to a willingness to keep their therapeutic knowing open to question and change. Not-knowing has been misunderstood as a position that lacks knowledge, feigns ignorance, withholds knowledge, avoids suggestions, or forgets what she knows. It has been misunderstood as a technique. Not-knowing is an ethical position: I do not know better than a client how she or he should live their lives; I do not want to use my knowing to lead a client in any direction. I want to promote dialogue in which possibilities can emerge. (Anderson, 2001, pp. 346). "In such a dialogic activity, there is no dichotomy between "knower" and "not knower" (Anderson, 2001, pp.345).

The "not-knowing" position and collaboration became a way of treating each other as team members. And at the same time, it was the presence of the other team members that helped us to co-create the "non-expert" position within the team.

2.1.2. Relational constructionism

In this section I will introduce the term "social construction" as it was originally used in the area of

sociology. It seems to me that even though the term "social construction" is now being often used in a much broader sense, I see a need to stress the focus on relations in some authors (Gergen, 1994; McNamee, 2000; Shotter, 1994). That is why I introduce the term "relational construction" (McNamee, 2012). At the end of this chapter, I explain two more concepts: "meaning as a coordinated action" (Gergen, 2009; McNamee 20014) and "joint action" (Shoter, 1993) to explain the focus on relationships better. Finally, I will introduce the term "radical presence" (McNamee, 2012) as a concept focusing on a personal radical orientation towards relationships.

The term "social construction" was first used in the sociology context by Berger and Luckmann (1967) in their famous book, "The Social Construction of Reality". Berger and Luckmann discussed social construction as a process involving three stages. While the stages are logically progressive, they do not necessarily occur in order and more than one can take place at the same time. The stages they proposed are externalization, objectification, and internalization. (1) Externalization involves the creation of an artifact or practice, which then becomes an object through (2) objectification where the idea develops an apparently concrete existence. This then leads to (3) internalization where future generations take the socially produced and objectified idea and accept it as truth, applying it to their thinking and acting. The term social construction is now commonly used in broader sense.

Relational construction

In the original sense, the term "social construction", as described above, focused mainly on the individual construction of internal knowledge through interaction in a social milieu.
In order to stress "relational processes" as opposed to pre-existing (individual and social) structures and their influences on how we construct the world, Sheila McNamee (2012) uses the term relational constructionism. In many ways, the term carries the same meaning as the term "social construction" used by Kenneth Gergen, especially as elaborated in his book "Relational Being" (Gergen, 2009). At the same time, as the term social construction has been used by a broad range of scientists, I find it too vague to capture the growing paradigm of detailed attention to the formative quality of human relations, especially in therapeutic context.

Building also on Bateson`s phrase that "mind is social" (Bateson, 1972), McNamee sees that the "meaning can be seen as a by-product of relatedness" (McNamee & Gergen, 1992)
From Gergen's viewpoint, the basic idea and premise of social construction is that it is from within relationships that people construct the world in which they live (Gergen, 2009) In his book, "An invitation to social construction" (2009) Kenneth Gergen defines 5 assumptions specifying his perspective:

1. The way in which we understand the world is not required by "what there is."

2. The way in which we describe and explain the world are the outcomes of relationship.
3. Constructions gain their significance from their social utility.
4. As we describe and explain, so do we fashion our future.
5. Reflection on our taken-for-granted worlds is vital to our future well-being.

Meaning as coordinated action

Gergen (1994, 2009) challenges psychology's individualistic view which considers meaning as originating within the individual mind and words (and other actions) as outward expressions of the inner workings of the mind, thereby suggesting that utterances can be correctly deciphered within the minds of others (Gergen, 1994) He sees meanings generated, sustained and disrupted in relationships (1994, 2009). He reasons that actions, in themselves, have no meaning; they acquire meaning only as they are supplemented by the actions of others (Gergen, 1994). "When people coordinate actions (e.g., gestures) together, they are also co-creating meaning" (Gergen, 2009, p. 98). Similar, to Gergen, John Shotter (1993) uses the term "joint action" to capture the focus on relational co-creational quality of dialogue.

Joint action

John Shotter (1993) defines "joint action" as "responsive activities in which practical psychological knowledge directs what takes place for the people involved". Joint action occurs when people interact with one another in mutually responsive ways (Shotter, 1993, pp.47.) It is an activity people do together – "a spontaneous, unselfconscious, unknowing (although not unknowledgeable) kind of activity" (Shotter, 1993, pp.47). He suggests that people create an understanding through other people`s responses to their actions and utterance. (Shotter, 1993, pp.1).

Joint action seems to define the essential inter-connectedness which happens in dialogue or in what Seikkula calls "dialogical dialogue" (Seikkula, 2006). When people interact from within the interactive moment, 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).

Radical presence

Radical presence is term used to describe the person`s stance when focused on a radically relational orientation" (McNamee, 2012), McNamee uses the term radical presence. A key factor of radical presence is the cultivation of a "relational sensibility" (McNamee, 2015). McNamee suggests adopting these four resources: 1) coordinate multiple ways of being, 2) encourage people

to talk from their experience, 3) focus on future and 4) engage in our inner dialogue (McNamee, 2015, personal conversation).

> *In our perspective, the term radical presence summarizes the position of relational constructionism on the level of practice. To adopt a "coordinated multiple ways of being" instead of competing for whose position is more useful or better seems like a constant challenge on a co-therapy or team level, especially with new-coming colleagues. Colleagues usually come with a perspective that either they are wrong or we are wrong when we happen to disagree on an issue. To adopt the joy over the presence of different perspectives seems like a long journey. In some ways, this research describes our journey of adopting this attitude in co-therapy and a team setting. Talking from our own experience, focusing on future and engaging in our inner dialogue, we see as effective ways of adopting the "coordination of multiple ways of being."*

Talking from the position of this inner conversation and sharing" what goes on in inner dialogue" with the conversational partner McNamee calls "relational reflexivity" (McNamee, 2015).

2.1.3. Dialogism

In this section I will explain the concept of dialogism as a specific epistemology. To do this I will explain the following concepts: voices, polyphony and addressee and how they are used in dialogism. I will also describe the basic qualities of "dialogical dialogue" (Seikkulla, 2001): the unfinalizability of dialogue (Bakhtin, 1981) and the qualities of sequentiality, subjectivity, selectivity and responsivity in dialogue.

In *cursive writing* I will describe difficulties we had as a team with the word "dialogism". I will also quote a passage by Jaakko Seikkula which has caught our attention and latter, has led to further exploration of the term "dialogical ethics".

According to Seikkula (2006), dialogism is a specific epistemology concerning not just "communication" or "exchange of opinions" but focusing on the future forming quality of language (Gergen, 2009b) as well as on the processual relational quality between people (Seikkulla; Arnkil 2006). It seems that different people have "arrived" into these stances from different perspectives. According to Marková (2014), for example, some of them stem from the ancient philosophy of Platonic dialogues, others from more recent forms of phenomenology; some see themselves as followers of Martin Buber's (1923/1962) 'I-Thou', others refer to George Herbert Mead's (1934) 'conversation of gestures'; some are inspired by Habermas's (1991) communicative action, and others start from the tradition of Mikhail Bakhtin (Marková, 2014, pp.88). Also, the philosophy of

Emmanuel Levinas (1985) who states that a complete recognition between "I-The Other" is not possible. "The other" is always more then "I" can capture. So, every "I" has a crucial responsibility to "respond" to "The Other" (Marková, 2016, pp. 89).

Voices

Based on neurobiological research, human beings are recognized as essentially relational. Their reactions are coordinated, perceptive and specifically adapted to regulate contact with the other person (Marková, 2007; Seikkula & Trimble, 2005; Stern, 2004; Trevarthen & Aitken, 2001). Seikkula and Trimble (2005) build on the ideas of Vygotsky (1978), stating that the development of speech is going from "social to individual" (Vygotsky, 1978) as opposed to the modernist assumption that speech starts as an individual capacity. These internalized "voices" create the "inner speach" which becomes an instrument to regulate behavior and emotional status (Seikkula & Trimble 2005; Vygotsky, 1978).

In other words we all have many different voices available as a part of our inner dialogue which we have developed/ "internalized" throughout our life (Olson, Laitila, Rober, Seikkula, 2012). To describe the multiple existence of these inner/outer voices and their interaction, Seikkula uses Bakhtin`s term "polyphony" (Seikkula, 2006, Bakhtin, 1971).

> *The idea that what I am saying could be an "internalized voice" of an "important other" is quite commonly used in therapy, resulting in to interventions like: "Whose voice is it you are now speaking from?", etc. But an intervention we have realized that we started to use much more often once we focused on the concept of polyphony was: "well, one part of me would like to say…, but another part of me thinks…" (something different), or "I can relate to….on one hand but at the same time…..(the opposite) is very understandable as well". This type of intervention we have found during the course of research as really opening the way to polyphony of voices in practice.*

Polyphony

According to Olson (2012) the things we say, think and feel, are influenced by "the significant other". We are the unique subjective result of different relationships. Without any "I" there is no "Thou" and without any "Thou" there is no "I" (Marková, 2007). The richness of the conversation has to do not only with the polyphony of outer voices but the polyphony of the inner voices as well. The inner voices of the other person are not heard but „sensed "(Seikkula, 2008; Rober, 2016). Our own inner voices become a powerful part of „the joint dance of dialogue "(Seikkula, 2008, pp. 478). Human beings are recognized in dialogism not just as individuals but as individuals in interaction. We always interact from a certain "position" (Olson at al., 2011; Campbell; 2013, Lobb, 2013). From these "positions" we don't only express what is being said, but also our relations to the person being addressed. Our communication has a deeply "embodied" character (Shotter, 2003, Gergen, 2009,

Lobb, 2013, Stern, 2004). In this sense, "dialogicity" is not just a set of therapeutic techniques but more a "way of life" (Seikkula, 2011). So "dialogical practice" cannot be copied or adopted but needs to be "re-discovered" in a new way in local contexts (Seikkula, 2006, pp.158).

This concept of "inner conversation being sensed" became an important key to find the courage in therapy to share more of our inner conversation. "If it is in my inner conversation, it is somehow already present in the "field" or conversation in a broader sense (Which includes our sensing as well)". In our experience, sharing the voices of our inner conversation, has proved to be "infectious" behavior. In other words, we have found (as described in more detail in chapter five) that if the therapists find the courage to share parts of his/her inner voices, clients tend to do the same.

Positioning

The term "position" is a space metaphor reflecting that the voice is spoken from a certain perspective defining what can be seen and heard (Seikkula et al., 2012). Moghaddam and Harré (2010) stated that positioning theory is about "how people use words (and discourse of all types) to locate themselves and others" (pp.22). Together with the content of what is being said, a position also expresses the relationship towards the addressee and towards the subject of the conversation (Olson et al., 2012). If we focus on these relationships, we can also recognize the emotions of the author, since emotions are expressions of these relationships (Leiman, 2011; Leiman, 2012).

Even though, this perspective seems obvious in psychology/psychotherapy as one of the basic postulates we, find it useful to remind ourselves of positioning while doing our analysis. As each utterance needs to be qualified not just as a person`s perspective on certain topic but also as expression of the author`s relationship towards the addressee and his/her emotions.

Positioning is usually not a conscious, voluntary act. More likely, it happens in an un-reflected way in the process of mutual responses (Olson et al., 2012). Positioning in the dialogical context is not a technique used but a reflection of self-reflexivity, curiosity and inner flexibility of a person involved.

This quote about positioning not being conscious usually played an important role once we started to develop the concept of working with polarities. If we, as co-therapists, want to use a "technique" of polarizing what we are saying (see more in the chapter 7 "Final results"), the fact is that it probably first happens and then we reflect on it. The question "What helps us to express a different opinion?" became one of the important topics through-out our focus groups.

Addressee

All of our utterances have both an author and addressee as "every utterance is a response to what has been said before (Bakhtin, 1986; Seikkula, 2016) Through our utterances we are relating to whom we talk, to what we talk about but also to ourselves, to our personal history, our social world. Sometimes it is not easy to recognize the addressee because it isn't always the person who is being talked to. The addressee might only be present in the person`s inner conversation affecting his/her posture, voice intonation, body gestures, etc., without being openly recognized (e.g. Olson, Seikkula, 2016).

> *The fact that in our utterance we also address ourselves- "the fact that this became official"-when we work, it is also a conversation with ourselves-if we are reflective about it-it can/should be healing also for us. As one of the team members formulated in focus group four: "…what fascinates me most is the…me re-defining me…together with the clients and with my partner while we are working…if you know what I mean…there is so much freedom in that... "…"and we are getting paid for that! Crazy!"*

Unfinalisability of the dialogue

As summarized by Rober (2016) there is a constant struggle between the "centripetal" (heading towards unity) and "centrifugal" (disruptive, heading towards messiness, unforeseen complexities) forces making the dialogical process unfinalisable (see Rober, 2016, pp. 18-21). "Imbalance is the norm" (Emerson, 1997, pp.230). Dialogue is more likely a recognition of constant flow of inner and outer conversations then an event which could be seen as separate from other events.

> *In our team, we have experienced a development throughout this research considering the view of our ability to "do dialogue". I felt that dialogue is some kind of ability or a skill which we want to master. Once we would do that, we would feel comfortable in all the dealings with each other. It took us about a year to realize that dialogue is not there to be "mastered" or "owned". We now see it as a constant struggle, which is never finished. As "mastering" the dialogue we now see the ability to relax into the discomfort and frustrations which dialogue brings.*

According to Rasanen et al. (2012), "In dialogical dialogue (utterance) the author and his utterances respond to previous author/s and open the space to following responses. To identify a dialogical dialogue, one can look for these criteria: a) presence of joint understandings, b) presence of polyphony and respect to multiple voices, c) ability to reflect thoughts, emotions and behaviour, d) connection of utterances with the previous utterances (Rasanen et al., 2012, pp. 359). Peter Rober

(2016) defined several terms characterizing the relational and co-creative quality of dialog: sequentiality, subjectivity, selectivity and responsivity

Recognition of the "co-creative quality of dialogue": sequentiality, subjectivity, selectivity and responsivity especially important for developing how to analyse our data.

Sequentiality

There is always before and after. Dialogue happens in time. An utterance has meaning in the context of time and place. "Whatever is said becomes meaningful by the place it occupies in a sequence of events (Linell, 1998; Marková, 2003; Rober, 2016).

Even though we are, as therapists, very much trained to pay attention to the context of what is being said, to find a way how we can recognize and respect the context of each utterance in our analysis, we have found challenging. We mean not just linguistic context, but also emotional, situational or even theoretical context of each utterance. As this, in our perspective could be only fully visible "from inside"-through shared self-reflexivity (see part 5 of this chapter) it is a responsibility of each team member as "co-research" to make his/her important contexts visible.

Subjectivity

What we say only partially reflects what we are thinking. Part of our thinking remains private, unarticulated, sublingual and inchoate (Lewis, 2002; Rober, 2016) "our subjectivity is largely internal conversation between inner voices within ourselves. This conversation comes into (relational) being through the continual dialogical process with others" (Linell, 2009; Rober, 2016).

Adopting dialogism has meant for us a process of becoming aware of our inner conversation and learning how to articulate and use the polyphony of our inner conversation in the therapy sessions. In doing so, we hoped to encourage the clients to join us and do the same. As we tend to express different, sometimes contradictory options of viewing a discussed issue we hope to enable a client to find his/her inner (sometimes) contradictory voices more acceptable. In becoming in touch with their inner conversation we see it easier for the clients to become aware of their inner resources and competence to deal with their issues. In this sense, we see therapist`s recognition of subjectivity in dialogue as useful for practicing a non-expert position.

Selectivity

We choose to share some things and others we decide not to share. There is not just selectivity in content but also a selectivity in time, which is significant (Robber, 2016). This selectivity doesn't happen randomly, this selectivity is responsive (Linell, 2009; Rober 2016).

> *Throughout learning how to practice dialogism we became more aware of the selection process of what from our inner conversation we choose to articulate and what not. We have realized that in our choices we are not just responsive to what is being said and how, but also to the bodily feelings, "sense" of atmosphere, etc. In other words, to what is not being said. The ability to become aware of our choices and ability to describe and verbalize them enabled us in therapy to bring into therapy the "not yet said" issues in relational, non-interpretative manner. Using phrases like: "…I was wondering whether to comment on this or not because I found what you have just said really difficult…but that might be different for you as I am aware you have been living with this issue for such a long time…".*

Responsivity

Whatever is said is always said in response to what has been said before. Also, whatever is said is an invitation to the others to respond. (Seikkula, 2006; Linell, 2009; Rober, 2016). "The participants shape the dialogue together" (Linell, 2009, pp.22).

> *The ability to be responsive to whatever the client is saying but also to our inner conversation, seemed to be one of the major challenges in our research. The next level is to recognize "what is it said in response to". Here we see the key role of self-reflexivity as described in more detail in part five of this chapter.*

As I have mentioned above there are different understandings of the word "dialogism" in different therapeutic schools. In the following part I will describe our experience with four different therapeutic school contexts as present in our team. I will use *italic* writing to do this as this is more capturing the context of our experience then a complete overview of a given topic.

> *In the context of our team there were mostly four different perspectives present: Gestalt, Rogerian, Narrative, Systemic and collaborative, each in my perspective mastering and keeping in focus a different aspect of "dialogism" and creating a challenge in different areas. For some of us it was the challenge of being in the constant contact with our own body feelings, for others it was the polyphony aspect (or polyphony opinions present in the room) or the "non-leading"/intervening position of the therapist.*

Gestalt perspective

The Gestalt perspective builds in many ways on the philosophy of Edmund Husserl and Martin Heidegger and "philosophers of dialogue", especially Martin Buber.

The philosophy of Husserl has been adopted into a therapeutic approach as a "phenomenological method". According to Yontef (2009), it consists of three main techniques:1) epoché-where the therapist consciously puts aside his own understanding or pre-conception as if he sees the phenomena for the first time. 2)description-where therapist only notices, and without any evaluation describes, what is available to his sensual perception. 3)horizontal approach-where every phenomena, every idea that appears, is equally important.

In the Gestalt perspective based on Martin Buber`s concept of I-Thou-where therapist accepts the client and him/herself as he/she is, he is not trying to change or use the client. When a real dialogue is happening, both sides (the therapist and the client) are being transformed (Yontef, 2005). There are four essential qualities of existential dialogue (1) Inclusion(where the therapist is trying as much as possible, to dive into the client`s experience and at the same time to stay in touch with his/her own), (2) confirmation(therapist accepts the existence of client as he/she is and recognises his/her potential to grow), (3) presence of therapist(the therapist is present in an authentic way, his behaviour is congruent with his feelings) and (4) commitment to dialogue or surrender to the between (the therapist is not trying to control the dialogue, he is open to whatever appears in the dialogue). The term"active curiosity"(Joyce, Sills, 2006) very much resonates with Cecchin`s term "curiosity"(1975)[7] used in systemic perspective.

The systemic perspective

In order to find a theoretical understanding between the Gestalt and the systemic perspective, it was very useful to go back to the conversations between Gregory Bateson and Kurt Lewin (in Harries-Jones, 2016) and the slight difference between the systemic term "context" (Bateson, 1947) and the Gestalt term "field"(Lewin, 1947) .

[7] „curiosity"-def Cecchin, G. (1987). *Hypothesizing-circularity-neutrality revisited: an invitation to curiosity.* Family Process, 26: 405-413.

Both terms seem to capture the constantly changing flow of meanings of changing "local contexts". But the term "context", especially as understood by the Palo Alto team[8], led to physical presence of the different "system members" in the room. -the presence of the system as such has a healing potential for creating new understandings- The essential trust that we can bring the system into the room and see what happens" has evolved through the development of systemic therapy. The physical presence of the "polyphony of voices" in the room became an essential part of the systemic perspective of dialogism.

The narrative perspective

Foucault`s critique and the position of "incredulity" towards a dominating singular narrative and the need of deconstruction became a key term in constituting the ***narrative therapy*** *approach, especially in the writings of Michael White, David Epston and Lynn Hoffman.*

As three of the team members, who are part of this research, are trained in the narrative approach, constant attention to the "privileged discourse" comes as a natural part of our work ethic.

In the narrative perspective, the client is given a space and support to re-tell his/her story in a way which opens for the client a perspective he/she finds the most convenient in a way which can be challenging to culturally given limitations. This new reality springs from the conversation itself with the therapist.

Even though there are many inspirations in the narrative approach to therapy, Seikkula (2008) tends to see a need to stress even more the strictly responsive character of dialogical therapy compare to the narrative approach. He believes that "narrative styles may become monological (e.g., when therapists attempt to 'story' clients' lives according to a planned agenda" (Seikkula, 2008, pp.481). "Therapists are no longer interventionists with some pre-planned map for the stories that clients are telling. Instead, their main focus is on how to respond to clients' utterances. These generate mobilization of one's own psychological resources, since 'for the word (and consequently for a human being) there is nothing more terrible than a lack of response' (Bakhtin, 1984, p.127). Respecting the dialogical principle that every utterance calls for a response, team members strive to answer what is said". (Seikkula, 2008).

[8] Mental Research Institute in Palo Alto founded in 1958 (usually associated mainly with Gregory Bateson, Jay Haley, Paul Watzlawick, John Weakland, Don D. Jackson) first turn attention from "intra-psychic" phenomena to "inter-psychic" communicational patterns.

The Rogerian perspective

In many ways, precise following of the client`s utterances in a "non-directive" approach, together with the concept of congruence, is mastered in the person-centred approach by Carl Rogers. Rogers believes that if the elementary conditions of a good relationship are fulfilled, ie. empathy, congruence and unconditional positive regard (Rogers, 1956) people tend to develop in the way which is the best for them. Rogers (1956) calls this a self-actualizing tendency and, in his view, it is available to every human being. The course of therapy Rogers (1972) describes as following:

1. *Two persons are in psychological contact.*
2. *The first, whom we shall term the client, is in a state of incongruence, being vulnerable or anxious.*
3. *The second person, whom we shall term the therapist, is congruent or integrated in the relationship.*
4. *The therapist experiences unconditional positive regard for the client.*
5. *The therapist experiences an empathic understanding of the client's internal frame of reference and endeavours to communicate this experience to the client.*
   6. The communication to the client of the therapist's empathic understanding and unconditional positive regard is to a minimal degree achieved.

Looking from the perspective of collaborative approaches, Harlene Anderson (2001) sees the following differences/challenges with the Rogerian perspective:

- *As collaborative approaches are building on a different philosophical stance(post-modernism), there is a different perspective on integrating the presence of multiple truths and polyphonic nature of reality.*

- *For Rogers there exist the "goals" of the therapy process (Self-actualizing, "change") in the collaborative perspective the process of mutual transformation seems to be the goal.*

- *As in the Rogerian approach the focus is on individual change, in collaborative approaches the focus is on a "person-in-relationship" change. It therefore does not distinguish between target-of-treat- ment social systems, for instance, individuals, couples or families (Anderson, 1997; Anderson and Goolishian, 1998; Anderson et al., 1986; Goolishian and Kivell, 1981).*

On a practical level, these differences translate into a challenge to accommodate more people in the therapy room and adopt the more relaxed approach where clients "get infected" (Seikkulla, 2006) by the dialogical quality of the co-therapists` way of relating.

"Dialoguing" in the team

As we explore the "dialogical" way of being together and doing therapy together we have been experiencing strong feelings of euphoria and love. This has been creating lots of excitement about the way we work but also lots of uncertainty about how to share this powerful experience, how to talk about it.

Repeatedly, when we have tried to share this experience in scientific or personal forums, we have been seen as less professional or we have been the subject of envious comments. So, we have learned not to talk about this experience too much, even though it somehow was a key quality of our team, which clients often commented on (they usually referred to "relaxed, fun friendly atmosphere" they experience among us).

It was very important to find these quotes from Jaakko Seikkula (2007):

"Certain experiences have come to mark for us turning points in the healing process. They include strong collective feelings of sharing and belonging together; emerging expressions of trust; embodied expressions of emotion; feelings of relief of tension experienced as physical relaxation; and, perhaps surprisingly, ourselves becoming involved in strong emotions and evidencing love.... The feelings of love that emerge in us during a network meeting are neither romantic nor erotic. They are our own embodied responses to participation in a shared world of meaning co-created with people who trust each other and ourselves to be transparent, comprehensive beings with each other" (Seikkulla,2011, pp.473). "Although neither romantic nor erotic, such feelings depend on all concerned being deeply immersed in a shared flow of shared feelings in shared circumstances. The emotional atonement at work among those engaged in such meetings is clearly of an unusual kind; and it is not often present at all in the meetings, and in the conversations, that go on mostly in our everyday and professional lives. Indeed, it is precisely the unique understandings and anticipations that arise only in our spontaneous responsiveness to the others and othernesness around us that are lost if we assume that we must respond to our clients in terms of wilfully planned, de-contextualized actions, expressed in accord with rational schematisms. It is only in our deeply dialogical meetings with each other that we can sometimes experience those unmediated "moments of being" (Woolf, 1978) in which we

find ourselves free of our entanglements in "the cotton wool of daily life." (Seikkula, 2007, pp. 232).

Reading somebody else to describe our experience was a relief and encouragement that, this phenomenon is not just a "coincidence we should not mention" but a legitimate experience, we can take seriously. During the course of the research we started to refer to this experience as "high energy moments" and it became for us a key indicator of the presence of the "dialogical dialogue".

2.4 Social Constructionism and Dialogism

In this section I will try to capture the possible differences and connections between social/relational constructionism and dialogism. In *cursive writing* I will describe a simplifying "map of dialogism" as a result of our attempt to understand and organize these complex ideas.

It is not easy to clearly define the connection between relational constructionism and dialogism. Up to a certain extent it could be said that they are parallel traditions, overlapping in some ways, referring to the different (sometimes the same) roots. Sheila McNamee says, "Dialogism is social constructionism in action" (McNamee, 2017-personal conversation). At the same time the works of Buber, Rosenzwieg or Levinas are built on completely different philosophical traditions.
I will put the following part in *italic letters* as I am going to describe **our** understanding of the relations between the different philosophical perspectives, not a complete exhausting literature overview of these very complex ides.

*Trying to understand what dialogism is, or could be for us, on a theoretical and practical level was up to a large extent a subject of this research. Different members of the team came from different therapeutic traditions, where some of them also refer to "dialogism" but have a quite different understanding of the term. For the purpose of this work, we gradually established a common understanding of the connection between the terms "post-modern", "social constructionist", "relational-constructionist", "collaborative", "narrative", "dialogical", "systemic", etc. and created a **simplifying map** of how we see these terms connecting. Now, this map is constructed from a perspective of a psychologist and a systemic, narrative psychotherapist trying to get her head around all these complex ideas. A Gestalt therapist or a purely Rogerian therapist or analytical therapist would surely describe the "map" differently, similarly to how people in Australia see the world map*

differently to people in Europe (see table one).

Table 1

If we would start with the French philosophers Loytard, Derrida and Foucault (see table 2) constituting the basic statements of post-modern perspective-and of course there should be many others named here like Ludwig Wittgenstein, Richard Rorty, Poul Riceur, and many others.

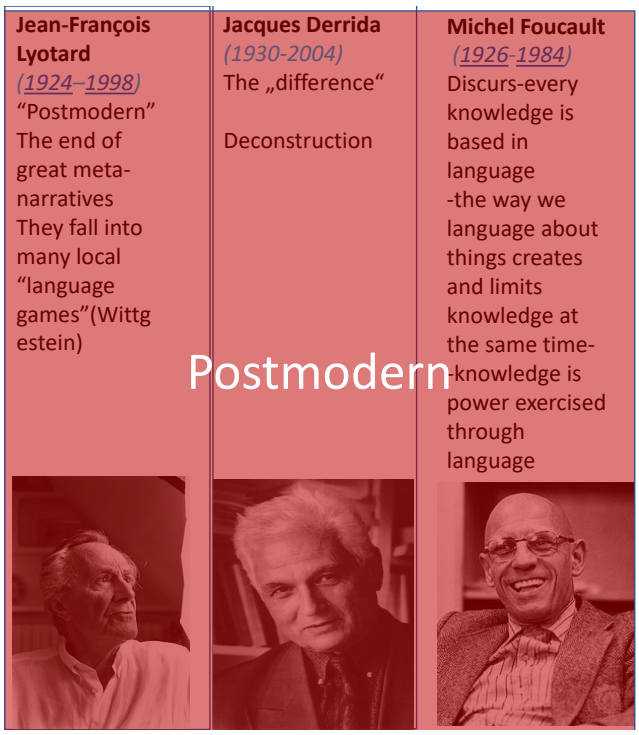


table 2

and define this perspective as „post-modern". It would be covering an elementary shift of perspective in art, architecture, literature, social science, psychotherapy, etc.

At the same time there has been an extremly influential figure of Gregory Bateson, especially in the systemic feild, stressing the esential meaning of context. Bateson is recognised as one of the founders of system theorys together with Humbetro Maturana and Francesco Varela who introduced the term autopoesis (table 3).

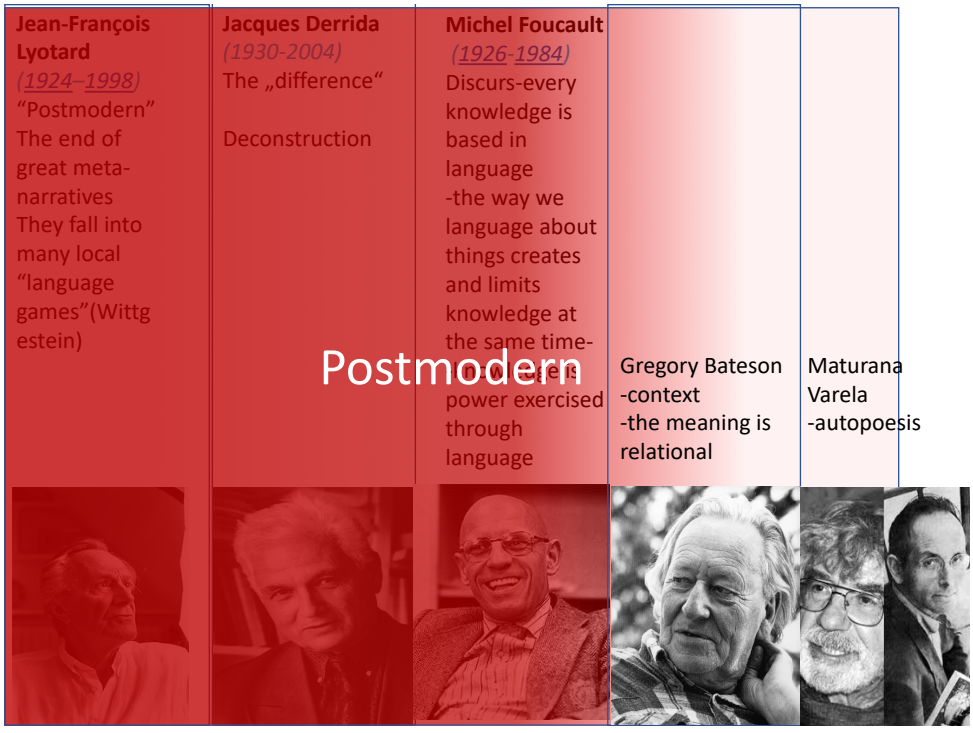


table 3

Then „social constructionism" seems to be the part of the „post-modern turn" which focuses on the specific role of language as explained above(see table 4). It covers a broad spectrum of perspectives from the views of Berger and Luhman to use of the term by Ken Gergen who`s perspective seems to be much more relationally focused.

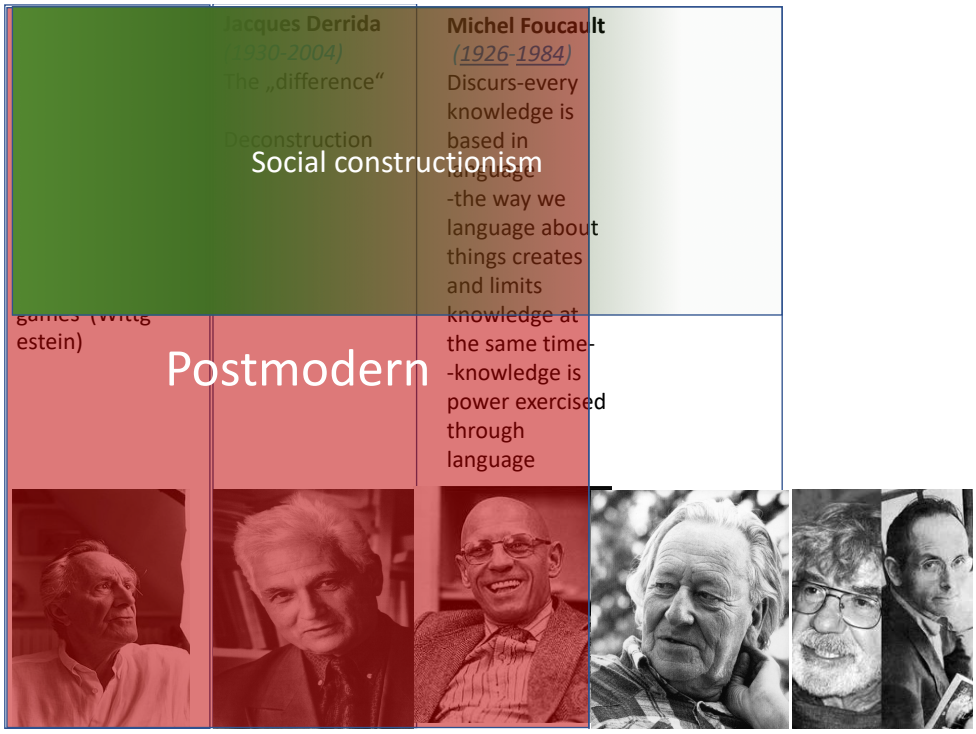


table 4

When I read Derrida or Foucault my overall feeling was as if a person is „caught up" in the socially constructed terms and concepts which are interwoven with power and limits our freedom, as if it would be wonderful if a person could escape but there is no way of escaping. As Ness (2011) has commented, Foucault's analyses of power (1980) portray individuals as being regulated and subjectified by discursive practices, but people ignore the fact that they are joint authors of discourses within contexts and interactions (Burkitt, 1999; Guilfoyle, 2003). It seems to me that the relational constructionism is stressing the perspective of not „escaping away" but „escaping into" the relationships. Of course this perspective of „local contexts" and „relational meaning" is present in all the post-modern authors. But it seems to be the passion for the ralationships which introduces the difference for me whether more on the biological and linguistic level (Bateson) or more on the social level(Gergen, McNamee)- see table 5.

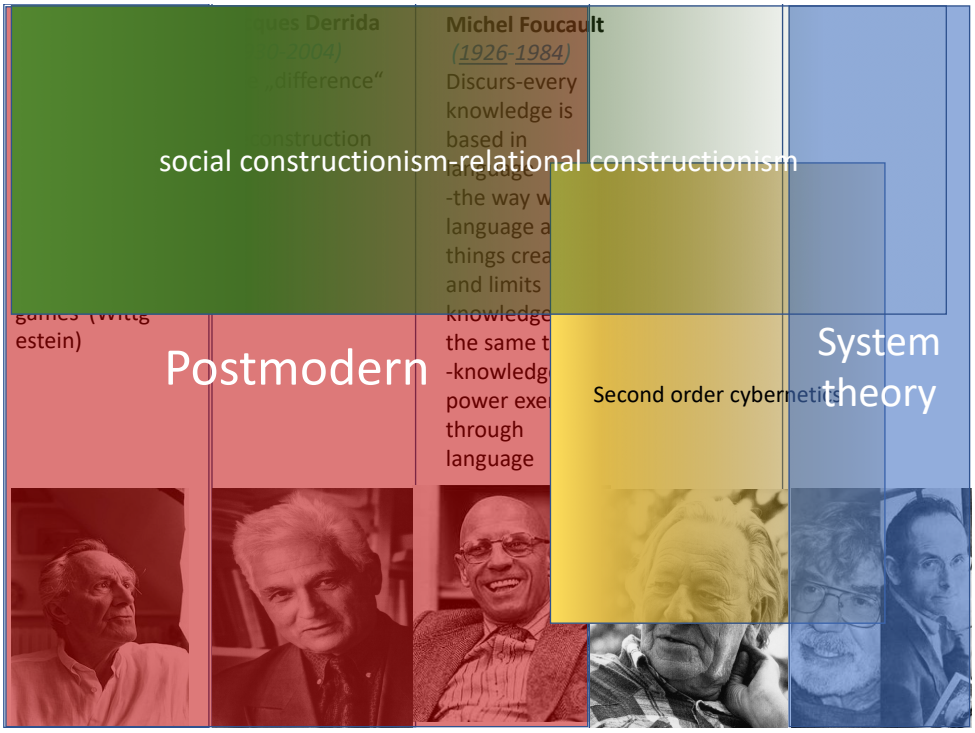
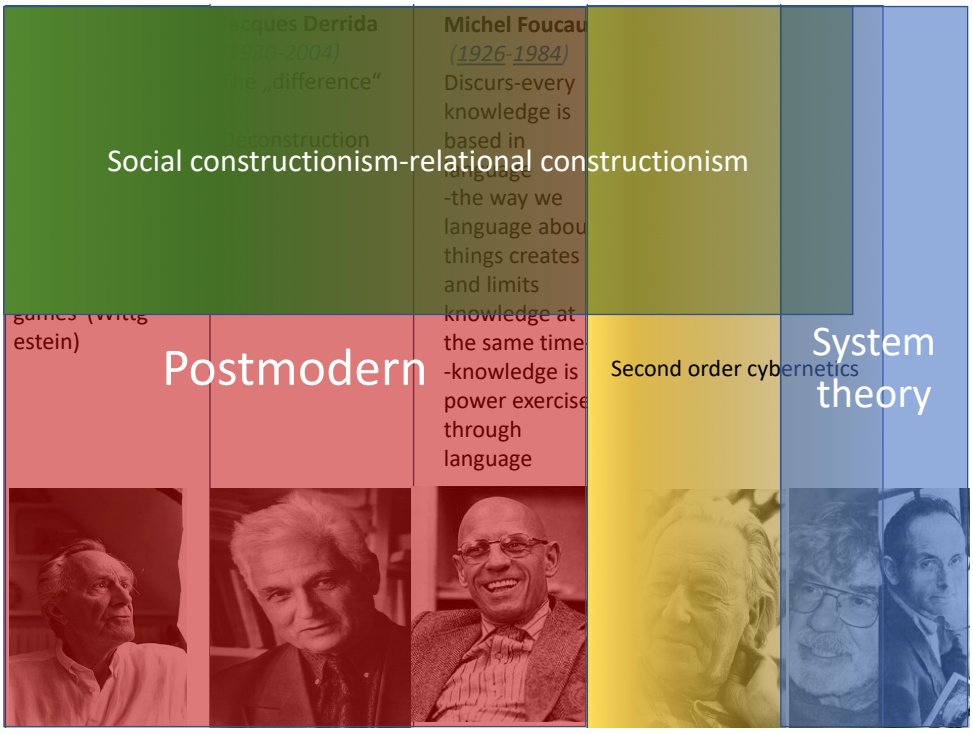


table 5



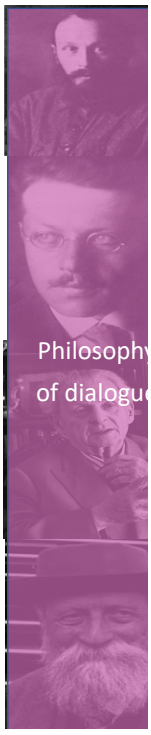


table 6

The „philosophers of dialogue" like Emmanuel Levinas, Martin Buber or Franz Rosenzweig for me stress the impossibility o f " true knowing" of the other person and the ethics of how this can be treated in the process of relating(see table 6). The works of Martin Buber probably could be seen as connecting the „systemic view of dialogism" with the „Gestalt view of dialogism"

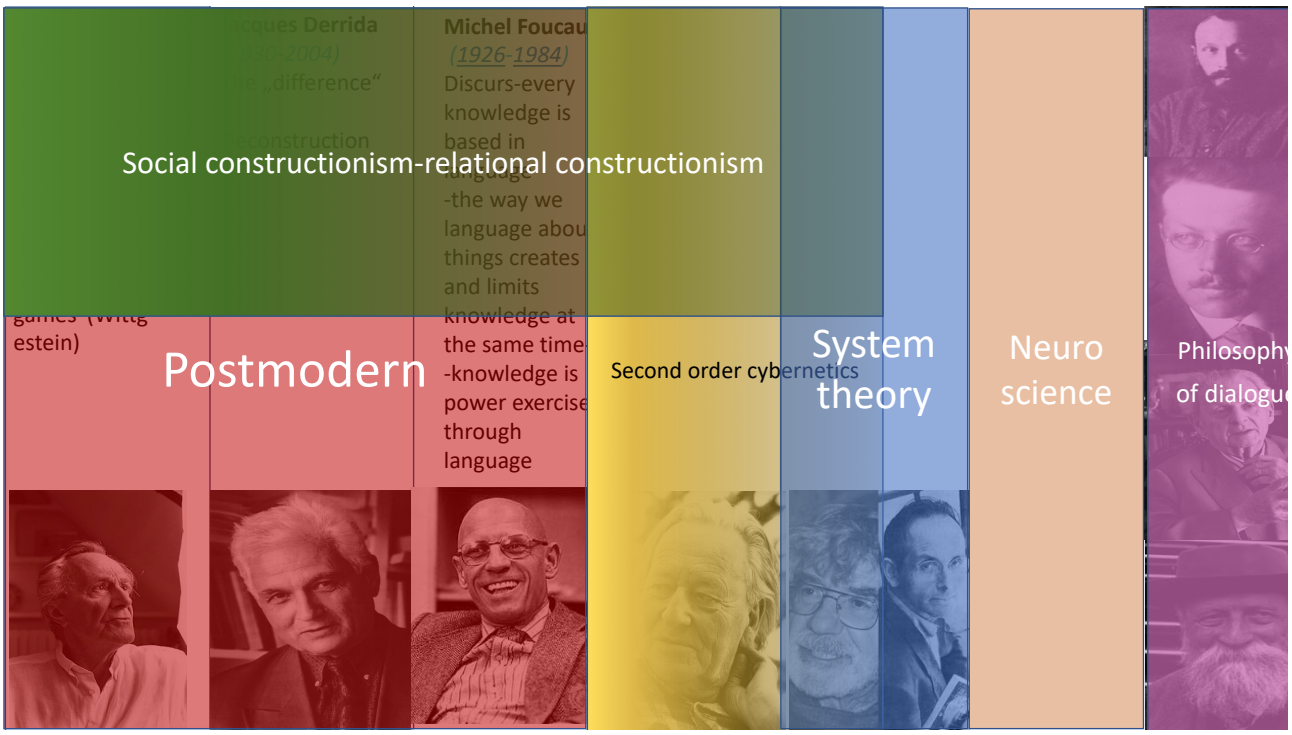


table 7

Neuroscience doesn't refer to the dominant discourse of "scientific facts", but more likely to the "embodiedness" of dialogue. "We are not just talking heads but also talking bodies" (Shotter, 1995)-see table 7.

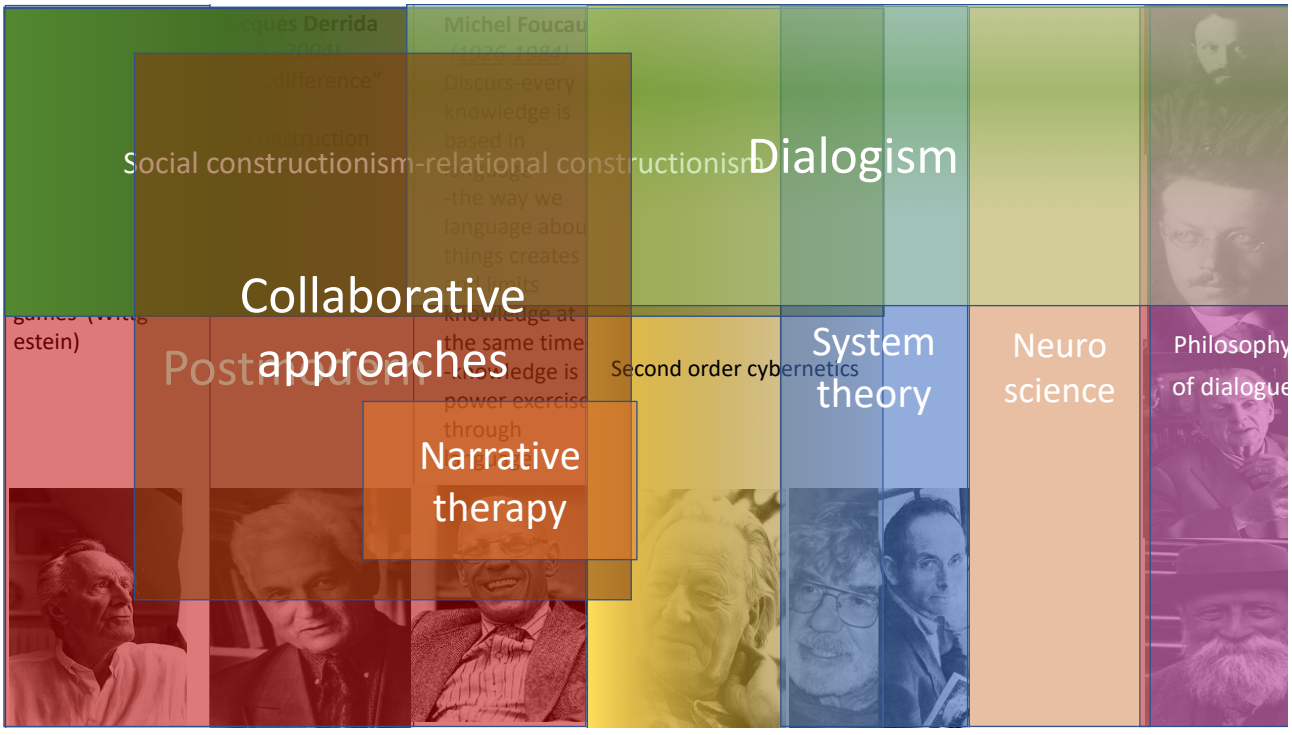


table 8

Dialogism in our perspective is strongly rooted in philosophers of dialogue and Michail Bakhtin`s works as well as the relational constructionist perspective (see table 8). As

represented by Jaakko Seikkula it is building on second order cybernetics and systems theory in working with families and other systems.

Of course, the Gestalt or Rogerian approach would add to this perspective a completely new dimension (see table 9). Where the Rogerian perspective could be introduced on another side of the box and dialogism being one of the qualities inside. This long introduction has brought us to an important conclusion: ***we don't see dialogism as a specific therapeutic school or set of techniques or as "owned" by any of the "humanistic" perspectives but more likely as a key quality of a therapeutic relationship****.*

table 9

2.5. Dialogism and Co-therapy

In this section I present an overview of literature on the topic of co-therapy (two therapists working simultaneously with a client/clients) in psychotherapy. Even though co-therapy is commonly used in "dialogical practice" there is no literature we could find concerning a dialogical perspective in co-therapy. In *cursive writing* I will describe two concepts which we have found particularly inspiring

while practicing co-therapy in a dialogical way: the concept of polarities and a phenomena of envy*)*.

Even though there is practically no literature available in the area of co-therapy from a dialogical perspective, there is a long history of co-therapy experience. Pioneered by Adler (1930), co-therapy has been widely used since the 1950's, especially in couple, family and group therapy settings. There are findings, derived from qualitative and quantitative research designs, indicating that co-therapy is helpful for both clients and therapists (e.g. Kosch & Reiner, 1984; Hendrix & Fournier & Briggs, 2001) Typical rationale for using co-therapy would be:

More resources

Two therapists have simply more resources to offer for treatment than one therapist alone (DeLuca & Boyes & Fuhrer, 1992; Napier & Whitaker, 1978), providing "binocular vision" (Bateson, 1979). Benjamin &Benjamin (1994) and the increased "ability of two therapists to cover each other's blind spots as a means to control countertransference" (Benjamin &Benjamin,1994, pp.65).

Gender role-model

If co-therapists are a male-female couple, the therapists provide a role-model for the family (Nappier & Whitaker, 1978; Gullerud & Harlan, 1962), and provide ground for testing male-female stereotypes (Bellville at al., 1969; Dukes & Dukes, 1983). This same point would be criticized by Haley (1987) as a disadvantage, for creating a "possibility for the clients to be "trapped" in a struggle in between the therapists" (in Hendrix & Fournier & Briggs, 2001, p. 66)

Role alternation

There is an ability of co-therapists to alter their roles in relation to each other and in relation to the family - for example alternating between active and passive (observer) roles (Hannum, 1980).

Typical advantages for the therapist would be seen as: (a) possibilities of expressing emotions (Whiteker, 1965; Kosch&Reiner, 1984) and (b) better management while working with difficult sets, settings and patients (Gabriel, 1993; Klein&Bernard, 1994; Berger, 2002). Kosch & Reiner (1984) have shown that, throughout the course of co-therapy, the therapists have become significantly more "inner-directed" and "that they have developed deeply meaningful relationships with their co-therapists that improve, specifically, toward greater intimacy and caring" (p. 154). Additionally, Palazzoli and colleagues (1991) suggest a team "can be beneficial to the growth and well-being of the therapists, both as therapists and as people, that comes from the experience of participating in a non-competitive and united team" (p. 34).

Co-therapy has been also criticized (e.g. Foulks, 1975; Bowers & Gauron, 1981; Haley, 1987). The main areas of criticism lie in the: (a) expenses (Haley, 1987; Hendrix & Fournier & Briggs, 2001, p. 68), (b) difficulty of managing the personal differences of co-therapists (Foulks, 1975; Berger, 2002, p.109), (c) potential of reducing the therapist's ability to take "decisive and immediate action"

(Hendrix & Fournier & Briggs, 2001, p. 68), and (c) potential erotic issues between co-therapists that could become problematic (Russell& Russell, 1980). From a social constructionist perspective, reality is constantly defined and re-defined by the relational process happening in-between the people involved.

For those of us who were trained in Gestalt or systemic practice we have had a previous experienced with co-therapy. In Gestalt therapy, it is mainly done in the group settings and in the systemic context used mainly as a training tool. As we have had the experience with the reflecting team, we had spontaneously started to use co-therapy for the purpose of introducing multiple views and creating the environment of "shared-self-reflexivity" (McNamee), even though we did not know that this is how Sheila McNamee calls it. We started to notice that in some sessions it is extremely useful that there are two therapists present and that in some sessions it is not just pointless, but more likely even harmful for the therapy process. We have realized that a "good co-therapy session" is a highly energizing experience and that the after-conversations (if we have time for them), especially if we manage to focus not as much on the clients but more likely on ourselves and the therapy process, create an environment where new interesting ideas tend to "pop-up". That was probably the reason why we have chosen co-therapy as our main learning context for our research.

We have searched hard to discover any literature about "dialogical co-therapy" but could not find any. The book which has proved itself to be a good inspiration during the course of our research was "Co-therapy with individuals, families and groups" by three Israeli authors: Seymour Hoffman, Sara Gafni and Bruit Laub. In this book, the authors explore the ability of the co-therapist to always create polarity of any statement or hypothesis made. They bring case studies of this type of work also with individual clients which is an interesting option not described elsewhere as far as we know.

Why is it sometimes easy for us to work with polarities in the session and why is it sometimes very difficult and why does it sometimes not even cross our mind that this is what we could do. These questions became part of our curiosity leading up to this research.

Another interesting phenomena which I have never seen described in the psychotherapy literature before is what Miriam Berger (2002) calls "therapeutic envy". Even though it seems problematic to use such a "judgemental term", it has proven to be useful for our team. As described later, we all tend to fall into a position "you are a better therapist, so I would rather not say anything". Recognising a possibility of personal envy within this competitive perspective and searching for what would help us to transform our perspective into "therapeutic generosity" (Berger, 2002), where thoughts and feelings are shared in a more open way, has proved to help us to find a more relaxed approach to our own insecurities.

2.6. Dialogism and Learning (Social/relational constructionist perspective)

In this section I will first introduce learning as a relational process which challenges our identity making us enter the challenging zone of "risk taking". Then I will stress the importance of learning as a voluntary option through highlighting the option to disengage in learning. When learning is seen as strictly rooted in relations, then it is seen as a life-long on-going journey (as relations are), which tends to create a learning community. In this section I will introduce two concepts of "learning communities", one by Ettienne Wenger (1998) and another one by Harlene Anderson (1997). At the end of this chapter I will introduce two different suggestions of how to improve learning experience from a social/relational constructionist perspective. Finally, I will introduce a critique of Gert Biesta`s (2013) concept of learning as a possibly oppressive concept misusing political power.
In *cursive writing* I will describe our team experience with adopting the concept of "learning" into our day-to-day practice, the advantages and challenges it has presented**.**

There are many different learning theories. Each emphasizes different aspects of the multidimensional problem of learning. This difference, up to a certain extant reflects more a fundamental difference in assumptions about knowledge, knowing and knowers as such. For the purpose of this work I focus on the social theory of learning building on social/relational constructionism, where learning is recognized as social participation (McNamee, 2012; Gergen, 2009; Anderson, 1994; Wenger, 1998).

Learning is relational

Vygotski (1986) sees learning as a "relational achievement between teacher and learner with a relational context" (pp. 32). Also based on research in the area of developmental psychology (Stern, 2001, Tronick 2011, Goldsmith, 1997), creating a relational context seems a key motivation for learning and at the same time a key condition for it as well. Knowledge or experience cannot be transferred directly into other person`s "repertoire" of thoughts and actions. As Maturana puts it, "there is no such a thing as instructive interaction in which pre-existing knowledge can be transferred from a head of one person and placed into the head of the other" (Maturana , Varela, 1987, pp. 34). Peter Reason (2001) sees all learning as essentially participatory, grounded in on-going relations with other persons and in the "wider ecology of living and non-living things" (in McNamee, 2012). In this perspective, it is "learning with", rather then, "learning about". The knower and knowledge are interdependent. Knowledge is a by-product of communal relationships rather than an individual possession or product (Gergen, 1994). It is created in and through language, or in and through what Shotter (1993) refers to as 'joint- action'. Knowledge, therefore, is not something static, out there waiting to be discovered; rather it is fluid, relationally crafted through "joint action" (Shotter, 1993) as explained above.

Learning as identity challenging

The negotiation of the meaning of our social experience individualizes as personal understanding of who we are and what our experience with the world is. This constantly changing, relationally based concept of identity, could serve as a bridge between the individual and relational. Because learning transforms who we are and what we can do, it could be seen as challenge to identity (Wenger, 1998). In this perspective, identity is not anything stable that can be discovered but it is seen as a constantly flowing process of negotiations (Anderson, 2009), where learning triggers constant imbalance and serves as a "motor" to further learning, change in actions and transformation of identity.

Learning with the potential to transform identity or, as Harlene Anderson puts it, "learning that belongs to the learner" is the learning that "significantly influences behaviour" (Anderson, 2014, pp.62).

> *Throughout our research, as we were reflecting on our perception of the research process, the most used definition was that "we have created a training for ourselves". Training in psychotherapeutic terms refers to gaining practical skills as much as theoretical knowledge, leading to identity transformation when one becomes a "certified therapist". At the same time as we felt we have created the training for ourselves the way suitable for us, we felt that our transformation (as well as the process) is owned by us, not imposed on us.*

Learning as "risk taking"

In this sense Biesta (2014) recognizes the "risk taking" quality of every learning process where our "identity" needs to be re-told. The situations we experience and encounter with our clients force us many times to step outside our current "comfort zone" (Wilson, 2015, personal communication). Kolb (1984) calls this an "active experimentation" and sees it as a way of finding new solutions. Sometimes it is the newly adopted behavior which "leads the way" of our learning. I will give a more practical example latter on in the text. John Shotter (2014) refers to such a learning-by-doing as "performative understanding" (Shotter, 2014).

Being allowed "not to reflect" or disengage in learning

We not only produce our identities through the practices we engage in, but we also define ourselves through practices we don't engage in (Wenger, 1998). For example, choosing not to share certain aspects of my life with friends, defines me as much as the parts I decide to share.

Biesta (2014) makes an argument that even though we cannot step outside of our learning, we have to be allowed "not to reflect on it". " I don`t want to learn I just want to experience it!" Passing too quickly from the "performative understanding" (Shotter, 2014) into a meta-position of learning, we can easily loose the experiential knowledge (Biesta, 2014, pp. 41).

Wenger (1998) similarly talks about disengagement or non-participation. He defines three categories of non-participation providing different advantages for the person who decides to do so. "Non-participation as a compromise" (provides an option for avoiding conflict), "non-participation as a strategy (provides privacy and source of freedom), "non-participation as a cover (provides an option how to "stay distant" from dealing with unpleasant situations).

For example, there were moments in our discussions, when some topics became very personal and emotionally intense. A right to "disengage" and just "stay distant" for a while gave each one of us a space to learn in our own pace and time, a space when we could debrief from strong emotions and engage again maybe with a help of personal supervision or a discussion with a colleague.

Also, we have the experience that "driven by the need" in therapy we tend to think of original suggestion or technique. If we would go too quickly into reflecting what is it we are really doing, the creative process might be interrupted too early and we would feel we are not giving the experience a chance to transform/create our vocabulary with which we reflect it.

For example, once I had a teenage client who would not talk at all since the beginning of the session, I was told she never talks in public since her father was killed, but the only thing I knew about her was that she liked to watch movies. Her mother was, on the other hand, very talkative and eager to share all her worries. In desperation, I stopped the mother after her first few sentences and appointed the girl a place of a director of this session (like in a filming setting) when she can say "cut" or "stop" whenever she feels that it was enough said for this scene or that this scene should be acted out/described differently. Throughout the first few sessions the girl developed a technique of controlling her mother with minimum words but quite effectively and gave the mother a chance to develop more empathy towards her. That slowly helped her (together with probably many other things) find her speech.

If I would be asked or feel a need to reflect on what am I doing in the beginning of this experiment, I would have had no idea. The idea had been developing in contact with the girl and her mum, experimenting with different details, putting me into different positions of sometimes a "helping director" (in the beginning) and then an audience watching the final product, being moved (more towards the end). If I would reflect too early on what am I doing, it would probably distract me and make me uncertain. I somehow followed my intuition in this case and was not really able to reflect in deeper level on the process until about three sessions latter.

Learning as an ongoing process

According to Anderson (1997) learning is a "changing interactive and socially open process" which includes "multiple reflexive conversations with myself, clients, colleagues and others" (Anderson, 1997, pp. 91). These reflections become a part of creative process of learning. Learning is viewed as a life-long, ever-changing condition. In McLeod`s view, "all knowledge is temporary-the best we can do is to arrive to truth that makes the difference" (McLeod, 2001, pp. 32).

Learning as crucial part of creating community

In his theory, Wenger (1998) recognized engagement in the following four areas of: common practice, meaning, identity and community as crucial to build an engagement in learning. He sees these four aspects as interchangeable, i.e. engagement in common learning, meaning, practice and identity builds a community (he uses the term community of practice), engagement in common learning, meaning, practice and community creates identity, and so on. Based on these four areas of engagement (practice, meaning, identity and community), he recognizes four different types of learning: learning as doing(practice), learning as experience(meaning), learning as becoming(identity) and learning as belonging (community). In Wenger`s (1998) perspective, engagement in all these four types of learning is crucial to building a community of practice.

Similarly based on the Goolishian and Anderson's collaborative language systems approach to therapy, Anderson (1999, 2000, 2007) suggests her compelling model of a collaborative learning community which emphasizes:

(1) shared responsibility for learning
(2) dialogue as a dynamic generative conversation in which there is room for all voices
(3) that transformation occurs in and through dialogue.

Conditions for learning-conditions for creating a dialogue

Anderson (1999) suggests building on 3 C's : Connect, Collaborate, and Construct. A collaborative learning community builds on the following points: (1) relationships and conversations are inseparable and influence each other, (2) experiential learning: collaboration by doing and (3) dialogical conversations are inherently constructive. These conditions for learning seem to be very similar as conditions for creating a "dialogical dialogue" as defined by Seikkulla (2006) where the focus needs to be on the "future forming quality of language" (Gergen, Harre) as well as on the processual relational quality between people (Seikkulla, Arnkil 2006). In other words, creating an environment for collaborative learning can create an environment for dialogue and creating an environment for dialogue can create a good space for collaborative learning.

Heron (1996) lists 5 sets of skills determining a person`s ability to improve the quality of learning.

They include things like being present, open, bracketing, reframing, emotional competencies, meta-intentionality, etc. In a similar manner, these could be seen as possible conversational resources required for creating a dialogical space.

Challenging the discourse of learning

There is also a critique of the discourse of learning as a life-long "obligation". Biesta (2013) highlights how, through the very idea of "life-long learning", a substantial amount of political work is done. He criticizes the concept of life-long learning (compare to life-long education) as individualistic, obligatory instead of an opportunity replacing the terms adaptation and adjustment and, through that, placing the responsibility on individuals, turning the attention away from structural issues and collective responsibility (Biesta, 2013).

> *Discovering the works of Etienne Wenger on Communities of Practice and Harlene Anderson`s concept of a collaborative learning community was very influential for our team and for designing our research, itself. They have helped us to connect within the social constructionist perspectives such a distant topic as experience of our work together, our transforming identities, our need for meaning in what we do and how we do it, experience of community. Based on their work, our focus has turned on learning and on "learning together" in order to create the sense of identity and meaning. We were aware that our "performative understanding" (Shotter,2014) in common work translates into different "languaging" according to different perspectives of our therapeutic training, according a different amount of experience, etc. The invitation for a need to learn from each other has created a space for different voices to be heard.*
>
> *Since the beginning, we have been noticing the fact that certain ways of dialogue(-ing) create engagement, energize us and draw our attention and other types of dialoging, even though it concerns the same topic, make us disengage very quickly." Legalizing" the option to disengage (i.e. talking openly among us about it) has helped us observe this phenomena in a much closer way, as we see it one of the central issues of "rediscovering dialogism"*
>
> *When being confronted with the differences within the team and also with the personal challenges of our changing identities, focus on learning has helped us not to get lost in feelings of inadequacy or self-blame. That again created a space for a deeper understanding of our own behaviour, needs and fears. Designing research for ourselves through focusing on our own learning was really a process of designing a space where we are allowed to experiment, say "silly" things and feel safe even when we are confronted with our own behaviour which is potentially perceived as hurting or disrespectful by the others.*

The question "What have I learned about myself today?" has transferred us into one of the main goals of this research-to increase our self-reflexivity. In this sense, we have adopted learning as a strategy in dealing with "failure". Learning-instead of looking at what I have done good or bad, has helped us address through dialog our potential of better/more useful behaviour.

2.7. Self-Reflexivity and Relational Reflexivity as a Source for Learning

In this final section I will introduce the concept of self-reflexivity from a social/relational perspective. In this perspective, self-reflexivity is seen as relational act of engagement. Building on the post-modern critique, it is essential to develop self-reflexivity towards the taken-for-granted knowledge and towards our power position (e.g., Chia, 1996; Gergen, 1999; Steier, 1991). There are three types of reflexivity: The first two, "removing bias" and "making bias visible," are well known; they are outlined and commented on from a relational constructionist standpoint. The third, "ongoing dialoguing," (i.e. being aware of the constant flow of inner polyphony of voices and making this awareness part of the outer conversation) is less well articulated and less commonly practiced. It follows directly from relational- constructionist meta-theoretical premises and can contribute to a further expansion of possible purposes and practices in human inquiry (see e.g., Gergen & Thatchenkery, 1996). Being in a constant flow of our inner and outer dialogue to develop a self-reflexivity of our inner dialogue as well as toward our "embodied self" could help us to be more present in a more conscious way. This concept has been explored by Schön`s reflection-in-action (1981), which suggests to reflect constantly, not just on the content of what is being said but also on the relationship which is being constantly re-defined through the process of conversation. To share these reflections makes us face our personal pre-conceptions and fears.

Self-reflexivity is a great resource for connecting our day-to-day practice with theoretical views on the issues of concern and can serve as a source of data for research, as in the case of this research. Finally, self-reflexivity can be recognized as a key ethical aspect of approaching a conversational partner. As staying in dialogue doesn't mean only to be reflexive of our pre-conceptions but through our dialogs become aware of broader socially privileged discourses.
In *cursive writing* I have described how these theoretical concepts effected our practice and how our practice focused our theoretical research on the area self-reflexivity.

Self and reflexivity in social constructionist perspective, self-reflexivity as a relational engagement

As we have talked above about the concept of self in the social constructionist perspective as about a "multi-voiced", ever-changing, relational concept, the term self-reflexivity is building on

similar qualities. Simons (2012) sees self-reflexivity as "always relational in that there is polyphonic responsivity in both inner dialogue and outer dialogue, be it of a cognitive, emotional, neurological or environmental source" (p.p.16). As we are "embedded" within our context and "embodied" discrete individuals (Shotter, 1994, Hardham, 1997), reflexivity to both aspects- to the context and to the bodily impulses -is seen as crucial. Through such a reflexivity "multiple ways of knowing" (Fruggeri, 2002 in Perspectives in supervision, 2002) can emerge. These impulses are co-constructed into meanings in on-going inner and outer dialogues.
McNamee (2015) sees relational reflexivity as a position where "multi-voiced" inner conversation is shared with the conversational partner in a manner supporting our relation sensibility and creating a "radical presence" (McNamee, 2015)- (see in more detail in chapter six).
John Burnham's concept of "relational reflexivity"(2005) is "the intention, desire, processes and practices through which therapists and clients explicitly engage one another in coordinating their resources so as to create relationships with therapeutic potential" (Burnham 2005, p.4).

> *Even though all these quotes mentioned above indicate a relational or even relation-forming quality of shared self-reflexivity we all had to face many doubts (as described in detail in chapter five) like "I might hurt someone when I share my feelings", "This is mine, this doesn't belong to therapy", etc. Developing step-by-step our trust that "If something is strong for me to realize it, it is already present in the system/field and might as well share it" (from focus group 4) was a powerful, transforming realization, which has been referred to again and again by different team members.*

Self-reflexivity towards the context

As Bateson (1979) has pointed out: "without a context, there is no meaning…." In response to Bateson in the 1980`s, "second order cybernetics" an ethic of awareness to the therapeutic context, where the "system is defined by the observer" (Maturana, Varela, 1984). In other words, our qualities as observers define the qualities of the system.

> *Even though it is a famous and well-quoted sentence that "system is defined by an observer", for us this somehow put it in the context of treating psychotic patience was a huge realization. As described in detail in chapters five, six and seven, realizing that it was or fear of the psychotic symptoms which actually limited the patient`s chance for recovery*

was for us a great motivation for change in our behaviour.

Peter Rober (2016) talks about attention to "vertical and horizontal self-reflexivity", "vertical" means towards the story being told and "horizontal" refers to the system in which is the story told. Bertrando (2007) defines systemic awareness or second order awareness as
"Not only being self-reflexive about my position towards the client-after all this is investigated thoroughly in transference and countertransference analysis-but also of my position in the several systems in which the therapeutic relationship is embedded" (Bertrando, 2007, p.p. 163). Reflexivity towards the context, and of our own position in it, necessarily leads us to reflexivity of the broader social aspects of our position defining the qualities of the system. In other words, of the power and privilege discourse of our own perspective.

Self-reflexivity of the power position

Based especially on Foucault`s critique of the privileged discourses and the misuse of power in early 80`s, transferred with systemic therapy as the "feminist critique" (e.g. Harre, Mustin, Freeman) cultural sensitivity has developed as an ethical norm. In1992 John Burnham created the acronym GRRAAACCEEESS (Gender, Race, Religion, Age, Ability, Appearance, Class, Culture, Education, Ethnicity, Employment, Sexuality, Spirituality) to specify the areas of potential misuse of power (Burnham, 1992). On the other hand, within the social constructionist perspective, the clients, or "conversational partners", are invited to **shared responsibility** (Anderson, 1997) for broadening the field of their "social realities" (McNamee, 1994) as a way of reflecting on/becoming aware of the potential privileged position.

In other words, being reflexive towards sensitive issues defined in GRAACCEEESS is important but can paradoxically enhance the hierarchical position between the one who is being "sensitive" and the one who is an "object of his sensitive behavior". In this sense, it is the importance of shared responsibility for self–reflexivity about the power which creates non-expert position (Anderson, 1997) and a situation where power is more equally distributed between the conversational partners.

In this context, self-reflexivity creates the challenge of "voice entitlement" (Boyd, 2010)-whether I allow myself to voice my inner conversation and is equally important for both conversational partners.

Self-reflexivity as a position between the inner and outer dialogue

"Being in dialogue with another person first requires to be in dialogue with one`s self" (Anderson, 1997, p.p.122). In our inner dialogue, we are considering our emotions, thoughts, understandings and we are comparing them with understanding and emotions of other people who are in dialogue with us (Anderson, 1995). To cross over from the inner conversation into the outer dialogue involves lots of "hesitations" (Rober, 2017). Reflection of these hesitations Rober (2018) sees as a key source of information for the conversation as it covers the "previous influential emotional experiences, fears and vulnerabilities we desperately try to avoid" (Rober, 2018, pp. 30). Dialoging with ourselves includes constant negotiating of our interpretative understanding of what was said and of what was not-yet-said (Anderson, 1995).

Self-reflexivity of the "embodied self"

Bertrando, talks about self-reflexivity, not only cognitive awareness but, rather an emotional awareness" (Bertrando, 2007). Emotions are recognized as bodily/physiological reactions (Honzák, 2004). In other words, reflecting on our bodily responses (shivers, stiffness, cold, hot, etc.) while associated emotions are the subject of dialogical co-construction, can be a way to deepen "embodied presence" (Shotter, 1994) in a particular situation.

> *In our experience, awareness of the present bodily feelings is well stressed in some therapeutic schools, like Gestalt but very little stressed in others like for example systemic. The different training backgrounds was an advantage in this way, as we could really learn from each other.*

Reflection-in-action

The general term "self-reflexivity" was mainly explored and developed by Schön in the mid 80`s. In his book: "The reflective practitioner: How professionals think in action" (Schön, 1983) he introduces the term "reflection-in-action" (RIA) to stress the importance increased constant awareness on different levels (biological, emotional, situational, processual, interpersonal, etc.) **whilst** the action is still happening.

Kuenzli (2006) in her research on the "reflection-in-action" recognizes "relational and contextual nature of RIA (Kuenzli, 2006), where potential of RIA for enhancing an experience of therapeutic relationship is recognized (Kuenzli, 2006). Mc Namee (2015) recognizes the

difference between the terms “reflection” and “reflexivity”. Where “reflection” deals more with the situation and one`s position in it (asking questions like: What happened? What was that like? What do you think about it? How do you feel about it?) and “reflexivity” dealing more with the cause or more likely a context of one`s perspective (asking questions like: How did I come to understand this in this way? What are other ways to understand this? What other (or whose) perspectives could I consider? What assumptions are behind my reactions and ideas about this? What discourses do these assumptions reflect?).

In our view, both aspects practicing self-reflexivity and reflection seems an ethical position towards conversational partners not just for reflecting the issues of power of the privileged discourse and the embodied presence but also for the potential of increase quality of the therapeutic relationship.

> *During the process of our research, we had a chance to explore in detail the quality of reflection-in-action from the perspectives of different therapeutic schools. Even though it is in all therapeutic schools, as far as we know, recognized as a key quality of a therapeutic relationship it is actually (in our experience) very little practiced and encouraged.*

Self-reflexivity of the therapeutic relationship

Once we adopt the position of self-reflexivity of the broader and local context in which we meet, include the reflections of our body sensations and adopt into the position that we need to do “in action” there rises yet again the need for “meta-position” over the process of the conversation itself. Paolo Bertrando (2007) in his book Dialogical Therapist talks about the self-reflexivity “of the therapeutic relationship itself” (p.141). “being aware of myself as if myself is not an object but of my relationships from my position in the web of relationships and being conscious of the matrix on which my consciousness itself is based” (Bertrando, 2007).

Similarly, the term “relational reflexivity” (Burnham, 2005, Hoskins, Plutt, 2010) stress the perspective of relational-reflexivity as “the intention, desire, processes and practices through which therapists and clients explicitly engage one another in coordinating their resources so as to create relationships with therapeutic potential” (Burnham 2005, p.4).

> *The ability to improve the readiness to reflect on the therapeutic relationship not just between the therapist and the client but also on the relationship between the co-therapist*

during the session *became one of the crucial skills we started to see as "dialogical co-working" during our research. It has helped us to adopt several new therapeutic positions. The process is described in detail in chapters five, six and seven.*

Shared self-reflexivity as a personal challenge

Practicing "reflection-in-action involves the effort from the therapist who explores his own responses and processes and, at times, shares them (Kuenzli, 2006, pp. 18).
Several authors (Good, 1982; Boyd, 2010; Heron) talk about the challenges we face while trying to practice a self-reflexive position like cultural and personal pre-conceptions, fear of failure, fear of being judged, competition, etc. which have the "self-silencing" (Good, 1982) effect on us.
On the other hand, Burnham (1993) stresses the importance not to "confuse self-reflexivity with self-preoccupation"- "self-reflexivity needs to be in service of our clients (Spellman, Smith, 2010). "It involves a pause in the process: taking a break and thinking outside the box" (Kuenzli, 2006, pp.19).

As we started to explore dialogical co-therapy, one of the biggest challenges we faced were the "self-silencing" pre-conceptions we have. Paradoxically, many of originated in our psychotherapeutic trainings. "Re-training" ourselves in openness, which in our experience, is a basic condition of a real presence with the client and each other, was one of the main effects of our research and is described in detail in chapters five, six and seven.

Self-reflexivity as connection between practice and learning

As it is commonly talked about "theory informed practice" and "practice informed theory", self-reflexivity seems to be the bridging activity. "Reflexivity creates knowledge that emerges from practice and that refers constantly back to it" (Kuenzli, 2006, pp. 32). But actually, I think that it is the process quality of the self-reflexivity where every client, student, colleague or child are co-creators of my theoretical or practical stance, where, through self-reflexivity, I become a more present learner and a more present practitioner up to a point where there is no more a strict line between theory and practice. They are both integrated in one`s presence.

Self-reflexivity as a source of data

Bertrando (2007) points out that "systemic awareness transforms me into a researcher: not only to research of the unique features of any single case, but also a researcher of my own way of approaching the case, on singularity of my being in the case" (p.163). In other words, staying "within the messy stuff" (Shotter, 2014) of our lived realities provides us with inseparable, interconnected, on-going source of information, co-created in our relationships. Self-reflexivity and shared self-reflexivity are, in this way, a major source of knowing-about-the world from within.

> *As an example, can well serve a dilemma we have experienced (and described in chapter five) when we have introduced a common reading. As much as the reading was inspirational and welcomed by everybody we were also experiencing (and describing) an unwelcomed qualitative change. Until we introduced the common reading we were "building our knowledge from bottom up"-or, in other words, our main source of our learning was our self-reflexivity and our conversations, the reading introduced "outside knowledge" and a dynamic of resentment which is described in more detail in chapter five.*

Self-reflexivity as an ethical approach to practice and research

According to Mark Freedman (1995), we are not only responsible for our own behaviour but we also have responsibility "towards" our conversational partner, especially if her/his rights have been violated or is they suffer (Freedman, 1995; Anderson, 1997). As Kuenzli (2006) express it, it is like "Putting myself in the clients` mental shoes" (pp. 353).

> *As our practice grew, we became more confronted with broader issues. Our interest in psychosomatic medicine introduced us to a wide range of medical issues. Our cooperation with social services opened our practice more to social issues like poverty, difficulties of single sex families, immigrant families and families divided by immigration, post-divorce families with high level of violence, etc. Cooperation with wider range of experts led us to cultural sensitivity not just towards our clients but also toward the professional culture of our collaborating specialist partners.*
>
> *Even though self-reflexivity seems to be a corner-stone of most therapeutic approaches, it seems also as a constant challenge, especially as we become more experienced and*

"routine-mastering" therapists. Self-reflexivity is usually used as a common evaluation tool, especially in the process of supervision or "inter-vision" (colleague-based "supervision" sessions without a supervisor). Through this research we were eager to master a concept of shared self-reflexivity during the process of the therapy itself, not in retrospective. In practice, this meant sharing the "behind thoughts" in order to make the "decision making process ("where we go next") public and collaborative with the client and the co-therapist. We see this as a good way to stay in the "non-expert," "dialogical" position whether we are working with clients or other team members.

Chapter III: Methodology

In the first part of this chapter I will explain the main characteristics of practitioner research and why it became our method of choice. In part two I will explain how the position of relational ethics formed our research and how our research has helped us to further develop the position of relational ethics. In part three I will explain and illustrate how the well-defined qualities of cooperative inquiry became inspirational for our research. And, in part four I will talk about the quality of our research (validity, reliability and generativity).

In cursive writing I will describe the application of these principals in practice and give examples from our research.

3.1. Methods used

At present, in the world of science, there are several parallel paradigms recognised (Guba, Lincoln, 1994; Heron, Reason, 2001; McLeod, 2001). Relational constructionism could be seen as one of these paradigms or meta-theories (McNamee, 2012). Even though all research could be seen as relational (operating within some kind of a relationship) the quality of this relationship seems to establish the key difference for research building on a relational constructionist perspective.

The question is what kind of relationship I, as a researcher, am interested in creating. Whether the participants of my research are seen as objects of my study (as in traditional forms of quantitative and qualitative research) or whether I consider myself, as all other participants, as subject co-creating the understanding of the topic during the research process. In this type of research, participants are seen as co-researchers; participants co-create with the researcher "results" that, in turn, generate new realities and create change (McNamee, 2014).

The key goals of the research were:

(1) Co-creation of local, practical knowledge of what dialogism is for us, (2) increase of self-reflexivity and shared self-reflexivity, especially on issues of dialogical co-working, (3) create a language where we can share a theoretical reflection of our experience, (4) create a description/model describing our ways of working once we focus on dialogical practice.

> *As a kind reader has probably noticed, the first three goals carry a different quality compare to the fourth one. The first three goals are process oriented, focused on the future*

possibilities encouraging collaboration. The fourth one is focused on presence (why are things as they are) and the past (how did it happen?). Our motivation for the four goals was mainly for teaching and supervision purposes, since we are often asked about our team (How come you have a team like that?) and about our ways of working (What is the essence of your team work, co-working?).

We are not only interested in our present status (i.e., how we practice and understand dialogism) but also in "**how we could be"** (Gergen, 2009), in our potential. We are interested in creating a shared language carrying this potential. As John Shotter (2014) puts it, "be responsive to a possibility." (pp. 111)

We decided to use practitioner action research (McNamee, 2012; Simon 2014; Fox, Martin, Green, 2008) as a framework, engaging cooperative inquiry (Heron, 1996; Reason, 2001) and relational ethics (McNamee, 2015) as guiding attitudes in creating our research methodology, as these seem to embody best our needs and our relational constructionist stands. I will now explain in more detail each of these terms:

3.1.1. Practitioner action research

Kurt Lewin (1946) was the first to introduce the idea of action research. Action research is characterized by four main qualities: (1) a cyclical process, (2) the researcher is an active participant, (3) doing things differently, and (4) the research participants are active (Fox, Martin, Green, 2008).

A primary purpose of action research is to produce practical knowledge that is useful to people in the everyday conduct of their lives (Heron & Reason, 2012). Practitioner research is "explicitly grounded in social constructionism as meta-theory" (McNamee, 2012). It is defined as a "form of action research where the researcher researches his/her own practice" (McNamee, 2012, p.p.9). Participants are treated as "co-researchers", so, they are provided with a "direct experience of organizing, rather then, having their participation limited to data provision" (McNamee, 2012). Their authentic commitment, or "heart connection" as Reason puts it, (Reason& Torbet, 1998) is a necessary condition as much as a result of the process.

To use Bodiford and Camargo-Borges' (2014) summary, we wanted our research to be: (1) relational and collaborative, (2) useful and generative, (3) organic and dynamic, and (4) engaging

complexity and multiplicity.

On a practical level, we attempted to achieve the standards mentioned by Bodiford and Camargo-Borges in our research through keeping several sets of questions in mind. These were question about which we all agreed on:

1. *How can we explore the issues of dialogism and co-therapy so we could all feel comfortable in the situation? (To ensure the relational and collaborative aspect.)*
2. *What are the things we are learning here? How would we explain this to a stranger/student? How is this useful for my work, co-work practice? (In order to create useful and generative knowledge/language.)*
3. *What could we do differently in our research so it would work the best for us? (To encourage the common „ownership" of the research so the methodology can evolve according to everybody`s needs.)*
4. *"If this would be the figure, what would be the background?" What is it we are not seeing?"," What voice is not being heard?" (To engage the complexity and multiplicity.) There was a lot of discussion throughout our research asking and checking in different ways if we have all of these four areas "covered". In different situations, these questions were focusing our attention to different issues. I cannot describe it better than keeping these four areas in mind.*

3.1.2. Relational Ethics and Practitioner research

Relational ethics, in our perspective, means recognising "joint action" (Shotter, 1980, pp.32) as "reality-constituting practices" (McNamee, 2012). The key quality seems to be our "responsiveness" (Bakhtin, 1981, p.p. 86) which "arises out of and is made possible by the qualities of thought and talk that allow transformation of how one understands the self, others, and the world they inhabit" (Wood, 2004; McNamee, 2012, pp.76). Simon (2014) sees it as "caring, as involvement in the lives and communities of others as an openness to be changed by the words and feelings of the others as a preparedness to be moved to action in and beyond the consulting room" (pp.16). In order to promote relational ethics in our research we have focused on: creating a dialogical space, reflection of power, focusing on transparency and reflection of group dynamics. We have decided to employ an outside group facilitator in order to do that. In the beginning of our research we have all decided to sign a written consent to establish a common

understanding of our rights and responsibilities as co-researchers.

Creating dialogical space

For us creating dialogical space means that we are not interested in "clean" separate statements of each participant. More likely, our goal is to create a space were "messy" discussions can happen, were participants respond to each other, feel free to change their opinions and develop their ideas. In order to do this, we felt it was central to stay open to changes in format, if any of the participants need it and the group agreed on it.

> *Creating a dialogical space was a reason we decided to organize our discussions in "two layers". First, we discuss the two elementary questions, "What have I learned about myself?" and "What have I learned about co-therapy?" right after the session in the co-therapy couple in order to feel the safety to explore intimate and personal topics. This discussion was then followed by separately answering the questions in writing. I think it was important to say that these notes are still in the possession of each team member so everyone can be very open in them. When we brought our notes into the focus group and discussed the questions there, they had already been pre-discussed. Also, the conversational partner who was present in the development of my opinions was present in the focus group which made it easier to have an open discussion.*

Reflection on power

> Building on the relational constructionist perspective, we recognise that it is not possible to be value free but we want to work with our prejudice in a mindful, relational manner. We are aware of the knowledge-power nexus as stressed by Foucault (1981). *In our team, I could particularly see the danger of the opinions of those who are more educated or have practiced longer to possibly supress the others' voices. Especially my voice as the one with the highest education, longest practice and being the team leader not to be "overruling" the others. Another thing we discussed since the beginning while designing this methodology was the multiplicity of my role. I am present with the team as a "research initiator," "participant," but also as a "team leader" and also for some of the team members as a "guarantor" for their continuing education as clinical psychologists. Also, I am moving into a privileged/power position because of my readings and knowledge of English. Other colleagues, who mostly cannot read English, have very limited access to literature. While discussing the possible dangers in the combination of my roles, the team*

(which is, by the way, accustomed to the multiplicity of my roles in day-to-day life when I am commonly also in multiple roles as a colleague, team leader, supervisor, etc.) decided that, for them, the best indicator that something "is not right" (misuse of power) is their emotions. We agreed that we each need to take responsibility for finding a way to share our emotions. We have agreed to pay each member of the team with six sessions (or more if needed) of individual supervision during the time of the research in order for each member to have enough individual support to find a way to be honest about their emotions. We also had group supervision every three month-as we usually have before our research started. Alongside all the issues mentioned above, we recognise a need for transparency in all aspects of our work, as well as our research, as an ethical response to the challenge of common critiques to postmodernism.

Transparency

We find "transparency" a challenge in our day-to-day therapeutic practice. It is a constant goal we wish to improve. We thought the same about our research. We felt a need to find a way to be as open as possible about our goals, thoughts, emotions, and to try to avoid any hidden agenda as much as possible.

We tried since the beginning of the research to design and re-design our methodology and questions together. The constant feedback of how we are feeling at different time periods of our research became part of our day-to-day conversations as we share lunch at work every day. Also, I have tried, as much as I could, to feed back to the team any hesitations I have had about possible solutions or different perspectives in order to avoid any hidden agenda.

There is for me a theoretical question concerning how much of a hidden agenda (which is to a certain extant also "hidden from us," for example a competition between the team members) is actually influencing the data created in the focus groups or data interpretation. In the case of our research, I tried to look for the presence of a possible hidden agenda showing through the "group dynamics" in the data and attempted to take that into consideration in my analysis.

"Group dynamics" in the focus groups

For the last twenty years, focus groups have been one of the most frequently used methods of data gathering in the social science (Markova, 2009; Kitzinger, 2001). One of the definitions I like is to think about a focus group as being "a thinking talking society in miniature' (Farr, in Markova, 2009). Even though there is a vast amount of literature describing and using Focus groups, the interaction among the group members is not usually taken into consideration by the researchers. It is seen as a bias to be avoided (Wilkinson, 1999, Kitzinger, 1994, Myers and Macnaghten,1999).

In our view, each participant brings to the focus group his/her own experience, whether linguistic, topical, emotional, social or otherwise. Their ideas clash in both open and hidden polemics and in internal and external dialogues with one another. It is as if the 'strange perspectives' of others (Bakhtin, 1986/1993) stimulate individuals to mobilise their own potentials to develop new insights and associations, and recall those which they have encountered on previous occasions.

It is not just conversation "about" the dialogue, but through the relational processes "experiencing it." So, in this perspective, we see the "group dynamics" as a crucial part of data creation and our learning as much as subject to our reflections and analysis.

> *On a practical level this meant that, by signing onto the research process, we were signing onto a duty to pay attention to our emotions/needs and that it would be the responsibility of each one of us to find a way to share them. To constantly pay attention to "here-and-now," to our own emotions and bodily feelings while we discuss a topic as well as to learn to reflect on these experiences, effectively turned out to be one of the most useful parts of the "practical knowing" gained.*
>
> *We chose an observation of emotions present in the focus groups to be one of the criteria for our data analysis. In practice, we focused on observation of "high and low energy moments" (I explain and give many examples in the Chapters 3 and 4) and observation of any possible "hidden agenda" (for example, a personal conflict or other "group dynamics" motivating what is being said). I explain this in more detail and how*

we did this in practise in more detail in the Chapter 3, but basically, if I felt during the initial analysis that there was a "hidden agenda," I would bring this hypothesis back to the group for their opinions or further exploration.

Informed consent

As a result of our discussions about the appropriate research method/ethics I wrote an "informed consent letter" (see appendix 1) which each participant of the research signed. Apart from organizational issues, we all have agreed that each member of the team must own responsibility to create for him/herself the best environment for learning/sharing. If there are any obstacles or "relational dynamics" which we feel are preventing learning/sharing, it is each member's responsibility to find a way to talk about it or to use individual or team supervision to help him/her.

Employing an outside group facilitator

We decided to employ an outside facilitator for the focus groups to make sure we could manage all the relational issues in a good manner. The facilitator was familiar with cooperative inquiry, relational ethics and also our team`s way of working. We decided to instruct him that his main role was to make sure that we are addressing all the relational issues present and also to make sure that everybody`s voice is being equally herd. We reviewed the utility of his presence after each focus group and decided to use him for all six of our focus groups.

3.1.3. Cooperative inquiry

Reading about cooperative inquiry was helpful in improving the quality of our group discussions. We see it as a good summary of how to conduct any group discussion/learning experience so that it can be useful. Many of the aspects Heron and Reason describe were a natural part of how we typically are together as a team, even before the research. Reading about cooperative inquiry gave us a language and complex knowledge of how to reflect on the quality of our discussions.

Building on a social constructionist perspective, Reason and Heron (2001) recognise in their construction of *cooperative inquiry* four ways of knowing. The experimental (through meeting

and encounter), presentational (through the use of aesthetic, expressive forms), propositional (through words and concepts) and practical (Heron & Reason, 2001). The practical knowing in their view "consummates the other three forms of knowing-on which it is grounded" (Heron & Reason, 2001).

Heron and Reason see it as important for these ways of knowing to be congruent with each other. "These forms of knowing are brought to bear upon each other, through the use of inquiry cycles, to enhance their mutual congruence, both within each inquirer and the inquiry group as a whole" (Heron & Reason, 2001).

As I describe in further detail in the "Data analysis" chapter the issue of different types of knowledge was challenged after the third focus group when we agreed to include a common reading from the literature together. There was suddenly a sense of fear that our "practical knowledge" would be too quickly absorbed by "imported" "propositional" knowledge. I think that, through bringing our attention to this issue, we managed to develop our own concepts and language respecting our practical experience.

In co-operative inquiry, Heron and Reason recognise 4 phases:

Phase one: the group agrees on the focus of their inquiry, method and set of procedures for gathering and recording data.

Phase two: the co-researchers become also co-subjects; they engage and observe their own and each other`s action and experience

Phase three: the co-subjects become fully immersed and engaged. They develop openness and deepen their experience and allow their practice and understanding to transform.

Phase four: the co-researchers assemble to share their experiential data, consider, develop or reframe their original ideas. They may choose to focus on the same aspects for the next cycle of questions or decide on a different one.

At the end of each focus group we considered if the two main questions, "What have I

learned about myself" and "What have I learned about the co-therapy process," are still useful and stimulating enough for us. After each focus group, we decided to stay with these questions even though there were some additional ones arising through the process (for example: "What helps me to be open about my emotions with my co-therapy partner?").

Phases (2), 3 and 4 are repeated as many times as agreed.

The crucial difference between cooperative inquiry and other conventional research, is the deep experimental engagement of phase three.

In the case of our research going back into co-therapy practise after each focus group gave us a chance to put back into practise the new theoretical awareness we gained through the focus groups and data analysis. In the beginning, we decided to repeat phases (2), 3 and 4 as many times as needed. But, since we had to plan ahead during the research, we decided to do six focus groups even though, after finishing the sixth focus group, our ideas kept developing further. We could go on exploring the issues the same way for an unlimited time period. The reasons we decided to finish our research after the sixth focus group were (1) mainly financial (it is expensive) and (2) the fact that it is quite time consuming.

To promote the presentational ways of knowing, Reason (1998) recommends using things like symbols or metaphors.

Reason`s mentioning of metaphors helped me to realize that, in our common conversations (as much as in therapy), we are quite used to using metaphors as a tool when we want to express maybe not yet fully verbalized experience carrying a strong emotional impulse. We have decided to use this skill/habit of ours and focus also in our analysis on the use of metaphors. I will go into more details and examples of how we did this in the "Data analysis chapter" (pp. 95).

Cyclical process

The cyclical process is the key to co-operative inquiry. In qualitative research, it is usually associated with the grounded theory approach. We see co-operative inquiry as more appropriate for our research because: (1) it dismisses the difference between the researcher and the participants

and allows everyone the same access to "data creation" as much as "data interpretation," and (2) it is more focused on potential and creating change and, as such, is a better fit for the practitioner research purpose of building a relational ethic.

> *In the case of our research, we developed a "learning loop" where the practice and reflections both take part repeatedly. After a time period of practice and reflections in co-therapy couples we gathered in the focus group, discussing the identified questions. The discussion was taped, transcripted and analysed.*
>
> *Results of the analysis, together with the identified metaphors and observations of the "high and low energy moments," were presented in the beginning of each following focus group and thoroughly discussed. The discussion was taped, transcribed and treated in the same manner as the focus group data. Through this process, the model of our common perspective was gradually shaped. We used this repetitive process as a means of gaining communicative validity. Preliminary results have been presented by the team at several conferences, thereby allowing comments and reflections from audience members to serve as a source of additional feedback and inspiration.*

3.1.4. Quality of the research

The traditional approach of looking at validity, reliability and generativity doesn't really support the relational constructionist perspective. In the perspective of McNamee & Hoskins (2012), traditional evaluating embraces the view of quality as a "factual property" and provokes what they call "entitative theorizing" (McNamee &Hoskins, 2012). They suggest instead to see quality as constructed in relational processes highlighting three interrelated themes: (1) reflexive practice, (2) dialog and ecological ways of being in relation, and (3) ethical and aesthetic aspects of construction (McNamee & Hoskins, 2012). Juhl (2012), building on Kvale (2002), recognises 3 ways to insure validity:

1) <u>Quality in the research process</u>

   To insure the quality of the process, Kvale (2002) recommends adopting a self-reflexive/self-critical position in order make sure that different possible perspectives for interpreting data are adopted. He says one should look for possible contradictions in data and make sure that they are built into the analysis. He also recommends focusing on

whether the elementary questions we ask in our data analysis ("what-why-how") connect in a meaningful way.

In the case of our particular research, there was an advantage of different backgrounds and trainings of each team member. In this way, the difference of perspectives was quite easy for us to establish. Our shared concern was that everybody`s voice was being heard in the focus group. Also, in the analysis I was constantly checking if I included everyone`s voice a similar amount of times. If I felt I was missing somebody`s perspective in the analysis, there was always a place to ask for that during the data presentation in the following focus group.

In an attempt to include the perspective not particularly mentioned in the focus group but "generally present" as a common understanding and maybe not fully recognised, I decided to adopt the specific question about diversity of perspectives in all of my analyses as explained in the data analysis chapter.

2) Communicative validity

I can see two main areas where we need to insure communicative validity is established. 1) To make sure that any interpretation of the data is accomplished in a collaborative manner with all the team members and 2) To make sure that in my writing I communicate the results in an understandable way.

The need to interpret and re-interpret the data in a collaborative manner until we reach a common understanding or a common understanding of a dilemma led to a development of a dialogical circle as described above. Also, the opportunity to teach/lecture was a great inspiration to check if ways of interpreting our data and formulating our thesis are understandable. The experience of finding it suddenly difficult to explain to others what we mean led us back into re-formulating our data analysis results so they would be also understandable to our students/audience.

To find communicative validity in my writing was a difficult process. I tried to use examples, quotes and description of the research process in cursive writing to help the

reader understand the data context. The team members who could read English were kind enough to give their comments on my writing, which I have included. I have had countless discussions with outside colleagues (who were kind enough to read this text) about their understanding of what is written here and tried to include their comments.

3) Pragmatic validity

In our understanding, practitioner research results are only as valid as they produce a change perceived as useful to all the co-researches.

In our research, we find it particularly helpful for each one of us to focus first on our individual practical learning/change in our work and sharing our progress/difficulties with others. The focus on our everyday little changes in our work, capturing them in writing and sharing them in the focus groups helped us develop/understand the process of our personal transformation. On a team level, apart from sharing our personal learnings and inspiring each other, we have also reviewed our changes on the team level half way though our research and at the end.

Heron and Reason (2001) suggest additional validity procedures apart from the research cycling as following: divergence and convergence, chaos and order, reflection and action, managing distress, challenging consensus, collusion and authentic collaboration.

Each of these polarities can be applied to see whether we are (as the systemic would say) not too quick to "marry our hypothesis", whether we are not missing some of the voices or perspectives.

In our team, in particular, as we are accustomed to challenging each other`s and our own hypotheses all the time as a part of our therapeutic work so, challenging our hypotheses in different ways seems like a natural part of not just our focus groups and data analysis but of every conversation we have as a team. In reading about cooperative inquiry, we found a useful challenge was taking our emotions and bodily signals (like headache, boredom, excitement, etc.) as a part of our data. In practice, this translated in a challenge to every team member to be as open as possible about their emotions or body feelings experienced in the moment and in close observation of our behaviour (body

postures, gestures, tone of the voice, etc.) as parts of our analysis. Our main concern was how to develop our competencies to create for ourselves the level of safety where we can be open and honest and challenge ourselves the appropriate amount in order to maximize our learning.

We used individual and group supervision to help us develop these competencies and also decided to employ an outside facilitator to help us manage the relational processes. It was a shared responsibility to make our research/my personal learning valid. It was not really a question "if" it is valid but "how" I can make it valid.

To ensure the communicative validity for our teaching purposes as well as for the congruence between the practical and presentational knowing, we used the positioning of ourselves to see our growing knowledge from different perspectives. For example, we would ask ourselves, "What would a colleague or a supervisee hear me saying now?" "How could I explain this to a student?"

3.2. Data Gathering

In this section I will first explain why we have chosen the means of collecting data as we did. Secondly, I will introduce our team in more detail and offer a description of how we used co-therapy throughout this research. I also provide a time line of our study. This is followed by a description of the main source of data for this research, the "learning loop" as a key aspect of this research, and additional sources of data. *In cursive writing I describe some of the practical aspects of data gathering.*

3.2.2. The reasons for the chosen data source

Before I get into more detail about the data gathering process, I would like to explain the choice of what we treat as data for this research. As we see dialogism not just as a technique but also as a way of relating to each other, in co-therapy couples and the team, we wanted our research also to create as much dialogical space as possible within which we could learn. From our staff meetings, we know that, as a team, we feel comfortable in team discussions where everybody has a tendency to join in and we naturally "feed" on each other`s thoughts when we discuss things together. That is why the choice of focus groups as a main learning space seemed natural.

Before we began our research, I asked all the team members to list three preferable things under each of these questions:

1. What activities, as part of our work, interest you most? You engage in the most?
2. During which activities at work do you feel you are learning the most, learning the most about yourself?
3. What activities would you enjoy more at work? Why?

As described in the introductory chapter, in following discussion we all agreed that, for us, the context in which we were learning the most at the moment and also what we enjoyed the most doing is the co-therapy sessions. Since we had some elementary information/knowledge about dialogism at that time, we could see that a "dialogical" way of conducting co-therapy might differ from the way co-therapy is commonly used in systemic or Gestalt approaches. But, we could not find any literature on the topic.

We decided to include in the research process a reading by Jaakko Seikkula and Tom Arnkil (2012), "Dialogical Meetings in Social Networks" as a part of our learning process. This text was the only writing available in Czech at that time on dialogue and not all the team-members speak

English.

3.2.2. The Team-the research context

As described in the introductory chapter 1, the research was conducted by the team of the out-patience service of the psychological ambulance in Rychnov nad Kněžnou in the Czech Republic. The team consists of four men and four women (including myself). Three of the women and two of the men are clinical psychologists with psychotherapy training in different modalities. One man and one woman are art therapists with psychotherapy training. One man is a social worker and mediator with psychotherapy training. One man has a background in nursing and one as a Catholic priest (before becoming psychologists).

Six of the team members were between 35-45 years of age, one member was over fifty and one member was under thirty. There is a diversity in psychotherapy training in the team as mentioned in chapter 1. Most of the team members are doubly trained, ranging from Rogerian to systemic, Gestalt, narrative. We all have some elementary analytical training and five of the team members also have training in either dance therapy, sand play, drama therapy or art therapy. Three of the therapists are qualified supervisors. Not all team members have finished the research with us-one of the team members decided to leave.

> *One of the therapists decided to leave the team after the second focus group. So, there were only seven members of the team completing the research. There were several reasons this member gave for leaving and one of them was „because of the research". I asked for an interview with either myself or our supervisor to explore the aspects she found difficult about the research. But she rejected that and instead wrote a letter explaining her decision to leave. She agreed the letter could be shared with the rest of the team. The arguments included in the letter were discussed in the focus groups. I have included this letter as an additional data source (see appendix 2).*

3.2.3. Co-therapy

The four men and four women created 16 co-therapist, mixed sex couples (teams). There could be potentially up to 32 couples if the formation of single sex couples appears during the course of the research. The potential formation of single sex couples depends on the client situation and time availability of different team members during the course of the research.

The fact that each therapist was involved in a minimum of four different co-therapy couples created an interesting tension between overlapping patterns developed in each couple.

Knowledge gained in one co-therapy situation naturally "got tested" and brought new impulses to a situation with a different co-therapist.

During the course of the research there appeared a spontaneous process of more frequent work in certain couples and less in others. Even though there were some practical reasons for that, emotional aspects of these arrangements were regularly reflected on, in the focus groups.

3.3. Time line of the study

We started as a team to co-design the study during 2013. After meeting with Ottar Ness during the TAOS EUROPE conference in September 2014, I decided to design this research as a PhD project and applied to the Taos Institute. We collaborated intensively in the team, consulting with our supervisors Sheila McNamee, Matthias Ochs, Ottar Ness and others during the years 2015 and 2016. From spring 2016 to fall 2017 the focus groups were taking place. Data from this time period are included in data analysis. Between the fall 2017 and the summer 2018 we continuously reviewed our knowledge while trying to formulate what we have learned for different audiences while teaching and lecturing about it and using it with different client groups. Data from this last year are included in the final discussion.

3.2.5. Main data source

There were 6 focus groups throughout the course of two years. The dates were set far in advance, so all members could make proper arrangements to attend. We agreed that all focus groups would be obligatory and all members of the team did participate in all the focus groups.

We asked several external facilitators to join. For the first focus group, we had a local facilitator with group leadership experience but not much experience in leading a focus group. After this first experience we decided to hire an experienced facilitator and to travel as a team to him.

The reason why we decided to hire an external facilitator was to help us to handle the "group dynamics" in a way it could be as much as possible translated into data. In other words, encourage us as much as possible to verbalize our emotions and "inner conversations". The facilitator who has been working with us is a long-term colleague, experience in supervision, conducting group therapy and in conducting focus groups.

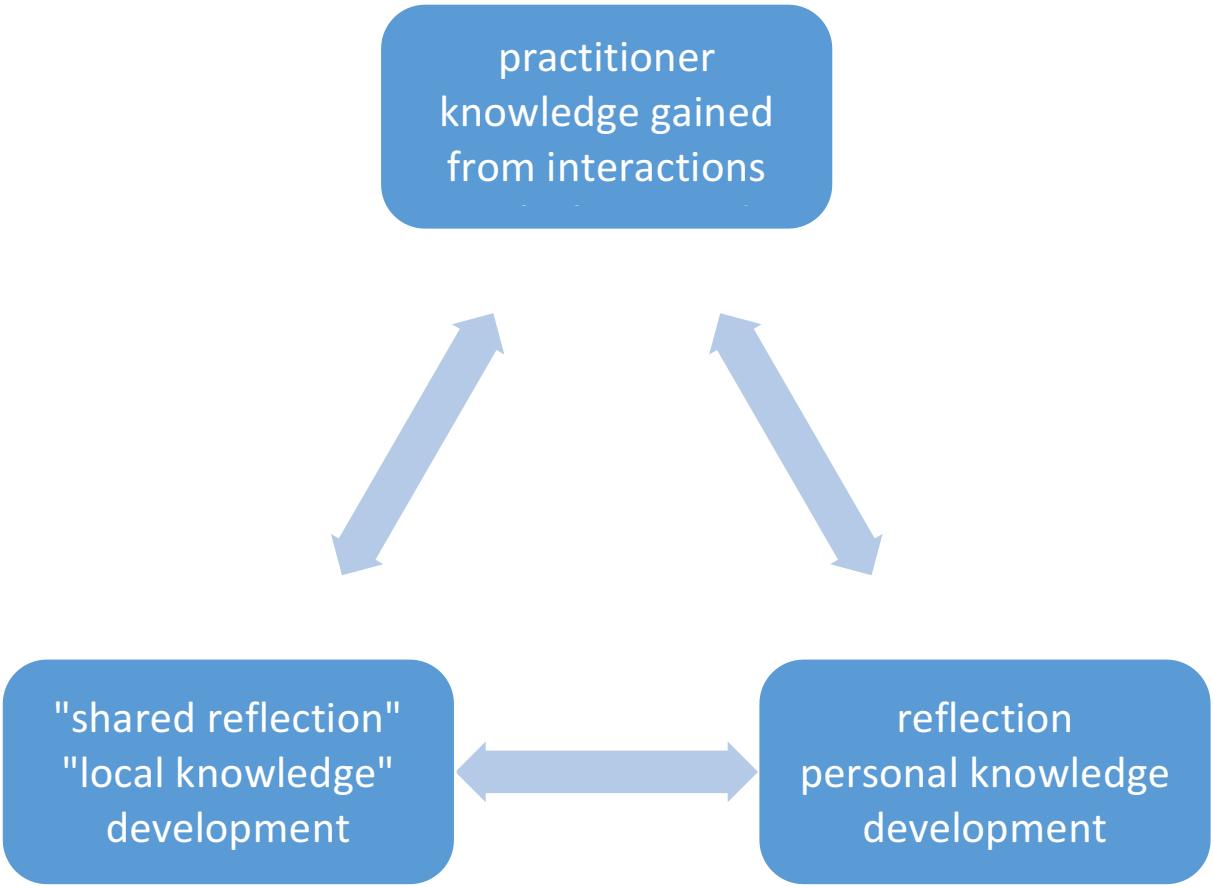
The focus groups were taped, transcribed and analysed. The tapes and transcripts were available to all team members.

3.2.6. Learning loop

The results of the analysis of each focus group were presented at the beginning of the following focus group (e.g., results of Focus Group 1 were presented at the start of Focus Group 2 and so on), presenting the particular data interpretation as one possibility. This created a discussion, offering other possible interpretations or connections between the different perspectives.

This helped to create an environment where a common understanding developed alongside the language on both a theoretical and practical level. Gradually a theoretical model of our understanding of dialogism was co-created by the team.

The questions discussed in the focus groups emerged from both practice and the mod



el/understanding creating theoretical discussions.

Another key source of information was the quality of "dialogical flow" in the focus groups. I discuss this further in the chapter five, "Data analysis".

3.2.7. Additional data sources

Research journal

I kept a research journal for the 2.5 years of the research. I used it mainly to capture my worries, anxieties and thinking behind my decisions. I also used it to comment on my perception of the team group dynamics. I also used the journal to comment on theoretical ideas and connections between the theory and practice. During the research, and at the end, I used the journal to look back and make sense of my own developing understanding of dialogism.

Reflected readings

Because only part of the team understands English, we were, as a team, restricted to the Czech translations of appropriate literature for our common reflected readings. We chose a book by Jaakko Seikkula and Tom Arnkil (2012), "Dialogical Meetings in Social Networks". We divided the reading into 3 parts. The discussion after each part become a part of our focus groups. It was taped, transcribed and treated in a similar manner as the focus group data.

Watching video

We watched, OPEN DIALOGUE: an alternative Finnish approach to healing psychosis film by Daniel Mackler (2014)
(https://www.youtube.com/watch?v=HDVhZHJagfQ)
We discussed this documentary afterwards. Our discussion was taped, transcribed and analysed just as the data from the focus groups was.

Lecturing

The team, as a whole, gave one workshop about our team transition at an international conference, "Horizonty" in Ostrava (2016). The feedback we received and the reflection of the process of lecturing became an important impulse reflected in following focus groups.
Two of the team members participated in a workshop by Justine Van Lawick and two participated in the "Summer School on Dialogical practices". The preliminary data of this research were presented at an "International Conference for Systemic Practice and Research" in Heidelberg (2016) by two of the team members. The same two team members also presented at the Czech psychosomatic conference (2015).
Feedback from all these conferences were included in the focus groups.

> *In practice, it was not possible to specify the crucial moments of change for each one of us. Rather there was a constant flow of our conversations with clients and colleagues. The*

times after the co-therapy sessions were times where we had a chance to stop and reflect on some of our individual changes and changes in our conversations as a therapy couple. The time in the focus groups then reflected changes on a bigger scale brought by individuals and different couples.

3.3. Data Analysis

In this chapter I will introduce the way the data from each focus group were analysed.
I will explain six elementary guides I have used for our analysis: (1) high and low energy moments, (2) metaphors, (3) diversity of perspectives (4) dialogical circle, (5) grounded analysis theory (6) the topic is being referred to latter on.
Then I will introduce each focus group separately. "High and low energy moments", "metaphors", "diversity of perspectives" and "grounded analysis" I will use as a headline in each focus group analysis description. The "dialogical circle" principle refers the way I treat the results of my analysis-I refer them back to the team for further discussion. The sixth principle guiding my analysis is "the topic is being referred to latter on". This is when I noticed that a certain phrase or metaphor or topic mentioned during previous focus groups is being referred to again and again later on. These are topics which influence my analysis especially towards the end of our research process.
I try to demonstrate the conclusions we came to in the analysis with quotes from the focus groups. *In cursive writing I will describe the process of the focus groups, offering a broader context to my analysis.*

I will introduce the most frequently used metaphors with pictures. At the end of each focus group, I present the analysis as it was presented to the team (in English translation).
From the fourth focus group onwards, we included discussion of our readings. The quotes which grabbed our attention and the analysis of the following discussions are included in the analysis of each focus group. At the very end of this chapter I will present part of my overall analysis in a model of "Dialogical ethics" as it was presented to the team.

3.3.1. Data analysis methods

Deciding how we can make sense of our data was one of the most difficult decision we had to make throughout the process of this research. We were considering the content analysis, theme analysis, grounded theory, cooperative inquiry and some other ways which we felt could fit out purpose. In our analysis, we did not want to focus only on what was being said (transcripted) but also how it was being said. We were curious about when is our dialog going smoothly in the focus group and why and when it gets frustrating or stuck and why.

The difficulty came with the fact that we wanted to do this research together in a collaborative manner so if I was supposed to be the one to come out of the focus group and analyse the data on my own even if was feeding the results back to the group in a learning loop as described above it would still put me in a privilege position. To invite the whole team to participate in the analysis would be a methodologically good solution but unrealistically time consuming. The team has reflected on this in a common discussion as a part of the focus group four in more detail.

Another option, maybe more commonly used one, for me was to get involved with an outside analyser or an analysis group to compare their views with mine in a collaborative manner. We have tried this approach after the first focus group and decided not to continue in this way. The reasons why are described in the chapter bellow.

So, the question for me was how to include the team in a dialogical manner into the analysis without creating any more time demands?

Looking for „high" and "low" energy moments, noticing group dynamics

Based on the dialogical perspective presented above I have decided to focus in my analysis not just on classifying separate utterances and their relations but also on the context of the utterance. In other words, what does the utterance follow and what reaction does it create in the team. As Markova (2007) suggests, "meaning is derived from the positioning of a contribution in a sequence" (pp. 34).

In order to do this, I have first tried to identify the "high" energy moments, or as John Shotter calls it the "striking moment" (Shotter, 1993). In the beginning of each analysis, I have watched the tape several times, first without sound and then with the sound, trying to identify the moments of dialogical engagement of the team, where everyone seems to "join-in" the conversation, we all talk at the same time, listening carefully, using vivid gestures, etc. I call these passages "high-

energy" moments. For example, when everyone turns their heads towards the person who talks, nod vividly and tend to follow up immediately (several team members talk at the same time trying to follow up on the topic) I would evaluate it as a high energy moment. Then I tried to look for the topics or utterances which could be associated with the „high energy moments". This would be my first way of identifying important themes or utterances.

Then I tried to look for the "low energy moments", where we seem to be distracted, „bored" or conversation „got stuck ". For example, when several team members look away, there is yawning and longer silence between speakers, when the speakers don't follow on each other`s topics- I would evaluate it as a low energy moment. If it would be while discussing the same topics which create the "high energy moments" at another time, I would try to identify what is the difference. Usually the difference was in speaker using a certain phrase or a metaphor. Identifying the difference has helped me to specify the topics which create the dialog in the team.

I am building upon a preposition that the team members get involved in the conversation topically, as a way of talking or a group process which interests them most. I have observed carefully the body language of different team members, looking for the signs of excitement, boredom, fatigue, distraction, restlessness, etc.

When there are strong signs of disagreement like twisting heads, frowning, people turning away from the speaker and having a conversation with their neighbour, eye rolling, etc. I would evaluate the moment were group dynamics are present. In other words, the conversation might be driven by what is not being said then by what is being said at the moment people are responding more on an emotional level.

The bodily response and the involvement following gave a rough idea about the key concepts or phrases the team tends to respond to with the most engagement.

Another criterion was, in retrospective, that certain phrases or metaphors were referred to more than others in the following focus groups. These I considered "key" topics, phrases or utterances. In following analysis, the "key" topics or utterances helped in creating meaningful categories and relations among them.

Metaphors

Another key to my analysis was paying attention to metaphors used, as we find metaphors sometimes very useful in capturing not-yet-fully verbalized knowledge, or feelings in our work with clients. Metaphors that appeared to be significant or that were referred to more than once, I have tried to feed back to the team in the beginning of following focus group. I have decided to use pictures for that. First, this follows a tradition we have within the team to play with pictures when we are teaching or presenting our work. Secondly, we find that supporting the creative process and encourages different perspectives.

There was an interesting fact that there were much more metaphors present in the first focus groups then in the last two. My interpretation of this fact is that as our knowledge was getting more specified and feelings more verbalized we did not have such a need for using metaphors, any more.

Grounded analysis

After capturing the metaphors and high and low energy moments, I conducted a grounded analysis (Glaser and Strauss, 1967) of the transcript of each focus group. I used the MAXQDA program to do that. MAXQDA is computer program commonly available for utterance analysis in order to organize categories in graphically accessible way.

Separately, after each focus group, I conducted the data analysis of the transcript using the focus group tape as my data. Grounded theory (Glaser and Strauss, 1967) was chosen for the analysis because we wanted to focus on occurrences of "model creation" as we tried to understand how our learning emerges and what patterns develop in our work. At the same time, we do recognize as problematic the positivistic epistemology of original grounded theory, tied to empiricist conception of theory (that the object of theory are given, phenomenal and real objects in the world and any new theory must be tested or falsified in relations in relations to them). Thus, we were inclined towards the "constructivist grounded theory" (Bryant and Charmaz, 2007) which emphasizes multiple realities, subjectivity of the researcher and the research participant views, situated knowledge and sees the data as "inherently partial and problematic" (Charmaz, 2011, p.168). From her perspective, Charmaz aims to "create interpretive understanding located in particularities to take into account how the researcher and the research participant's positions effect

our interpretations" (Charmaz, 2011, pp.169).

As one of the most problematic part of our analysis I see the connection with the existing theoretical background. I think that each group member would probably see the connection with different piece of theory as we all relay on different theoretical background due to the difference in our trainings. So, to still build on our relational-constructionist theoretical base of this research I will relay in my analysis on the concepts mentioned in the focus groups- especially when they are well understood by the team. If I have any theoretical suggestions about the concepts I could see emerging from the data, I do it as a part of the focus group or mention in specific, that this only my theoretical suggestion which I have made in retrospective, after the focus groups have been finished.

3.3.2. Experience with outside analyser

Using an outside analyser or participating in an analysis group would be a common practice in a qualitative research analysis. In practitioner research, all the participants are invited to co-create the meaning of the data as co-researchers.

Probably because we had doubts in our ability to analyse our data from the focus groups well enough we had invited an outside analyser to join in in the sense making of the data. We had provided her with the tape and a transcript and ask her to analyse the data using grounded analysis. We have planned to present her analysis next to main and then create discussion between us the team members could join.

Even though the outside analyser was an expert in using grounded analysis the team felt very insecure about her results. "It was interesting what she was saying but I think she really misunderstood what we were trying to say". "If she should be the one who analyses our data we would have to be much more careful in explaining what we want to say". "I am sure she tried to do a good job but it was her perspective on how we work…and I am not that much interested in her perspective but more likely in ours". "If I am supposed to be really open I don't really like the idea of being a subject of somebody else`s analysis…I would much rather if we can do it together". "To be honest it really is expensive".

Based on this experience, we have decided to fully relay on our own understanding of our own data and not to involve outside analyser any more. We did not include her results in specific as it was somehow for us hard to understand in a useful way as a whole but some parts of her results became part of our discussions and in this way also data included in following analysis.

3.3.3. Literature reading

From the fourth FG onwards we have included theoretical reading. We have chosen together a book we decided to read in three parts before each following focus group one part. The readings were discussed in the beginning of each FG. This has provided us with collaborative way of introducing theoretical concepts into our analysis. Based on what quotes we as a team have picked from our readings I could see what theoretical concepts the team finds relevant. This was a way for us how to "compromise" between relying only on our own concepts (or the concepts we are familiar with) and making relations towards already existing concepts on dialogism but still in a collaborative manner.

3.3.4. Diversity in perspectives

To capture the diversity of perspectives in the data is a part of grounded analysis approach. Throughout the analysis I have tried to focus on taking care of and preserving the diversity of perspectives on different issues. I used a question inspired by Gestalt therapy to do that: "if this would be a figure, what would be the background?" We have also asked this question of ourselves as a team after each presentation of results in order to generate more diversity of perspectives.
In other words, what is being said is being said against a background which we consider obvious because we are all therapists and our experience is somehow similar in many ways. I think that verbalizing this "background", bringing into our attention is an important part of my data analysis as we might become aware of difference in our understandings or simply see our knowledge in a broader context.

3.3.5. Dialogical circle

As explained above my goal was to get the team involved with the data analysis as much as possible. I have decided to treat my data analysis as "hypothetical", one of the possibilities, not as final results. After each focus group, I have analysed the data as described and then presented the results at the beginning of the following focus group.

I have recorded the presentation and the team`s reactions to the presentation and analysed it the same way as data from the focus group. In this way, I could include the team members responses and comments in the next analysis. In this way, our knowledge of the topic was building up in layers where the phrases or ideas which the team members considered key got repeated again and again and each team member had a control over which phrase is going to be repeated. Through this

repetitiveness it was possible for me to capture what utterances different team members consider key.

3.3.6. The topic or a phrase is being referred to latter on

This aspect of my analysis I have used especially from about the third focus group onwards. If there would be a phrase used in the first focus groups and referred to latter on as "something what stayed with me" I would see it as a phrase or topic key for the final analysis.

For example, a phrase "I somehow always expect a future relationship" (with the co-therapy partner) was frequently referred to latter on. It became a key phrase for thinking about the concept of "trust" in developing the "dialogical ethics" slide.

3.3.7. FOCUS GROUP 1

Before the first focus group took place we all had a talk about what is a focus group, what is the purpose of focus groups and what makes it different from our group supervisions.

We have used the Czech translation of Krueger`s elementary book Designing and Conducting Focus Group Interviews (Krueger, 2002) to study the elementary information about focus groups. Before we started the focus group we spent 10 minutes within each therapeutic couple who has worked together in a quick discussion in "freshening up" our experiences. This created a playful, relaxed atmosphere.

During the day of our first focus group, there were three students present in our work place. We offered them an option to create a "reflecting team" for our focus group with a task to observe the development of emotional engagement of different team members and to look for the "Striking moments" from their perspective. We took their feedback in the end and reflected on it as part of the focus group.

In the beginning, we started off with a round of metaphors in response to the question, what is co-therapy like for us at the moment?

After the round of metaphors, we asked ourselves the two elementary questions we have been working on individually and in pairs after each co-therapy session: What have I learned about myself? What have I learnt about the co-therapy?

Focus group 1 analysis:

Metaphors from the Focus group 1:

Co-therapy is like……

Co-therapy is like when you gather over a map with your co-therapy partner and your clients and discuss together where it would be best to go next.

Co-therapy is like a good sex when both partners cherish and value their differences but they still connect very well….and feel energized by that connection.

Co-therapy is like cave climbing. One partner stays on the ground, connected to the main story line, while the other dives into the depths of emotions.

Co-therapy is like being in a sweet shop with a friend. Each one of you has a different desert and you are giving each other a taste of what you are having.

Co-therapy is like going down the river on a raft with your clients…we all have to work our share, we are in it together, sometimes it is a bit scary and mostly we are all having a great ride.

Co-therapy is like cutting wood with a saw. Each partner is equal. If one doesn't pull hard, there is not much the other therapist can do about it.

Co-therapy is like sailing of into the open sea. We are all in it with our clients. We all need to work together to make the trip safe.

Co-therapy is like rowing a boat. Each partner has one vessel. Only when they both work together the boat goes forward.

High and low energy moments

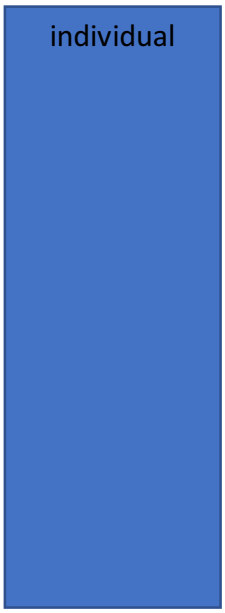
Based on the identifying high energy moments the team was most involved when talking about the experience of high energy after finishing the co-therapy sessions. Members were describing feelings of connectedness, creativity, playfulness, trust being in-tuned. At the same time the team members were getting distracted when the conversation was more about concepts then sharing personal feelings.

Diversity of perspectives

If the figure appearing in the front would be the feeling of "being energize" what would be the background against which we describe this experience? I have looked in my analysis for "other experiences". The strongest utterance from the other end of the spectrum was "I am making the space for the other person but he doesn't take it" (this also created a moment of what I would describe a "focused scilence" setting a standard of how open and also critical we are going to be in our sharing).

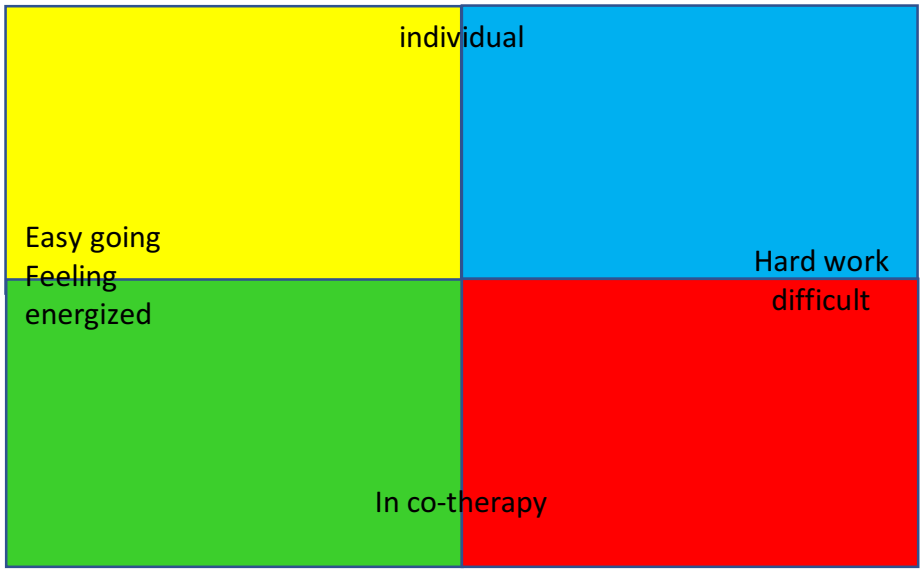
Another aspect I could see was if the co-working would be the main figure we focused on in the conversation the background experience we compare it to would be our individual work.

If we would imagine the data in graphic form-they could be basically organized around two major axis: energizing (easy going)----hard work(difficult) and individual----in co-therapy.



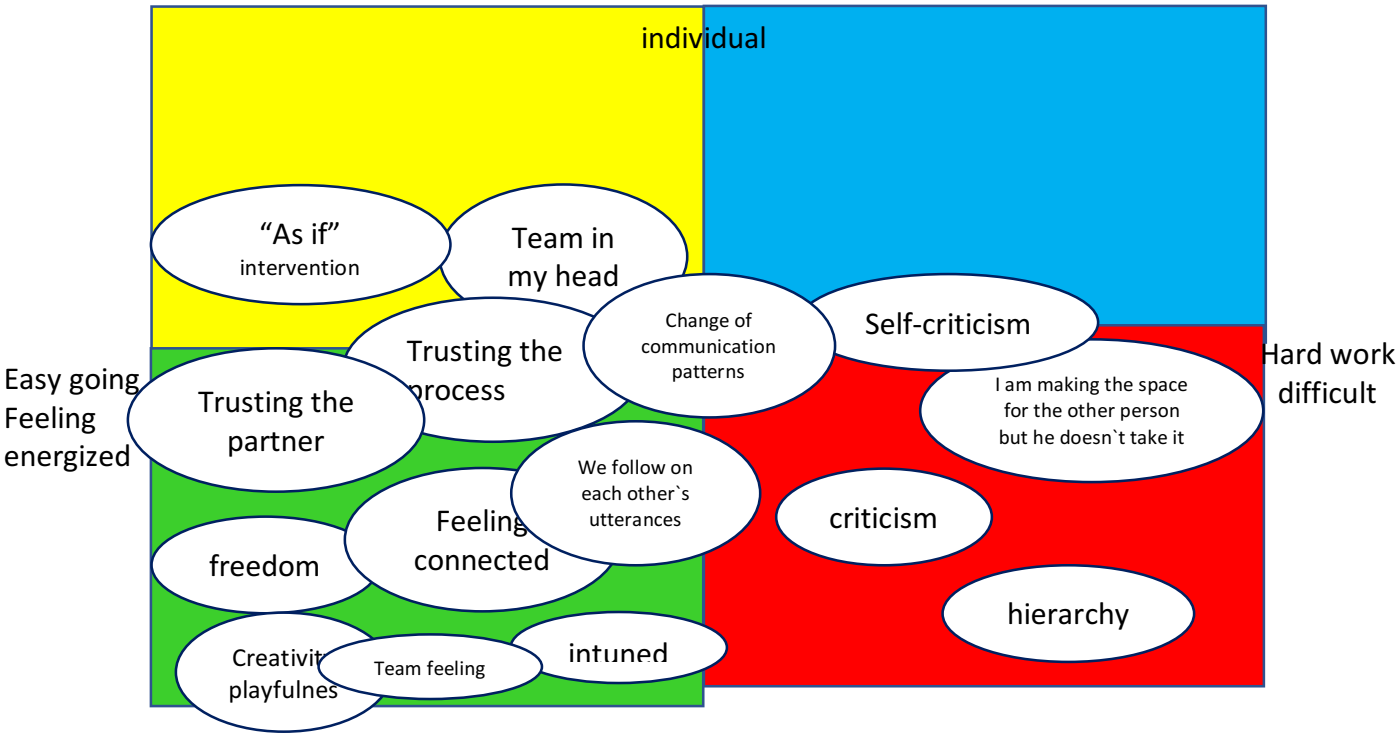
In co-therapy

If we would put the two axes together, we could create four quadrants.



Grounded analysis

In my grounded analysis I cathegorized each utterance. When I tried to place the cathegories withing the four quadrants I ended up with following slide.



I typed down some of the utterances characterizing different quadrants. While I was doing this I realized that we have talked very little "from the blue quadrant experience" when we work individually and we experience our session as hard work or difficult. I have decided to leave this fact open, only as a comment for the team to respond to.

For the three out of four quadrants (green, red and yellow) I put in some illustrative quotes:

- "I feel great respect towards the other co-therapist…so when I experience that I myself would now take a different road…I can relax...because I know that what she is doing will work somehow…and what I am doing will work somehow….and that we will meet soon again…"
- "for me it is so enjoyable to go and work in a co-therapy...but only under the condition that my partner is willing to be on the same level with me…that he would take the partner position next to me…no hierarchy…"
- "it is key for me that no one plays the game with me…oh, you are more experienced then me…or I am not a psychologist…."
- "this partnership level has become much stronger for us when we agreed that we have no plan for the session, or for the next moment…that it is not the case that when I am saying something it is because I have a plan which you must guess and join in…that we are constantly co-creating the space of the therapy together
- The research has legalized for us the level on which we are all learners…that we are all on the same level…we are all here to learn"
- "because we are reflecting on the co-therapy...it tells me that we are actually creating together what it could be for us…not that somebody already knows how it should be and we are learning it…no…we all don't know…we have to make it original"
- "if I don't say something in therapy, nobody will, my voice will not be heard…and the chance will be missed…but it is building on the trust that whatever I say my partner will hear with positive connotation…she always supposes that I mean it

- “Bad work in co-therapy is even worse that bad work in individual therapy…because I am left not just with frustration with myself but also with the colleague...”
- “…for me the shadow is created out of what we don`t say to each other, when we are leaving the session and we are pissed off…and we don’t say it…and go on working…than the frustration spreds to the following session as well…only when we have the mutual willingness to reflect also on the anger and frustration it can work
- “for me sometimes I am having a feeling that I want to hide in a box away from the other therapist…and sometimes it takes me a long time before I notice that there is some lack of clarity between us…it is the need to hide away...which has to do with the discomfort I don’t yet know about…the trust is shaken…but it takes me a long time to realize that…”
- It takes a horribly long time to relaize what is going on…when we are finishing the session…I feel ok…but then an hour later, I start to feel this discomfort…and then it is very difficult to find time to talk about it…because the other person has already moved on…”
- “when I feel uncomfortable in the session, I tend to turn it against myself…I am agry with myself…oh, you are such an idiot…can’t you be more useful, and join in the therapy process better?

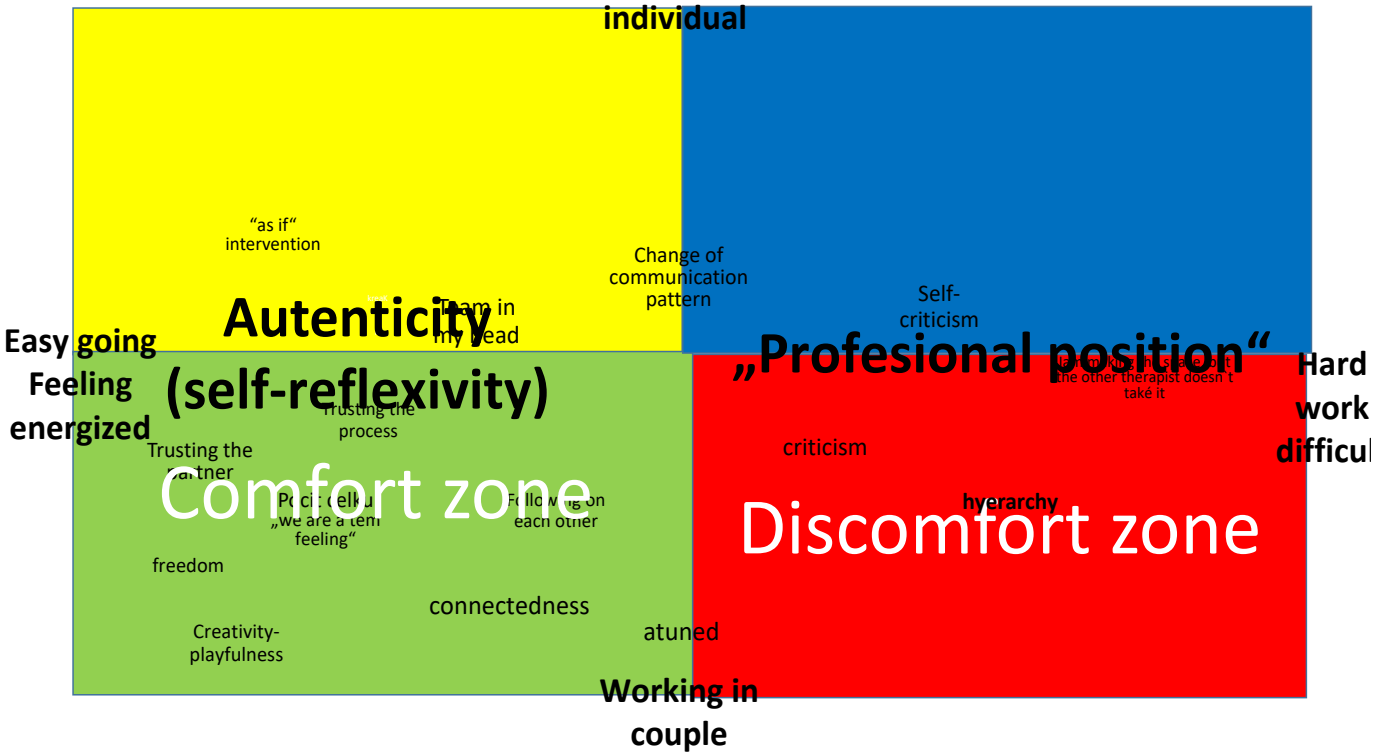
- When Iam frustrated with not understanding where the other therapist is going …I get so angry with myself…I feel like a lousy therapist….”

- "When we are working individually and then have the experience of co-therapy, experience with myself as co-therapist, it becomes a source for my individual work, I can always see, how my individual work somehow improves"
- "Co-therapy somehow creates a communication pattern which we then use in individual therapy as well"
- "I am not sure if it is a pattern or more of an experience. It is like we have experienced a trip together. And even though we came back to common reality…the experience is still there…we are different"
- "it is like a colleague remains in my head…and I have my eyes…but also his eyes in my head…when I am looking with an individual client at that map...I can encourage him to invite his different views…."
- "it is a powerful intervention…if a colleague of mine would be sitting here, he would probably say blab bla…I mean I am not saying that...but he probably would…."
- " The other day, I was working individually and I suddenly smiled because I could hear what Lucie would say, if she would be there…it is great to have you always with me…
- "it is like once I have this experience…I am having the mental supervisor present, who helps me handle the different levels of the therapy…it is like my mental capacity has grown…"

When I was looking for the relations among the categories

I have decided that the right-hand side could be called "discomfort zone" and in our utterances, it is mostly associated with being in an "expert position", "hierarchy", "Self-criticism" or a "professional position" (in contrast with "non-expert position")

The left-hand side could be than called "comfort zone" and is associated for us with "connectedness", "freedom", "authenticity", "trust", "creativity".



3.3.8. Focus group 2

In the beginning of the second focus group I presented the option to organize the data into the four quadrants according the two axes as mentioned above. I presented the slides with the major categories placed in the four quadrants and the quotes feeding these categories so all the participants could make sure that they felt comfortable with the names of the categories and their place and "function" in the four quadrants. I also put some of the quotes belonging to each quadrant for illustration.

A discussion started about the names and common qualities of the quadrants. What personal experiences and feelings are associated with different quadrants and what makes/help us to cross from one quadrant to the other or to stay where we are. What is the motivation for doing so, etc.

The crossing over from one quadrant to the other became the centre of the discussion of this focus group. The main terms used to describe crossing were connecting (to characterizing the quality of the green square) and disconnecting (to characterize the quality of the red square). There has been a recognition of the importance of "disconnecting" from time to time, or even doing it on purpose as a technique. This recognition has created most use of metaphors and the moments of highest engagement among the group.

What I have seen as my role, which the rest of the team quickly adopted for themselves, was to ask for a personal comment, if it seemed to me to be too theoretical: "But how is it for you personally? What is your personal experience with this?" "Can you give me an example?"
The process of exploring the initial sketch of a possible future model has helped us to organize our experience. The important question was: "If we would use these two axes to organize our experience, what experiences are being left out? What is it what doesn't fit?"
Discussing the four quadrants has organically transformed into answering the two initial questions: "What have I learned about myself? What have I learned about the co-therapy process?"

Between the first and the second focus group we participated as a whole team in an international conference, "Horizonty," in Ostrava. We presented a workshop as a team about our "learning journey" while using research to increase our self-reflexivity. The experience of the whole team giving a workshop together, and the feedback we received, became part of our focus group discussions.

Analysis of the focus group 2:

Metaphors used in Focus Group 2

Co-working is like a dance, sometimes we go away from each other but we always stay connected.

Co-therapy is a constant process of connecting and disconnecting.

It is like breathing in and out.

It is like those child phones made out of cups...you keep testing how far you can go from each other and still hear each other well.

It is like when one of you is walking through the valley and the other one along the side of the hill with a greater view.

Sometimes the experience is like running into a dead-end street.

Sometimes it is like trying to jump from one rock to the other without falling down.

High and low energy moments

As well as the metaphors, high and low energy moments pointed towards two major areas "Connecting-disconnecting" and "what makes me to withdraw"… "or hold back"

Especially the phrase about "parallel processes" or "isomorphic processes" draw a lot of attention (and became widely used latter on in the following FG)

Diversity of perspectives

"If we would use these two axes to organize our experience, what experiences are being left out? What is it what doesn't fit?"

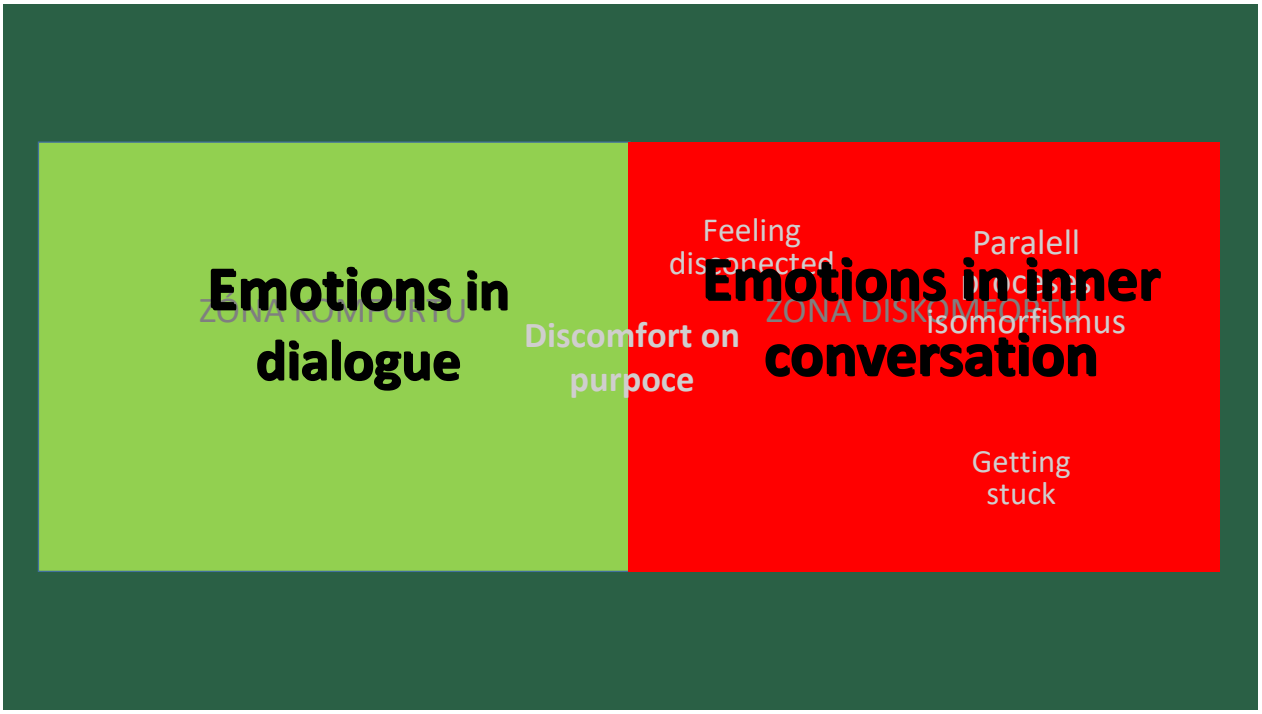
While we were talking about discomfort we sometimes experience we quite quickly came up with the "usefulness" of this experience through the mechanism of isomorphic or parallel processes. In looking for the diversity in perspectives present I have found utterances also describing the "discomfort" only as discomfort, not a "useful discomfort". I found it important to keep this aspect present in the slides created.

Grounded theory

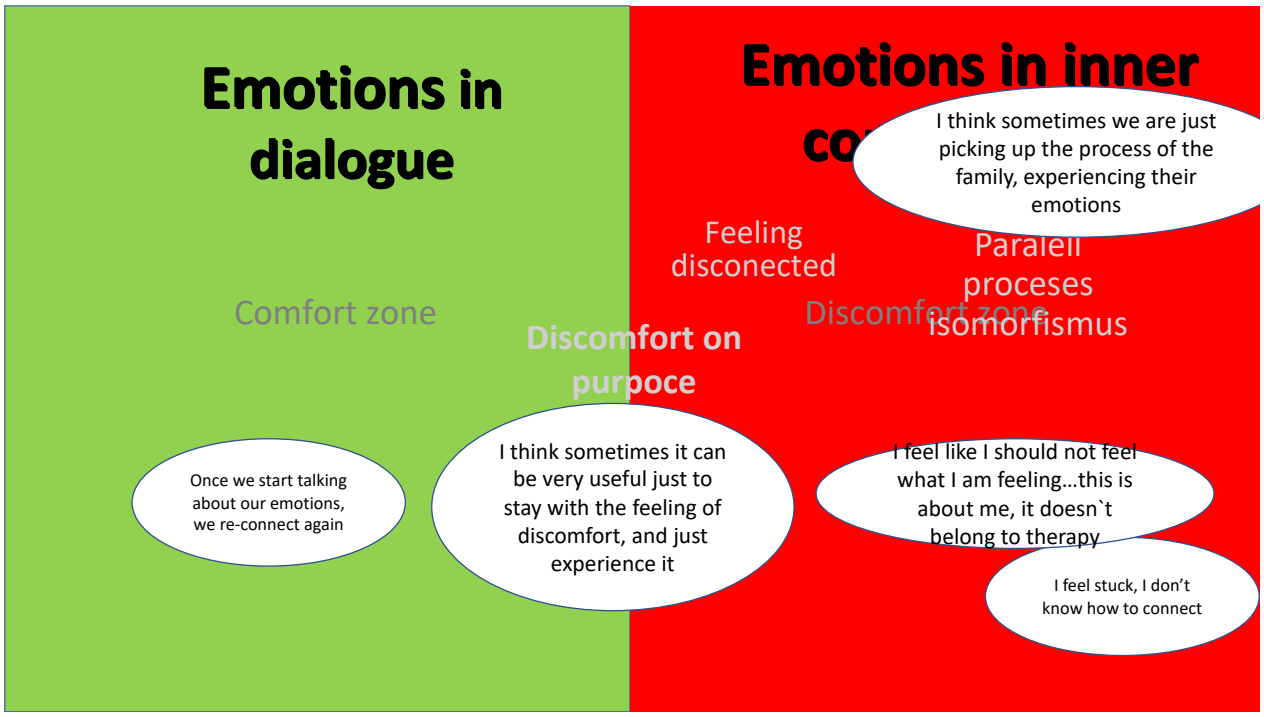
If we would stick to the model from the first focus group, we can see that there is commonality within the red square in that we do not tend to talk about our emotions or needs. We are afraid, that our feelings "don't belong to therapy", "what we would say would be stupid" or "that we might hurt somebody". We "feel stuck" and we "don't know how to connect."

On the other side, what is common for the green square is that we feel "listened to", "trusting", "connected", "we feel free to talk about our emotions" and we "find it useful to talk about them".

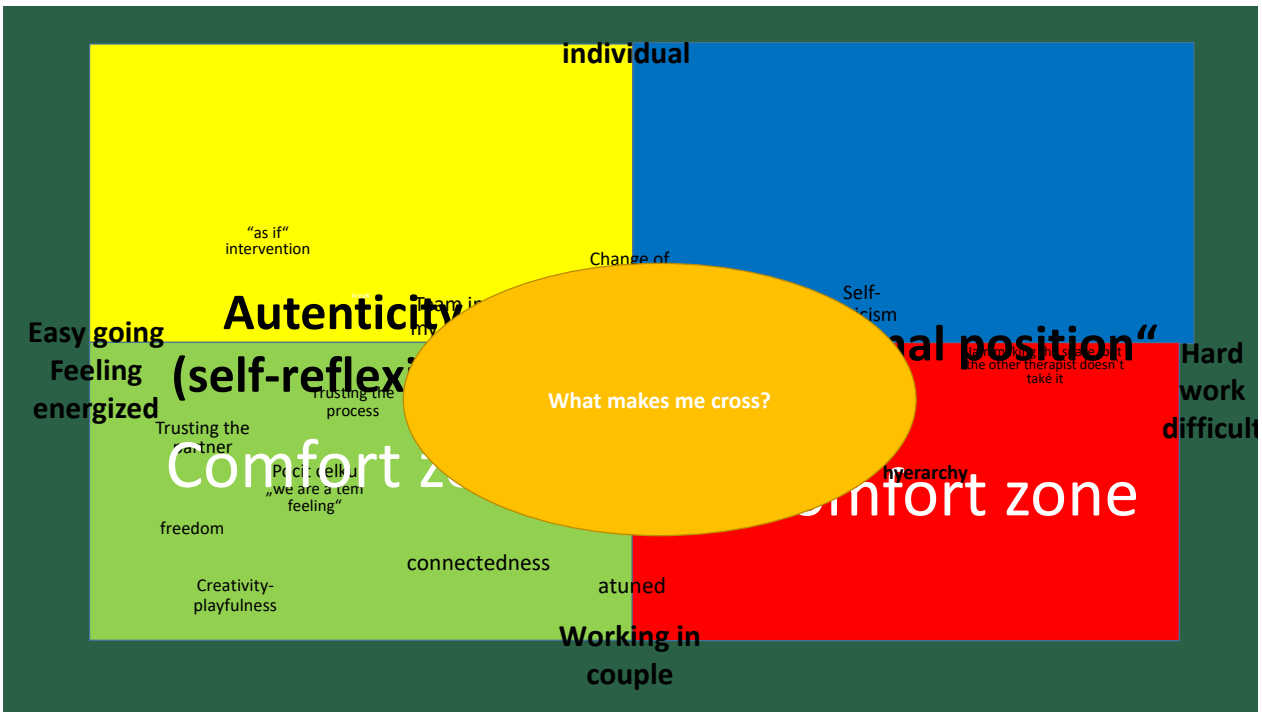
So, to sum up, we could say that the major difference is in the action we take, whether we keep the emotions for one reason or another in the inner conversation, or bring them into the dialogue.



It is interesting that sometimes we find it useful to "experience the discomfort on purpose" as if connecting to our own discomfort connects us with the discomfort the family's experience. We tend to name this tendency as parallel processes or isomorphism and use it a useful tool for the therapy process.



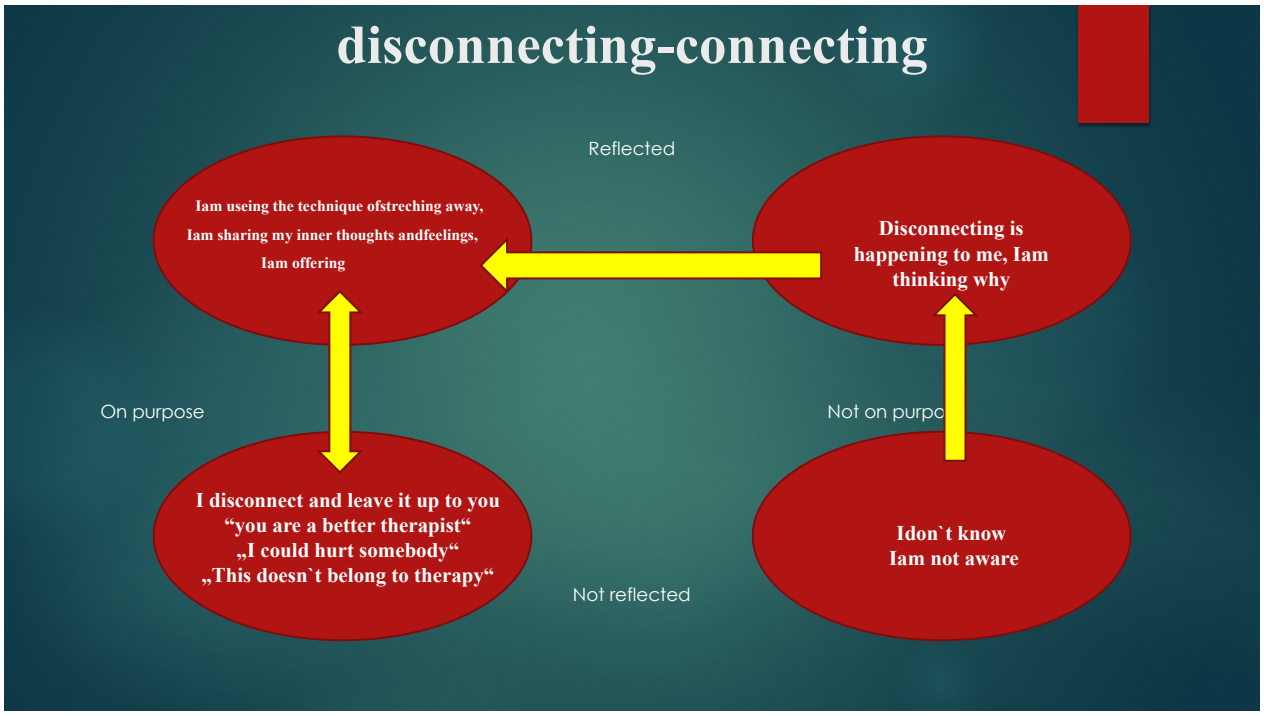
So, the key question of the second focus group was how do we cross from one quadrant to the other? How does this crossing happen?



We have talked a lot about connecting and disconnecting in the therapeutic relationship. It seems

like we tend to refer to connecting-disconnecting to the co-therapist, therapeutic process or myself interchangeably.

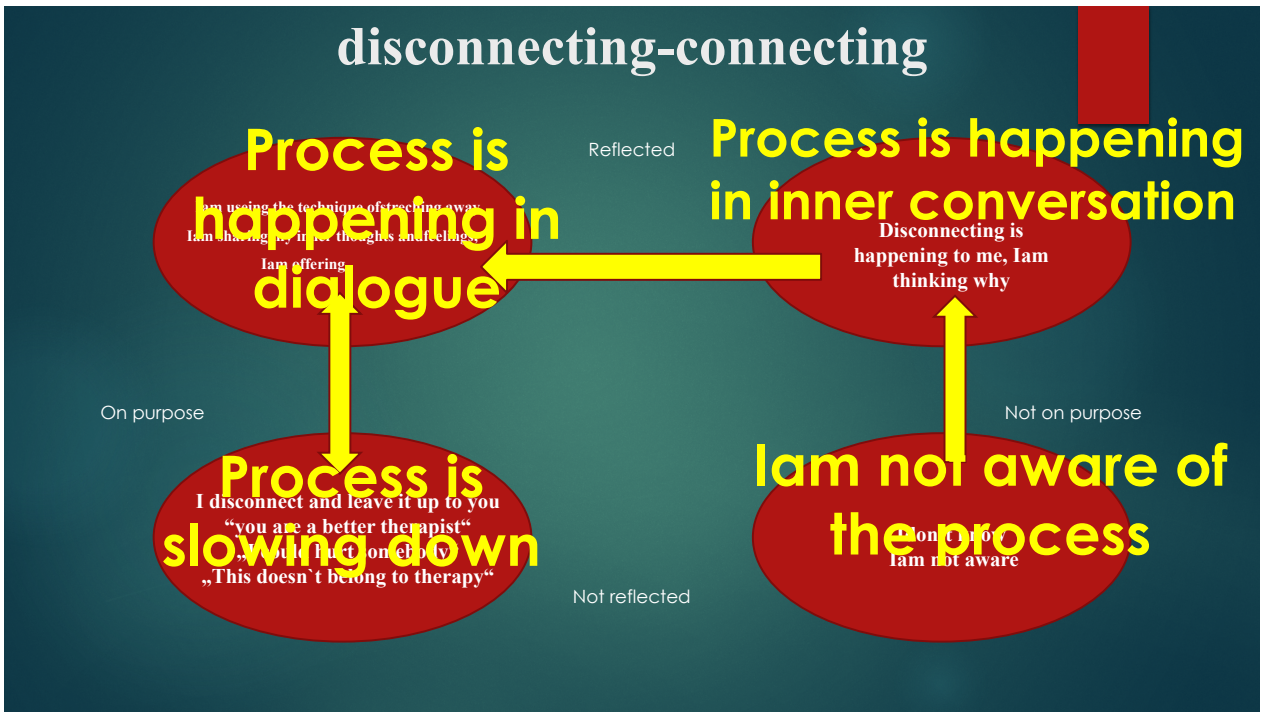
Sometimes the connecting-disconnecting happens on a conscious, reflected level and sometimes it just happens and we wonder why or we don't even notice until later on, or until our partner tells us. Sometimes, therapeutic tool which we find useful is to "stretch away" or "stay disconnected" for a while. I thought that if you agree it could be put in a picture like this…



If we would put our quotes in it could look something like this…

3.3.9. Focus Group 3

We started the third focus group with the presentation of the second focus group data analysis. I invited us all to think about common characteristics of each stage of the process. This is what the team came up with:



It is the quality of the process which, from our perspective, seems to connect and at the same time differentiate among different stages of the cycle. As part of this process is not reflected on, or subconscious. As I was presenting this slide, we spontaneously got into discussion about what other feelings we associate with different stages, referring back to the quotes from the last focus group. In that sense, we were continuing the analysis together. An impulse what created a "high

energy" discussion was a comment about a placement of "defence mechanisms" in the model. It was mentioned in the previous FG four times and people tend to nod.

While looking at the slide, one of the team members realized "that basically staying in dialogue is like finding your way around your defence mechanisms". "It is like finding in yourself the trust to stay in contact, to share, to be open and vulnerable even though your early attachment experiences tell you otherwise". "It is like re-defining yourself again and again, day by day when you co-work…""but that is what we want from the clients, don't we?"…"so, it is clear that we cannot stay behind ourselves…."…"Yes, exactly that is what this research has been so far…like a very personalized training we have set out for ourselves…." "…training where we somehow, with help from each other and clients, re-define ourselves, our reactions…and we are doing it together…we must be crazy!" (common laughter)

In the second half I asked what are our experiences, how does it happen for us that we find ourselves in the position of difficulty to re-connect and what helps us to come out of it?
Two of the therapeutic couples shared personal experiences when they have difficult moments together and what helped them to come out into reflecting on it together.
Then one group member attacked his co-therapist, saying, "I cannot re-connect with her, because she doesn't give me enough space and she doesn't give enough space to the clients either". "It is not possible to talk with you, because you never listen" She asked him calmly, what can she do for him so he would know she is interested in his opinions and that she listens to him carefully". He asked for more time after the sessions. She said "well, but you don't seem to take the space to talk about these things even when we have as much time after the sessions as with anybody else". Another team member stepped in with her idea that "we all need to be responsible for owning the space to talk about things that trouble us. And if we feel we need more time, we need to ask for it"

This lead the discussion away from the "heated dynamic" back to the previous topic. The two members of the team involved in the previous exchange haven't spoken much until the end of the focus group. This experience of "group dynamics" has generated a team discussion afterwards about the different use of group supervision and focus groups, since the team member who felt attacked did not feel comfortable about the fact that their exchange was taped and will be transcribed and analysed.

We had group supervision a few days later when there was space to address and clarify the situation between the two team members. They agreed in the end that they will not start another therapy together now…only finish the clients they are having together already.

At the end of the third focus group we also agreed that this would be a good time to watch a documentary: OPEN DIALOGUE: an alternative Finnish approach to healing psychosis film by Daniel Mackler (2014)

(https://www.youtube.com/watch?v=HDVhZHJagfQ)

This was with Czech subtitles-so available to all the team members.

Analysis of the focus group 3:

Metaphors

The only new metaphor we have used throughout the whole FG3 was that "dialogue is like a little girl skipping down the road chanting to herself". That`s where the energy comes from…simply from the life itself, from living in the present moment.

High and low energy moments

As mentioned in the description above there were several "high energy moments"

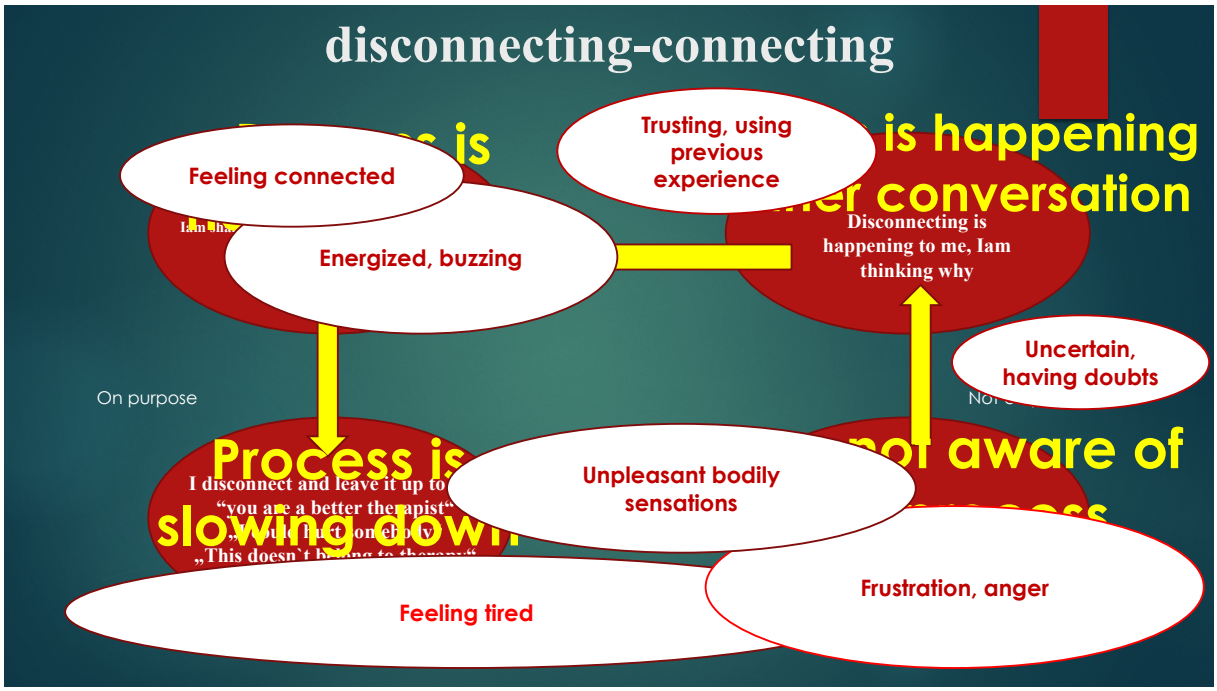
A strong “AHA” moment around the phrase “dialog is a way around my defence mechanism”. Ability to “connect” and “disconnect” was another strong topic. Involvement especially rose when one of the members said, “it is so important to have this ability to disconnect”
There were first sighs of strong involvement and latter-on of low energy when there was a “heated discussion between the two team members as described above”.
The topic of responsibility came up at the very end of the FG and grew in the discussions outside the FG.

Diversity of perspectives

The word “defence mechanism” seemed to have a negative connotation in the beginning as something what we as therapists “should not have”. The realization of “usefulness” of defence mechanisms became quickly adopted reality but it seemed to me important to keep the “negative experience” (feelings of frustration, anger, not being able to see or understand)-which would be associated with the “defence mechanism” in the conversation as both: negative but also potentially useful.

Grounded analysis

In some ways in the first half of the FG3 we were building on/finishing the analysis of the FG2. Some of the changes we have done immediately in the slide as I was presenting it-adding the names of the concepts: “process is happening in the inner conversation”, “process is happening in dialogue”, “process is slowing down” and “I am not aware of the process”.
Based on the following conversation I have coded and put into concepts the descriptions of different feelings we tend to associate with the different stages of the process.



In the analysis, I could associate my codes concerning connecting-disconnecting into two groups: inner impulses (building on my previous experiences) and impulses from the co-therapy partner. From a theoretical point of view this seemed interesting because as a part of our "defence mechanism" we might be confusing these two groups (project my inner impulse onto a co-therapy partner). I put the quotes into the four basic categories: 1. what helps me to connect based on my previous experiences, 2. What does the other therapist do that helps to connect, 3. What makes me disconnect based on my previous experiences, 4. What does the other therapist do that makes me disconnect?

Connecting
Actions of the other therapist
Bodily challenge „I turn towards you“, reaction to a gesture
Verbal challenge: I express/name my feelings
Iam asking you about your inner conversation
Iam looking foward to „what you are about to say“
Iam activly connecting with you“
I offer feedback
My previous experiences
Experience that „this is useful“
„trust in the process“
I say „STOP“ when I need to
Iam respecting my own feelings „It is ok that I feel something different then you do“
Iam feeling accapted
I tolerate my own imperfection

Disconnecting
Actions of the co-therapist
-gesture
-co-therapist is stopping me
-It is not possible for me to connect
Previous experiences
- itrojects:
- „normativ-I know how things should be“)
- Projections-I fear the responce of my partner(
-„it is only me“-Iam not sharing, but I dont know why
-Iam putting my impuls aside, even though it feels important
-Iam procetcing my self-image

There were several theoretical terms used in the FG like “defence mechanisms”, “introjects”, “normative” but as it seemed that the team was quite relax in using them and they were used with a quite consistent meaning by different them members I put them into the analysis without further exploration.

3.3.10. Focus Group 4

Before the fourth focus group, I addressed all the team members with an email asking them, “as we are now half way through, look back at our research with these questions in mind:

How has the research been for me so far?

Are we really talking about what is key for us?

What are the things we are missing out on?

What has been the most useful thing so far?

What would I like to do differently from now on?”

We agreed to discuss these questions in the beginning of the following focus group.

We have also agreed that we would all read the first part of the book written by Jaakko Seikkula and Tom Arnkil (2006): “Dialogical Meeting in Social Networks” as this is the only book about open dialogue translated into Czech. Also, we agreed to meet up outside of work and watch together the document OPEN DIALOGUE: an alternative Finnish approach to healing psychosis film by Daniel Mackler (2014) and have a taped discussion afterwards. I sent the document to everybody in advance so we could also watch it beforehand or afterwards, if we wanted to.

We watched the documentary together and had about one hour discussion afterwards. But because of the noise in the background, the tape of the discussion was very difficult to transcribe. Thus, I only watched it several times and tried to summarize the information mentioned there.

One of the team members also attended a lecture of Jaakko Seikkula together with our "local psychiatry- support community team" (PDZ) who have heard about open dialogue from us and wanted to learn more. They invited 2 other teams from the broader area. Also between the fourth and the fifth focus group, I organized the summer school with Peter Rober and Rolf Sundet. One of the team members was also participating.

We started the fourth FG by answering the questions about our research thus far and about our needs for the future. The discussion took about 30 minutes. Some quotes follow:

"…as I have said before this has been like a training for me. The research has really pushed me to address some of my personal issues as well. What I appreciate most is the time we have to really discuss things…What I would suggest for the future is if you could send us all the transcripts of the FGs, so we can all have a look at them…"

" I feel I have been –because of the research-working so hard on my personal things in my individual therapy…it really has a quality of training…and I agree with the transcripts…"

"… I have realized that we got much more infected with each other's vocabulary…like I even though I am systemically trained, I have been using all these "Gestalt terms" like process and field and so on..(laughter) but at the same time it made me go back to my own roots ..even there I feel I have been getting a deeper understanding of things that I learned long time ago"

"I love co-working…I feel I am starting to feel very relaxed with whoever is sitting in the room with me-us…even large, really difficult families, or social workers, or teachers…"

"…I have realized that one of the effects of this research is that we have completely stopped planning what we are going to do in the sessions"…"well, we never stick to the plan longer then for few seconds anyway"…."…yes, ..the process just grabs us …like a stream when you enter a river…it is much better to swim along then trying to fight it…"

"…what fascinates me most is the…me re-defining me…together with the clients and with my partner while we are working…if you know what I mean…there is so much freedom in that.."…"and we are getting paid for that! Crazy!" (laughter)

"For me it is the learning attitude which is so helpful…it is like a safety net whenever I am about to fall into the self-blame or depression about myself….it is the "what have I learned about myself today?" question which gets me back on my feet…It is like as long as I am learning, there is still hope for me…" (laughter)

"sometimes I feel that what we are doing here is so deep and important…that it is crazy that we are just doing it….sometimes I feel scared…like if we go one step further this must explode or collapse (everyone is nodding)..or something…it is like we are talking about the essential things of life…at work, with colleagues…it is crazy! Who does that?" (laughter)

" …I feel like I will need a long time after this research is finished to really digest what we have done here…."

After the break, we went to discuss our reading of the book. Most people agreed that they find it difficult to read and that, without the personal experience and involvement in the topic, they "probably would not be able to read it at all". Interestingly enough, many of us have underlined the same quotes. There was about half an hour discussion following. I will add some of the quotes from the discussion…

"In a way…I find what they do so similar to what we are doing…that I don't understand why he is using such a complicated language to describe it" …" but would we find a more straight-forward language to describe our experience? I just think this is so complicated to find the words to describe this…it is either so trivial…that everybody says…so what? ...what is new about this? ...or so philosophically complicated…"

Some of the quotes which grabbed our attention:

"According to Jaakko's analysis, the interaction with a family doesn't become healing only because the team is involved. Only when the team engages structure, flexibility and multi-faceted analysis of the problem, the interaction can become curing. It is never sure that it will happen this time."(p. 29).

"It is our personal helplessness that is the problem" (p.41)

"interactive system-like a family and a team-co-create a structure together and create similarities" (p. 43)

"Contagion and Modulation of Human Emotions", Veikko Surakka, 1999 (p.44)

"The new meanings are created in-between the members of the conversation" (p. 46)

"Dialogue is constructing new reality" (p.95)

"In dialogue is responsivity becoming more important than questions" (p. 96)

Analysis of the group 4

Metaphors

As there was, thanks to reviewing the research process and reviewing of the book reading only a smaller time period available there weren't really any metaphors used. The only phrase coming close to a metaphor used was "we are actually the ones who are stepping on the breaks"-not enabling the dialogical space to happen.

High and low energy moments

The energy was high while sharing about our experience with the research so far. There were also tears in one of the team members when sharing how important this research is for her personally.

There seemed to be a low energy in the team when discussing the book reading. One of the team members did not participate in this discussion at the end she explained that she has find it

difficult to read the book (other members nodded) and that she felt that this theory is being "pushed over her" that "she is happy with a theoretical background of her own" and "that`s what she wants to read right now" Other members of the team agreed that the book is hard to read but that it is useful for them and that they want to continue.

The energy in the team rose again when we were sharing personal experiences about connecting and disconnecting from the co-therapy partner.

This experience led me into being hesitant to use theoretical suggestions mentioned in the "book reading" part of our discussion. On the other hand, I use the mentioning of the "old" theoretical concepts mentioned in the sharing part of the discussion.

Diversity of perspectives

I felt that there was an emotion present in this FG what I have called for myself "resentment". Especially when talking about the reading. It made me wonder what is the polarity or position not being verbalised yet which we are missing. It made me wonder if with the reading it could be that there was just one sided theoretical perspective (explanation) stressed out. As the book has been written with systemic background in mind. As this is my interpretation of the situation, even though there are impulses suggesting it from what was said about the reading, I decided to offer the team a question "Why is it important not to go too quickly into practising dialogism?" and to share with them my hypothesis about the emotions present in the FG in the beginning of the next FG.

High and low energy moments analysis

In the final part of this focus group I presented the two slides of the analysis of the last focus group. A very heated discussion started about the importance of the ability to disconnect and also connect…

"…we really need to be flexible to be able to use both…""disconnecting is so important…because it is like having the taste of the strengths of the process which is going on with the clients…"it is so important to let the clients to organize the field"…"when they manage to have me disconnected….and I experience the strength of it…and come back with it into the process…it can be a key breaking point of the therapy"…."What helps us to bring it back?" "I think it is really the good experience that it is useful…what gives the courage to do it…to risk it" "we have discussed it in the beginning but throughout the course of this research that it is actually our ability to "stretch" into different positions…that makes the dialogical co-therapy really meaningful"

"It makes me so angry…when I feel you tend to always agree with me…then I feel it would be better if I would be there alone"…"yes, yes…if the co-therapist doesn't go into the "stretched position"-or polarity, then it is the clients who are going to do it…"…"This …like I don't know what to call it…maybe a mono-chromatic vision…it is so disrespectful to me as your partner, but also to yourself"…"it is like we really need the therapeutic, personal courage to speak for the "not spoken perspective"…"or curiosity".."???" …."it is like the curiosity is bigger than my fear"…"that I am more interested in the polyphony for the clients reality, then in my own fear"

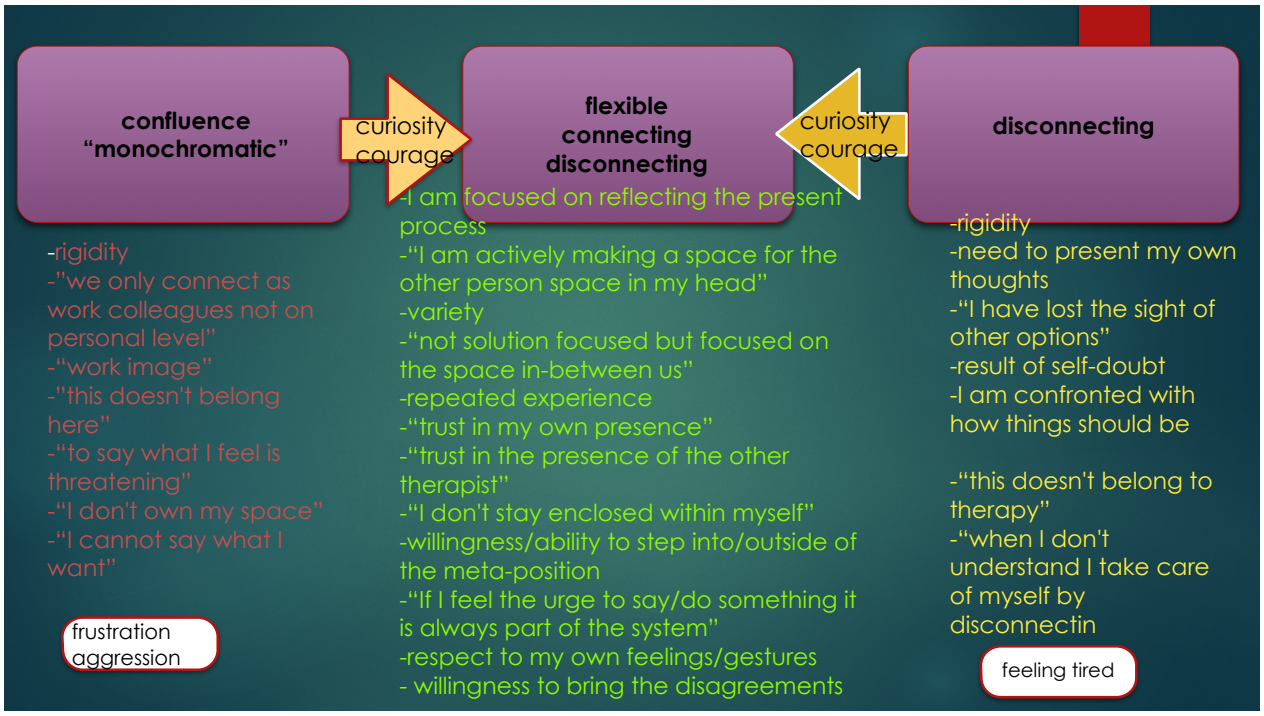
Grounded analysis

I have tried to organize this discussion, along with the following, into a slide in the data analysis.

The key point of the ability to "polarize" in a flexible way as a characteristic for the "dialogical co-therapy" came up later on in the overall analysis and will be presented in the "results" chapter.

It seemed like that the ability to "go back" into flexible functioning of connecting or disconnecting as needed-ability to use this technique connect with theoretical concepts of "curiosity" (Checkin, 1972) and "therapeutic courage"

The codes could be grouped into two areas when we are not "flexible" in our "connecting-disconnecting ability" One would show as "agreeing with whatever the other therapists says" which leads to anger. One of the team member has called this relationship a "confluence" another used the phrase that we have a "monochromatic vision then".



One of the phrases, which probably started in this focus group and continued later, has been repeated a lot by different team members: "If we tend to feel angry or suddenly tired in therapy, it might be because some of the voices are not being heard…my emotions or feeling of fatigue could be a signal that I need to look for these voices*"* This idea theoretically connects with Checkin (1972).

"I wonder, how it would be different if we all do the analysis that you, Lucie, do, together…Like if we all took a week from work and do the analysis….I mean not that we would be able to do it…but that would be even so much stronger…" "Do you want to do it like that?...no, no, that is not possible…I just wondered…"..”Yes, it would be great for me as well, if we all could do that together from the beginning to the end….I always feel very uneasy when I am doing this on my own...it is such a tricky work to sort out our utterances…and then after all that work, I feel like when I am presenting it to you…it feels like sometimes it is so hard to re-connect, because I have done all this thinking on my own and you weren't there…so it always takes a while to get on the same wave again…." "Do we have any idea how we could do it differently?"…"well,…I don't think we can come up with anything better than this…but I think this is somehow the limit of this research…that there is this shift…that we are doing things together...and that is great…and then there is this shift in the style…and you go and do this work on your own…like "on us"(including you of course…but still) and then we join together again…and sometimes it is hard to catch up with you at that moment…""do we have any ideas what we can do about this?...Should I stop doing the analysis?"…"No, no…it is great to have them, it is really useful…only that it is sometimes emotionally hard…and also hard work for us to join you…and also on your part for us…"…"well, if any of us would have an idea how we can do this better please, let's talk about it immediately….I am very ready to do it in a way which would suit us better…" "maybe it is just very good that we are talking about this…maybe it is all we need to do…(everybody nodding)

I have transcribed here an entire passage because I find the dilemma described above one of the important discoveries about the research process and methodology of practitioner research we have made. I will discuss it further in the "research results" in chapter 6. Also, the influence of the research on us as individuals, as individual therapists and on us as co-therapists will be

discussed in the research results chapter. I have also sent all the transcripts and all the analyses to all the team members and asked them to please write to me if they have any comments or ideas while they are reading either the transcripts or the analyses, or bring the comments to the next focus group.

At the end of the fourth focus group we agreed to read the next part of the book before our next meeting.

3.3.11. Focus group 5

In the beginning of the fifth focus group we have started off with a question "Why it could be important not to go too quickly into practicing dialogism?"

"Well, I feel very save with the way we do it."

"I think we are actually practising it already in many ways…and that feels really good…where I feel more hesitant is to find a good theoretical language we can talk about it."

"Yes, because of our different backgrounds…I feel it is so important that we wouldn`t reduce ourselves too quickly into for example systemic language…or Gestalt"

"That`s why I have had a trouble with reading especially the first part of that book…The reading what we have done for today was much more practical…so, that was useful"

We had about a 30 minutes discussion about the reading. Here are some of the quotes we found interesting:

"We can look at the symptoms as ways of being settled in our bodies which are difficult to formulate because their content is causing great anxiety" (p.118)

"In common systems, the way of organizing brought in by the members of the team can create grounds for new communication for the family members where they can find the strengths to deal with their own difficult issues…we think of this process as a co-evolution…a common

development where all the members are being transformed as much as their communication is being transformed." (p.114)

"By tolerating their own anxiety, the members of the network discover in their sharing new psychological resources which can help to answer the dilemma of how to go on" (p.111)

"Calmed, relaxed, empathic engagement" (p.104.)

"A great part of psychotic patience experience lies in embodied emotions of the network members…" (p.105)

Through focusing on dialogue, the network members can support the process wherein the clients can gain more opportunities for finding new words for describing their experience (p.100).

The main topic that grabbed our attention was how "open dialogue" therapists deal with time. As we all have experiences with the case conferences, we can very much relate to the comparison the book offers. The way we have actually been running the case conferences in our practice lately is much closer to an open dialogue meeting then to a classic case conference. We realistically estimated that if we work this way, we would be able to do maximally two to three sessions a day. We are all paid by the number of sessions, and we would normally do about six sessions, and we are used to the "safety" of our diaries being fully booked for about 4-6months in advance. Even though we always complain about this fact, the idea of actually stepping outside our set structure seemed quite radical for some of us. We have actually realized that even though the idea of open dialogue meetings is quite radical-the system (psychiatrists, psychiatric nurses, social services, etc.) seems quite ready for the transformation. Locally, the one who is actually "putting his/her foot on the break" is us. We are the least flexible ones. The collaborating psychiatrists with whom we work locally would probably very much support us if we would present the project to them. Another interesting topic was the way we tend to deal with time. What is the right length of time between the sessions?

I have noticed…How… when Lida (secretary) gives you the phone…like during lunch or something…and it looks like it is going to be at least half of an hour…and I go crazy because we are supposed to start in 10 minutes…You pick the phone up and start working with the client in a slow relaxed motion…you like immediately enter the present moment…and then even though it last maybe 5-10 minutes, the client is happy because it has happened…if you know what I mean…And then you give him a session in three weeks-time and suddenly it is fine… the client is happy that it is great. If our secretary would give him the same date he would go crazy that he cannot wait that long…but it is not about some kind of a great intervention you would make over the phone…it is just about the presence, that makes the difference that it feels like we are going to meet tomorrow even though it is the three week-time….it is like you "create the tomorrow together with the client"...through the way you are present with him…I somehow think that is what we all do at the end of each session…we create the tomorrow.

Maybe not at just at the end…but through the session…It is like when the client doesn't feel the panic any more…then tomorrow can be in three weeks…Yes, the panic of the fact that nobody hears me…Yes, yes when I feel really listened to-responded to on all levels-then I can manage no matter what…actually if you would in such a state offer me the session tomorrow you would make me more insecure…but then of course we usually in such a moment let the client choose when we are going to meet…yes, but it is important somehow that our expectation is in-between the lines…so you think that adopting "open dialogue" in our situation could mean at the moment for us to adopt the flexibility that we can really offer the next session tomorrow if the client really wants it?...well, that could be the next step, don't you think?...well yes…I can imagine that working well…yes, but there is still the full diary…yes, but that has been always there and we always somehow manage-like coming earlier or that somebody cannot come at the

last moment or something like that…I think that the cases when somebody really needs a session next day actually happen quite exceptionally so we don't need any big structural changes to adapt to that yet…it is just having the flexibility in our heads that it is possible…and explaining it to Lida (laughter).

After the first part of the focus group spent on the book, I presented all the slides we made so far from the beginning-to remind us of the journey of this research. We ended up with the slide from the last focus group.

There were two major topics which stood out from the comments. The first topic was engagement.

"You know…as I was watching the slides I suddenly realized that it all builds on something which we all consider so basic…we don't even talk about it…it is like that we all really care for the clients and for each other...and for the work itself…that it is not just work for us...it is more like a real passion…that we would do anything to make it better…I really wonder how did this happen to us?...well I think we somehow all had it before we came here already within us…I think that is part of what we look for when we take new people into the team and we are saying that we need to find out if they "smell nice"(laughter)…sure but can this be somehow promoted like in the students we work with…no, I don't think it can…when I take students into my training I can see some of them simply have it and some of them don't and some of them are somehow in-between…with those who don't have it, I don't think you can teach them it…what is "it"? Like the passion for the clients' welfare…that it is much more important the me, what I think or know…it is like that in the training you can teach the students how to be more aware of themselves, more present…but it is very hard how to teach them how to be passionate about the

other person…well, but I think that even though we all somehow had it before we came here…that it is somehow so important to "take care for it"…otherwise I don't think I could do this this work…How are we doing it? How do we take care of the "patience for the clients?"…I wonder…but I know that without the patience I would burn-out immediately …so you think that if the passion would not get enough space…would not be supported…you would burn-out…definitely me too…but isn't it usually told the other way around that because you burn-out you lose the passion…well, I don't think…well of course it is a "vicious circle"…but for me it really begins more likely the way I said before…

"It reminds me of what Sheila calls radical presence at that lecture…remember?..yes..We weren't there…what do you mean…well, the way I understood it was to describe the complete engagement with the other person and their system…story…like we do in therapy but at the same time staying very much present in yourself…in the present moment…it is like being very stretched between the here and now in myself and you and your story…it is like the basic element of therapy….yes…I guess every school calls that something different…but not everybody does that…it is like that without it the therapy is not ethical…"

The second topic which stood out from the analysis was playing with the word "responsibility".

"..I have just realized a funny thing…you know how the English use the word "responsibility"…I have just realized that it is like "response-ability"…like an ability to respond…that it is my responsibility…duty…as a human to build in myself an ability to respond to another human being…that it is like the essence of any responsibility…"…"yes, it is like that our main job is not to be clever…or something…but to pay attention and react…that is what we are paid for…""…but it is true only when I do it towards myself as well"…"sure I count as a human as

well"(laughter)

Analysis of the group 5

Metaphors

"I really wonder how it happened to us that it is not just welcomed that your opinion will be different from others, but it is even somehow expected…that you should honour yourself, your personal history…in your opinions…and if you don't …not that anybody would say anything…but it is missed…it is like that you can enjoy being a white crow among the black ones…and be welcomed"

"Dialogue…It is like…when you put different spotlights on the same objects…it is still the same thing but from very different perspectives…once the different spotlights can work together…the object becomes much more fully understood…"

"It is actually us who are stepping on the breaks at the moment"…we are not flexible enough with our time in our heads

“Dialogue is like one of those long corridors, like in the hospital, they only light up once you walk through them…”

High and low energy moments

This time the discussion about the reading seemed easy going where everybody was participating. An interesting from the analysis point of view was a long discussion about dealing with time. Everyone seemed to be quite involved but there was some kind “hesitancy”. As one of the team member was offering quite personal emotional experience others seem to more stay in the “technicalities” of time management.

As this experience was not really responded to by the rest of the team I have decided not to focus on it too much in my analysis. A high energy moment was the use of phrase: ”it is like you create the tomorrow together with the client...through the way you are present with him…”.

Generally, I would say that there was involvement always present when we were describing so kind of change in our behaviour which we consider as “practising dialogism” or as a “result of this research”.

The passage about the theoretical concept of “radical presence” seemed to create a genuine interest, also the comment about “response-ability”.

Diversity of perspectives

I felt even though I would not describe it as “resentment” present, I still could see something I have called for myself a “hesitancy”. Based on the discussion in the beginning I was wondering if all of the team members are feeling that their theoretical background is being recognised/respected or (translated into more emotional and personal language) if they feel recognised/respected as professional embedded in certain theoretical language.

This has led me into attention to any theoretical concepts mentioned from any therapeutic background. There were many Gestalt terms mentioned like: parallel process, confluence, working with the contact line, etc.

There were also many systemic theoretical concepts mentioned like: working with the system, circular causality, curiosity, etc. Also, there were some concepts mentioned of post-modern perspective like: non-expert position, radical presence, embodiment, etc.

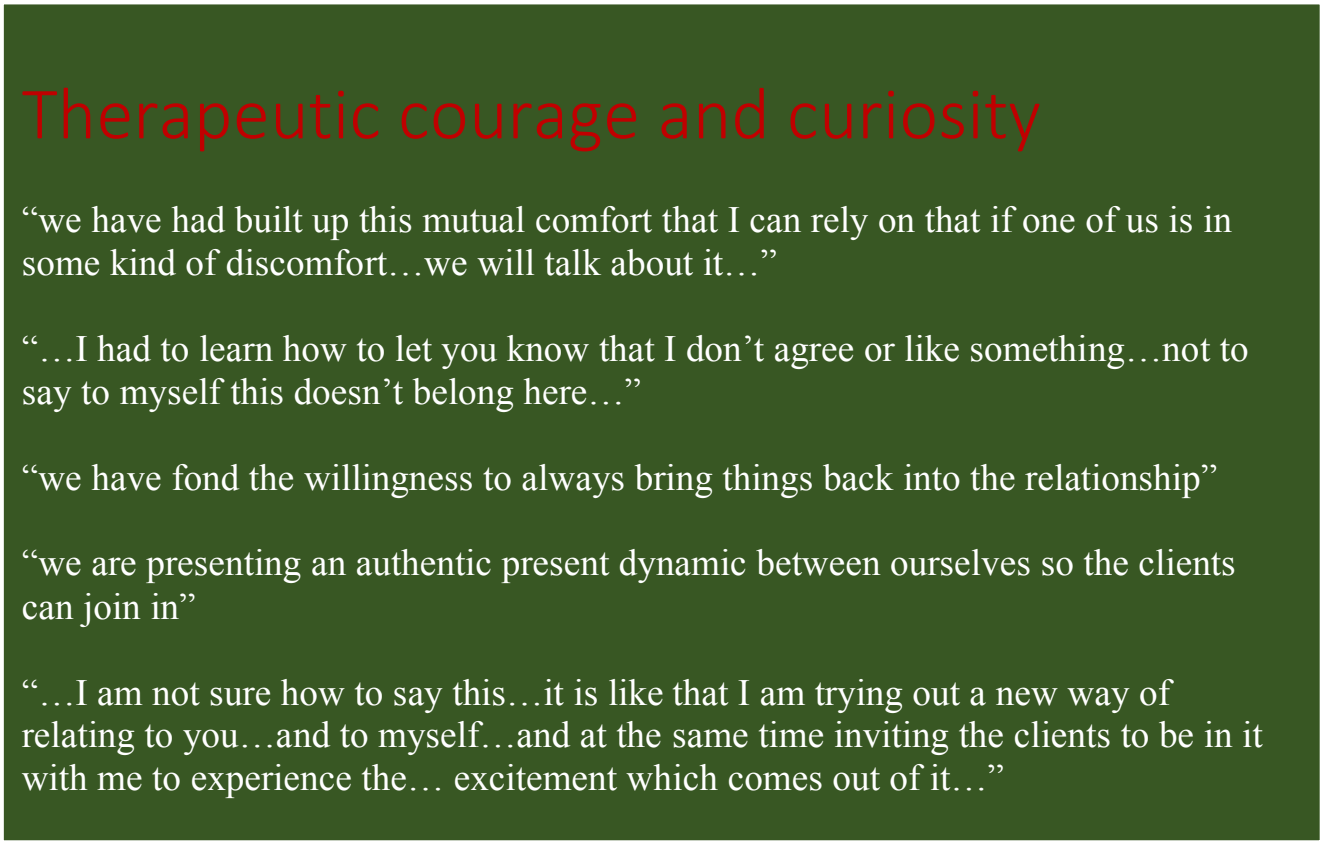
I was wondering about the Rogerian perspective which has been very much described in action and in our changes in our behaviour (like the experience of slowing down, empathy, "really feeling myself", "focused on listening") but we did not connect this experience into nearly any of the Rogerian theoretical concepts. Throughout of my analysis of the FG5 I have started to call this group of qualities as "trust"-trust towards my colleague that "I will be listened to" and towards myself that "If I feel it is already present and I can talk about it". Theoretically I think they could connect to congruence and believe in self-actualizing tendency but as these concepts weren't mentioned in the FGs I have decided to stay with this more general term. Maybe the term "trust" in our perspective includes quotes describing the trust that empathy and believe in self-actualizing tendency will also be exercised on me by my co-therapy partner/s.

Grounded analysis

Many of the things mentioned in this focus group I somehow found difficult to connect right away. The topic of engagement and responsibility stood out and there was the passage about "radical presence," the need to follow the language of the client and working with our own anxiety. It seemed like we were becoming more descriptive about the particular changes in our behaviour as we are "practising dialogism now".

These topics came to a model later on in the "dialogical ethics", after focus group 6. From the analysis of focus group 5, I only had a list of categories and many memos.

One slide I manage to create was the one exploring the topics of therapeutic courage and curiosity, building on the slide from the last focus group.



3.3.12. Focus group 6

For the sixth focus group, we agreed that apart from our traditional questions, "What have I learned about myself?" and "What have I learnt about co-therapy?", we will review the whole research process. I put together a set of questions and sent them via email to all the team members.

How did the research influence me as a person?

How did the research influence me as an individual therapist?

How did the research influence me as a co-therapist?

How did this research influence our team?

When do we tend to co-work?

What have I learned what leads towards dialogue in therapy?

I will present some of the answers in this chapter and some of the answers in the chapter 6, "Findings".

When do we tend to co-work?

- When we are working with an "exhausted system"-what generates energy in the system is dialogue"
- "the therapist initiates a "Dialogical dialogue"-listening, responding, seeing new perspectives, willingness for my own position to be transformed…"
- "When the therapist`s responses don't initiate dialogue but competition for his attention, ie. The system is exhausted-we need the dialogue of the therapist between themselves to increase the energy in the system"
- "we want to co-work when there is a high level of tension-ie. the inner conversation is greater than the outer conversation"

We also agreed to finish the reading of the book and have a discussion about that.
The two topics that stood out for us this time from the reading were: management of the anxiety again of both-the therapist/s and the clients/s and the need for our knowledge to grow from the

"bottom-up", from practice to science(reflection) not just in this research but in everyday situations with the clients.

Management of the therapist/s anxiety (network anxiety) stood out for us as one of the main topics of the "Dialogical meetings in social networks" (Arnkil, Seikkula, 2006)

"Our personal helplessness becomes the problem" (p. 41).

"it is my anxiety that leads me into my "expert" position"

We have realized that the major source of our anxiety, especially in the beginning of the session, or when the process gets "somehow stuck or difficult" is our ideas about what we should or should not do as therapists (what we call in our team-based on Gestalt vocabulary-introjections)

"it is as if my "expert position" is really building on my inner introjections about what is and what isn't appropriate"

It was somehow interesting to observe how this idea was "hitting" different team members on different levels in different times throughout the 6 focus groups. Additionally, the different team members were exploring different strategies of dealing with this anxiety.

"What I have noticed actually reduces the anxiety in the session is really creating a common language…actually really just follow the language of the client… adapting to it "…"It actually reduces my anxiety as a therapist as well…knowing that I don't have to have any solutions or clever interventions…that I can just stay present and the way will open up for us somehow…"

"For me what really helps me when I talk from my position, from my voice, my age and gender and not trying to be somebody else…I am now learning to be me…if you know what I mean"

"…it became like a natural need that whenever I have like a "difficult case" or something…I tend to invite a colleague and his family…or whatever organization is involved….that I feel I now really enjoy the different perspectives in the room…it is my relationship to that difference in

perspectives which has changed…In the beginning it made me worried; now it is actually reducing my anxiety…and a need to look for solutions"

The second topic building on our reading which organically grew out of the previous one was the need to build our understanding-whether to a client`s story or a topic from "bottom up". Quotes which stood out for several team members were:

"… we are persuaded that the development of dialogical practice needs researching of the local contexts. There is a need for strengthening of the local competencies so the practitioner could change and adapt to different contexts instead of just copying a good practice. (p.158)

The therapists who strictly follow the recommendations reach worse therapeutic results then those who were concerning the specific therapeutic situation as more flexible. (p. 173)

"…It is like first I need to name it out of my experience…and then…only then somehow to connect it with the academic sphere…otherwise I would be destroying that personal experience of mine…it brings me back to my students…How I can teach them the theory but at the same time not to scare away that personal experience which is growing in them…like a little seed…that is why I could not read Seikkula in the beginning…it would have been as if I was violating something very precious…which I have been nurturing for the last twenty years…"

After the break, we followed with a short presentation of the analysis from focus group 5. Building on the topics of therapeutic courage and curiosity a vivid discussion broke out about "dialogue-as client-led process" and about "others as external resources".

Analysis of the group 6:

Metaphors

There were not many new metaphors used in the focus group 6. But there were several references made to previously used metaphors. These usually weren't even fully explained as the team supposed that everyone knew like: "…Ya, it is a dance…".

High and low energy moments

There was an interesting tension around reflecting of the book reading. Some of the team members found the book hard to read and too theoretical. And talked about their need to "built on our own experience in this research, not on reading…it only confuses us"

As there was a lot going on this time: sharing the answers to my questions, talking about the reading, presenting the analysis results from the last FG, the energy seemed to be quite high all the time. As if being aware that this is our last FG we also want to say "this" and comment on "that".

"The major difference between the common case conferences and an open dialogue meeting is that the specialists participating are not experts who are about to decide about me or even look for solutions but more likely "external resources" offering me support and space and maybe a parallel story of their understanding. There is even a difference I can see compared to common family therapy-that we are not looking for the solutions…It is more like the Rogerian way-dive into the process and let the client/s lead…but stay in touch with yourself…and comment about what is going on for you...yes, but more there are people in the room …more different way to look at the situation…"

"It is the difference in perspectives which becomes a resource…not a solution"

An interesting comment was about a competition for the therapist`s attention…on this comment several team members followed as on an important one…

"When we pay attention to an individual it, especially when the system is exhausted, causes competition for attention…but careful attention to the system leads to sharing."

"When we work as single therapists with very exhausted systems…it can become difficult…because the individuals many times compete for my attention…listening to one person immediately hurts the other…that is one of the reasons I like to co-work…".

"What has really stood out for me is that, from the very first contact…even on the phone, we are not actually making a contract with the client-as we used to talk about it-we are contracting the dialogical way of working…their engagement in the dialogue…and what is even more interesting we are not just contracting with the client but with each other…with all the institutions involved…with the whole system…"…"It is like that the classic "contract we are making" is like a substrate on which we actually are contracting the ethics".

"I have just realized that the "dialogical ethics"…or more likely the willingness…openness towards it…is like an elementary condition under which people can work with us…you know how we always say when a new person is coming that we need to find out if he/she "smells nice" for us…could it be that this is actually what we are looking for?...this openness to bring in his voice...and respect the voices of others?...to kind of fit in…but not get lost among us?"

Diversity of perspectives

One of the issues I have been dealing with since the beginning of our research was "Is this really new?" "Aren`t we just describing what is useful for us in our personal therapeutic style and sharing it and enhancing it?" We as a team got into habit as describing our new behaviour we tend to adopt during this research as "dialogical".

Without a connection to specific dialogical epistemology and theoretical concepts I think the word "dialogical" could just become an empty term.

In this way, I can see a dilemma: on one hand a need to connect with existing theoretical concepts and on the other hand to avoid as one of the team member put it "reduction of our experience by describing with already existing theoretical concepts" (a fear also maybe driven by a competition which concepts we might use to describe our experience).

This dilemma has driven my analysis in a way that I have decided to use "layers" of terms which are more descriptive like "attitudes" or "methods" and "sandwich them" with more theoretical concepts.

Grounded analysis

After the Focus Group 6 I did the coding and the concept creating of what was said in the FG6. Then I have decided to go back to all the previous concepts and categories in order to find connections or some kind of theoretical structure. Especially as I found it quite difficult to do after the FG5.

I have realized that since the FG1 we have been talking about dialogism as about a way of managing our anxiety when in contact with clients. We have realized that it is our anxiety which also makes co-therapy (or functioning in the team) difficult.

When I have looked for the polarity concept towards anxiety it would be the awareness of resources. "I have the experience that..." When we have been thinking about how we deal with this anxiety, we came up surprisingly with a set of "dialogical attitudes", quick first responses which we noticed that when we do them our anxiety reduces but also when our anxiety reduces wee adopt them without realization.

I have decided to include the concepts which I have called "responding to the client`s language" (follow and foresee), "paying attention to my bodily feelings", "commenting on my inner conversation" in a relaxed way, "inviting different perspectives" from the very first moment and seeing the "others as external resources" for both myself and the client. The important

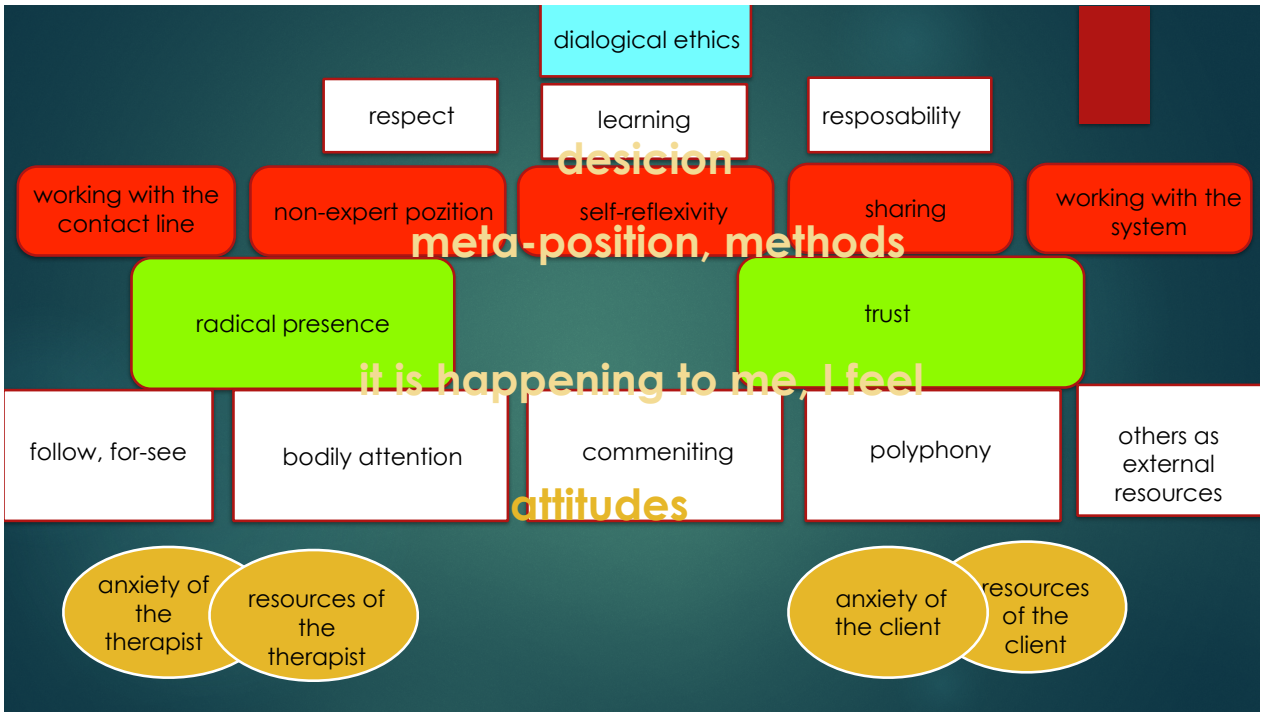
characteristic for this category is that these behavioural changes or “attitudes” are “happening to us” whether we are with clients or only with each other. They are not fully conscious and they are happening in “fraction of second”.

Ability to adopt these attitudes grows out series concepts which I have decided to categorize as “trust” and “radical presence”. These categories I see as central when we have talked about “dialogism as a way of life”. (I will present in more detail what concepts I see under this category in chapter 6 “Findings”.)

Out of the qualities “trust” and “radical presence” grows a category which I have called “methods”. Here I see concepts like: working with the contact line (This is more Gestalt term meaning paying attention towards the feelings and patterns appearing in the contact with the client), non-expert position, self-reflexivity, sharing (on both the client`s side but also on the therapist`s side) and including the client`s system in the work (and taking their position seriously, inviting the different perspectives they introduce).

Out of this way of being with the clients grows the level of our decisions about our work: finding respect towards ourselves, our colleagues and towards our clients, staying in the learning position and trying to encourage responsibility (or response ability) to react to our own or our clients` needs. When I put the connections, I see among these categories in a graphic form, it looked like this.

On the left-hand side, I put the terms which I see as more connected with “embodied” reactions, or positions or empathy on the right-hand side reactions or positions more “relationally oriented”, maybe more rooted in what we are saying. The crossing in between these two polarities I see in commenting (on the level of attitudes), self-reflexivity (on the level of methods or meta-positions) and learning (on the level of decisions).

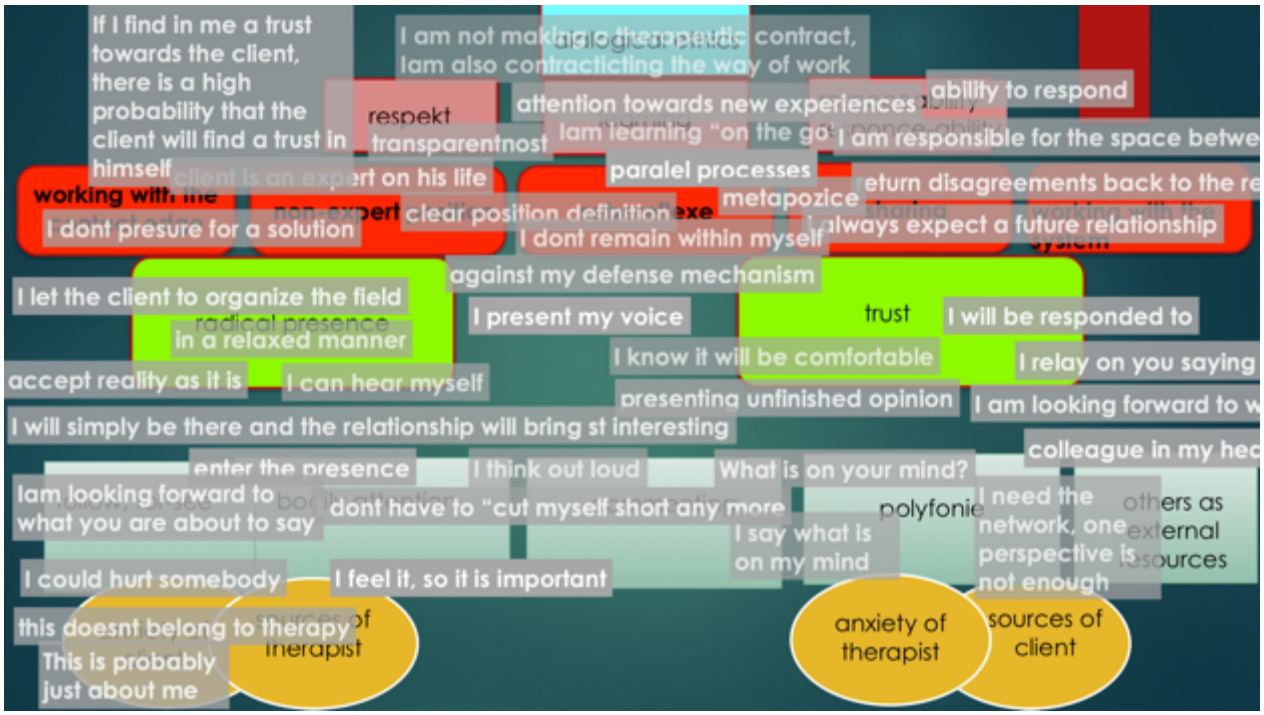


I have decided to call this theoretical concept "dialogical ethics" to use a term one of the team members was using to capture the fact that "we don't see dialogism as something we own or have reached, but as something we are heading towards".

This was a large amount of work on the analysis done without my team. Looking backwards I have had doubts whether there was a better way of developing our understanding of the category connections then me doing it on my own and then checking with the team. More of these hesitations I will present in the final chapter 7 "Discussion and implications"

I have presented this model to the team during one of our team meetings. I will include their comments in the following chapter 6, "Findings".

I have placed the quotes that seem to demonstrate what we have been talking about throughout the six focus groups.



The concept of dialogical ethics will be discussed further in the chapter 6, "Findings" and chapter 7, "Final discussion"

3.3.13. Analysis of additional data sources

Analysis of the research journal

As I have kept a research journal throughout the whole time of the research, writing in it minimally every 2 weeks but also whenever any important event happened in the team (like after an important discussion over lunch, supervision, when a team member was leaving, after a focus group, team building or a conference), I have also used my research journal to connect my readings with what was said in the team.

As this is my personal perspective I have decided not to include that data (i.e., my reflections on connections with the reading) in the analysis presented to the team (only the ones I have shared as

a part of a focus group as a member of the team). However, my journal has served me as source of inspiration and knowledge and I will discuss this in the "final discussion" chapter.

Analysis of the lectures attended and given

The things we have learned from this had become an organic part of the focus groups and of our learning journey so I have decided not to analyse this separately but only as the data coming out of the focus groups.

3.3.14. Frequently repeated metaphors

(Dialogical) Co-therapy is like a dance: it is like when one partner goes one step forward the other one goes one step backwards…we both react to each other all the time, we both use our creativity equally…we are fully absorbed in the moment but aware of the context at the same time…. even though there are figures when we let go of each other we still dance together….

(Dialogical) Co-therapy is like walking along with the clients…sometimes one of the therapists walks along the side of the hill to get a bigger picture and then joins bac in again to share his/her perspective.

Chapter IV: Findings

In this chapter I will first explain our view of dialogism and then go in part two into more details of explaining the concept of dialogical ethics as we have created it for ourselves. The concept is an attempt to provide ourselves with an over-all "map" of how our focus on dialogism shapes our perception of how we would like our work team to be, on the level of attitudes, handling/using our emotions, methods of working and decisions about our work. In some aspects, the concept of dialogical ethics, could be seen as having implications of our experiential change. We have created the concept with our future potential colleagues in mind so we would be able to use it to explain where, as a team, we are heading, even though these future colleagues will not share the experience of the research with us.

In part three I will focus on explaining our understanding of dialogical co-working. In part four I will describe the influence the research has had on us as a team, as individual therapists and on us as people. The actual quotes from our focus groups and from our sessions in the focus groups are italicized.

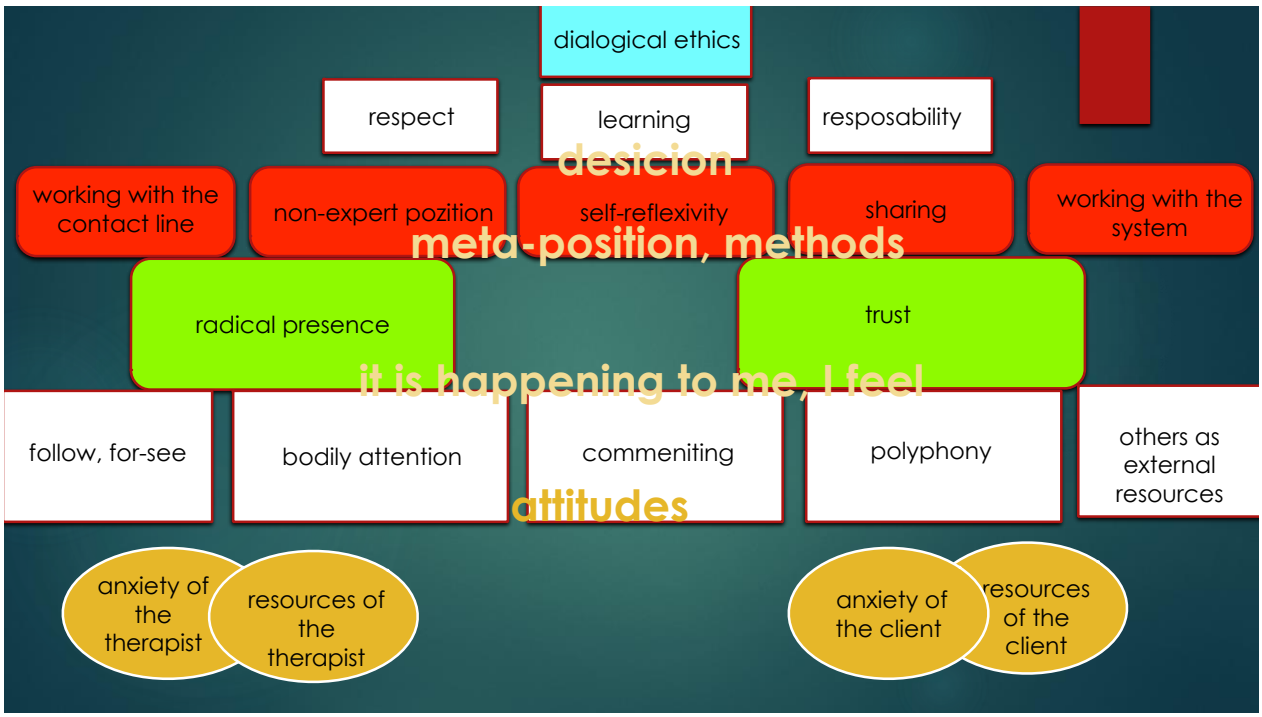
4.1. Dialogism

Even though dialog is recognised as an essential part of therapeutic process in many therapeutic schools like Gestalt, Systemic, Rogerian, Narrative, etc., it is, in our perspective, maybe the most difficult aspect of any therapy. In this sense, we do not see dialogism as "owned" by any therapeutic school nor as a separate therapeutic school. We see different aspects of dialogism are recognized and emphasized by different therapeutic approaches.

At the same time, we see dialogue as embodied activity, not just activity recognised in language.

4.2. Dialogical ethics

Dialog, in our perspective, is not "something we own" or something we can "make happen." We prefer the term "dialogical ethics" as something we are "heading towards" or as something for which we can construct better conditions. Dialogical ethics, for us, is something what needs to be introduced from the very first contact with our clients, usually on the phone, and kept consistently throughout the course of care. Usually the first contact with the client/s starts with a certain amount of anxiety and awareness of resources on the side of the client/s and on the side of the therapist/s.



What we have found most challenging throughout the course of developing and adopting the position of dialogical ethics was to find **"radical presence"** (building on the definition of McNamee, 2015) and a position of **trust**. Thus, I will introduce our understanding of those terms first. We do not see either of these positions as something we can adopt "once and for all". We see both radical presence and trust as positions for which we constantly struggle; radical presence and trust need to be strived for both among colleagues and with the clients.

4.2.1. Radical presence

Radical presence is a quality of being responsive to whatever is being said (communicated) on a verbal and non-verbal level (as much as possible) including one's own personal feelings and bodily sensations. The ability to create radical presence is the ability to reflect one's own feelings and needs and find the courage to verbalize those feelings and needs as one simultaneously pays full attention to the other and responds to whatever impulse is coming from the client or his/her system in a non-

judgemental manner. By non-judgemental we mean descriptive (in contradiction to interpretative) with a deep trust that the client is always choosing the best possible solution from his/her perspective. For example, "I can see you smiling" we would see as descriptive comment but "I can see this makes you are happy" as interpretative comment.

In Gestalt therapy, we would talk about "phenomenology" (as explained in more detail in chapter 2) to capture the descriptive manner of our interventions.

In Rogerian therapy (as explained in more detail in chapter two), we would talk about congruence (to capture the self-reflexivity aspect), empathy (to capture the focus on the client) and trust in the self-actualizing tendency[1] (to describe the trust in client`s ability to choose the best solution to his/ her own difficulties).

What we see as specific to the term radical presence is seeing the client and oneself as part of a broader system that is constantly interacting and changing interactions. In other words, the future development (which we focus on) does not lay within an individual mind/body of a single person but within a constant flow of subtle changes of communication patterns in between people where the therapist sees himself/herself as part of one system with the client during the course of therapy. This allows the therapist to reflect on his/her own changing perspective in order to create a safe space for the client to do the same (for more explanation of this experience see the page…).

The therapist is using the tools described above (empathy, congruence, a descriptive manner of interaction, etc.) and avoiding other tools (such as directive or interpretative interventions) in order to minimalize the negative influence of the therapist's privileged position afforded by the therapy setting. By minimalizing the negative influence, we enable the client/client`s system to become more aware of their own feelings/needs at the same time with other system members feelings/needs rather than being focused on ideas concerning how things "should be" within their perspective.

4.2.2. Trust

The position of trust proved itself to be one of the key issues that emerged through the reflected experience of co-therapy. By trust we mean two things:

a) trusting oneself and one's co-therapy partner such that one's self-expression will be responded to;

b) trusting the clients and the clients` system such that they will be able to come up with the best

[1] Empathy, congruence and self-actualizing tendency are seen as three main pillars of Rogerian Person-centred approach(PCA).
Congruence as defined by Rogers (1980) is making the "impulses which rise up in me which seem to have no particular relationship to the topic of conversation" accepted and comment on them "fundamental basics for the best of communication" (Rogers, 1980, p.15-19) He gives an example of a sudden picture rising in his head while listening to a client of a little boy pleading, folding his hands in supplication, saying "please, let me have this, please let me have this". Rogers (1980) comments: "I have learned that if I can be congruent with myself and express this feeling that has occurred in me, it is very likely to strike some deep note in him and advance our relationship" (p. 16).
Empathy refers to therapist's ability to understand sensitively and accurately [but not sympathetically] the client's experience and feelings in the here-and-now.
The term self-actualizing tendency Rogers describe as „one basic tendency and striving - to actualize, maintain, and enhance the experiencing organism" (Rogers, 1951, p. 487)

solutions suiting them;

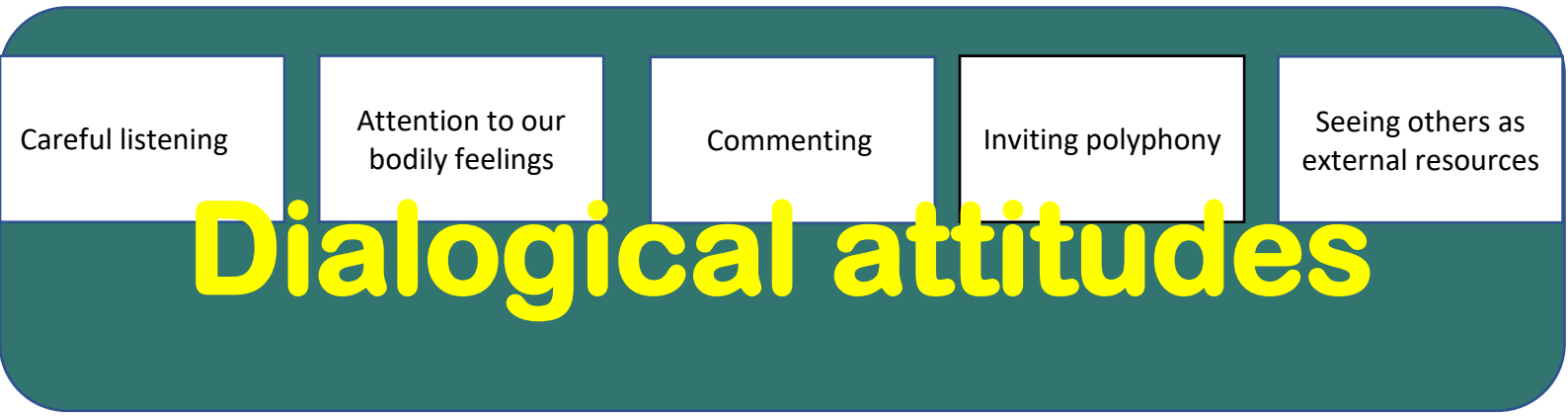
We recognise the position of trust as a way of handling what Seikkulla (2006) calls "therapeutic uncertainty." In other words, the ability to not search too quickly for solutions or hypotheses about causes of the problem but, instead, let the client/s lead the way towards a result which suits him/her best.

As one of the team member put it, "Adopting the dialogical approach is sometimes more about un-learning what I have been used to using, then learning new things…"

Another aspect of how we understand the term "trust" here is finding what we have started to call "therapeutic courage". Therapeutic courage towards other team members, in terms of sharing one's views, feelings, needs, etc. (as described in detail in chapter 5, p…) but especially towards clients with psychotic symptoms which typically are sent into psychiatric care, thereby avoiding working with them in a psychotherapeutic way. Throughout the course of the research, we have adopted a practise of intense psychotherapy with this client group (usually without medication).

"I was so used to…as soon as the client started to describe an experience which I would label as psychotic, to basically switch off…and to think he needs medication…How can I get him to a good psychiatrist?". "I had a fear that simply the person might hear something different than what I am saying…I felt I had no idea what was going on in their head…so I needed to "play it safe" and refer him to a psychiatrist…I was not aware of the fact that I have actually stopped listening…" …" I was afraid that if they would not improve soon that there is a danger of brain damage…that the psychotic experience needs to be handled as quickly as possible…so medication is the quickest/safest way…" …" I was even afraid that working with a non-medicated psychotic person is dangerous…that they might attack me because of some kind of psychotic delusion…". "I was so surprised that it is actually possible to work with people with psychosis…they simply do improve as much as any other clients …without medication"

4.2.2. Dialogical attitudes (stance)



We recognise the presence of "trust" and "radical presence" through the manifestation of these attitudes: careful listening, attention to our bodily feelings, commenting, inviting polyphony and seeing others as external resources (for more detailed description see chapter 5, p….). We feel that the careful listening and attention to our bodily feelings builds on radical presence and inviting polyphony and seeing others as external resources builds trust. Commenting we see as a central quality of both. These dialogical attitudes we see as something that "I feel as natural" and "is happening to me" when adopting the position of radical presence and trust. We see these as signs that we can look for to see whether the position of trust and radical presence is practised. At the same time, we see minimalizing other attitudes which would communicate the hierarchical or expert position of therapist as key.

Careful listening

We have called the quality of careful listening "follow" and "for-see" as we have noticed in our conversations and in therapy an increase of something more than what Rogers would call "empathic listening." More often our utterances end up "half-finished" with a gesture or tone of voice which is perceived (at least by the co-working partner) as inviting to follow-up on what is being said.

This was something we have especially noticed in watching video tapes where we felt we were in dialogue the way we preferred and wondered how did this happen.

> *"…it is hard to say what we have said right, because none of us ever finishes a single sentence "(Viktor).*
>
> *" well, yes but the way you talk is kind of…really inviting…awaiting the response…if you know what I mean" (Radek)… "ya, I have noticed we do that more often now…" (Lucie)*
>
> *"It is for me somehow a real challenge not to rush towards a solution especially when the situation is so dramatic and just find the ability to go slow and wait until it becomes somehow clearer" (Janka)… "yes, it is like walking through one of those long corridors where the lights only light up when you walk down them…" (Lucie) …*

"it is like "trusting the process" (Darina)

"that is a horrible phrase you Gestalt people use" (Radek)…yes but it works…" (Darina)…

"Well, maybe we could say it is like trusting the system? (Lucie) … yes, same thing but sounds better for me…(Radek)(laughter)".

Attention to our bodily feelings

Attention to our bodily feelings is more common and practiced more often in some therapeutic schools such as Gestalt or Rogerian approaches as opposed to other approaches such as the systemic approach.

"For me it is such a challenge to be constantly aware…like in touch with my body feelings…and to find the words for them…"

"it is like the body attunes much quicker to what is going on than the mind does…"

… "it is like the mind attunes to what is being said and the body to the feelings behind it…"

"for me it was one of the biggest realizations of this research to really start to trust.... that when I feel something…it is already there…like present…and it belongs here…and I can use it as a resource…and it could be useful to comment on it…"

In our experience, being aware of our bodily feelings is something that can be mastered with practice. What we find helpful in mastering this practice is repeated questions about the present bodily feeling from the co-therapy partner or other team member.

Commenting

Commenting, as we understand it, builds very much on a non-expert position. For us, commenting is a way to introduce the polyphony of voices, emotions and verbalized bodily feelings into the conversation. What we understand by commenting is strictly referring to ourselves and our feelings in a way which "might be only about us" or "might be relevant to somebody else as well"-to stay in the line with the non-expert position and also to model the fact that different perspectives are welcomed in the conversation. For some of the team members to start to comment on their emotions or "inner dialogue" was one of the biggest transformations.

"For me, what really helps is when I talk from my position, from my voice, my age and gender and not trying to be somebody else…I am now learning to be me…if you know what I mean".

The quality which we started to call "commenting" in our team could be connected to different terms in different therapeutic schools. For example, to "shared self-reflexivity" (McNamee, 2012), reflection-in-action (Schön, 1982), congruence (Rogers, 1974), authentic presence (Yontef, 2007), etc. What we find specific about it is using it as a means of expressing the non-expert position and of inviting polyphony.

Inviting polyphony

We see inviting polyphony as an elementary attitude of recognising the "different voices in me" and at the same time inviting different "outside voices" (perspectives). *"Looking forward to what you are about to say"* as one of the team members put it and *"coordinating the co-existence of different perspectives."* We purposely try to avoid *"heading quickly towards consensus"* and focus on *"handling the feelings of pressure that we should reach the solution as quickly as possible".*

Seeing other members of the broader system as external resources:

For some of our team members who are trained dominantly in an individual therapy style such as Rogerian, narrative or Gestalt, inviting the whole family into the room was still quite challenging in the beginning of this research. The major understanding grew out of experience that, paying attention to one member of the system and then another one is not a helpful approach.

What we see as a solution is paying attention not as much to individuals but more likely to patterns between them.

> *"When we pay attention to an individual it, especially when the system is exhausted, causes competition for attention…but a careful attention to the system leads to sharing."(Darina)*
>
> *"When we work as single therapists with very exhausted systems…it can become difficult…because the individuals many times compete for my attention…listening to one person immediately hurts the other…that is one of the reasons I like to co-work… "(Janka).*

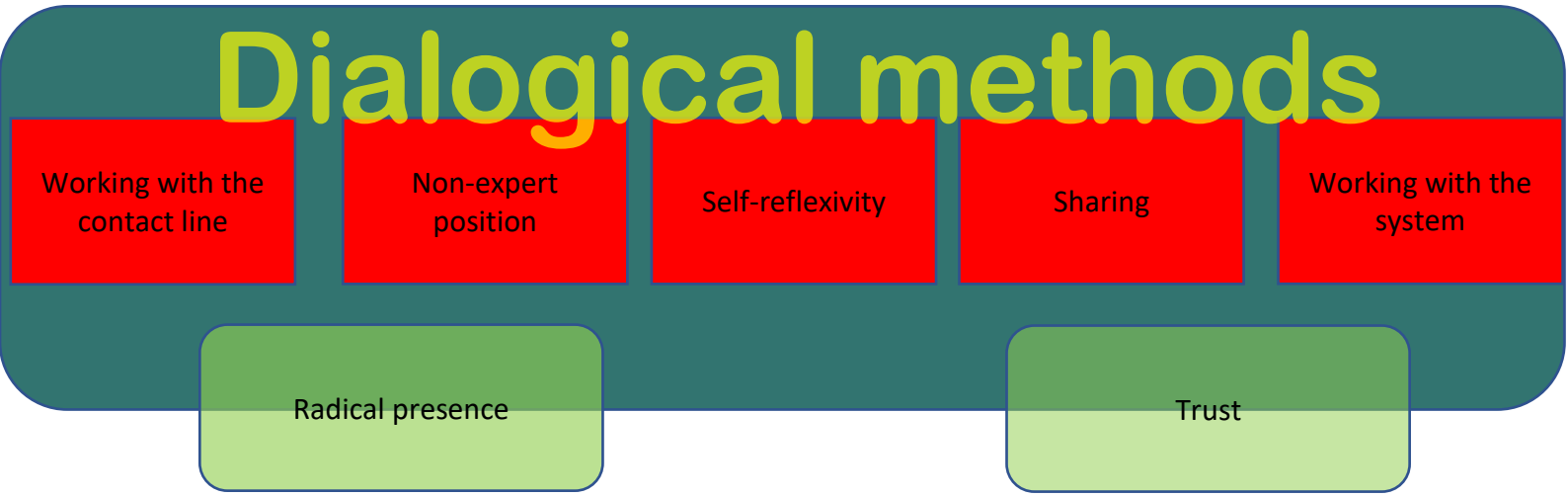
But even for trained family therapists, it was partly a new experience to invite other system members involved-like social worker, psychiatrist, teacher, friend, etc. into the therapy room.

> *"…it became like a natural need that whenever I have like a "difficult case" or something…I tend to invite a colleague and the client`s family…or whatever organization is involved…. that I feel I now really enjoy the different perspectives in the room…it is my relationship to that difference in perspectives which has changed…In the beginning it made me warried now it is actually reducing my anxiety…and a need to look for solutions "(Viktor).*

We were used to doing "case conferences. We developed a deeper understanding between the dialogical approach of, for example, "open dialogue" and a "case conference" as it is commonly performed. Even though the difference is well described by Seikkula (2007) in his book, *Open dialogue network meetings*, it was for us an important result of this research to really bring this concept into practice and transform our way of working. We have somehow not just understood, by also started to practice, that the goal of these meetings is not "to make an agreement" but to co-create a future which is perceived as convenient and an environment of such a relational quality in the room where all the people present feel listened to and respected. This seemed quite clear to us in a therapeutic setting but to apply this to "network meetings" was new, compared to our common

practice of "case conferences". As one of the team members put it, *"The major difference between the common case conferences and an open dialogue meeting…in my opinion… is that the specialists participating are not experts who are about to decide about me or even look for solutions but more likely "external resources" offering me support and space and maybe a parallel story of their understanding. There is even a difference I can see compare to common family therapy-that we are not looking for the solutions…It is more likely similar to the Rogerian way of diving into the process and letting the client/s lead…while also staying in touch with yourself…and commenting about what is going on for you...yes, but more there are people in the room …more different ways to look at the situation…"*

4.2.4 Dialogical methods



For our team, we feel that building on the position of radical presence and trust, we can develop the "methods" which we see as dialogical. Compared to the "attitudes "(stance) described above we see "methods" as something what we deliberately choose to do. We would invite each other into adopting these techniques using questions like: "What do you think is happening with both of you when you talk?"(contact line – see below), "How do you think the client hears this when you say it like that?"(checking for the presence of expert, non-expert position), "How do you really feel in this?"(self-reflexivity, sharing). Who else should be present so it would be useful for the client? (working with the system). We have summarized these techniques as working with the contact line, non-expert position, self-reflexivity, sharing, working with the system.

Working with the contact line

The term “contact line” comes from a Gestalt therapeutic background (Wheeler, 1991, Nevis, 1998 in Roubal 2010). What we mean by that is to focus, in a very detailed way, on the appearing patterns, whether in language or body on the very edge of contact between the therapist and the client while discussing a certain topic or being confronted with a situation. The therapist observes the client`s behavior and the resonance of this behavior in his/her own experiencing. The therapist offers his/her observations as an experience with HIS/HER OWN BODY, not as an interpretation of client`s behavior.

As those of us familiar with the Gestalt approach were using the term “working with contact line” rather often, the term become adopted by the whole team. From the systemic perspective, the understanding could be connected with Bateson`s (1972) observation of relational patterns. From our experience “contact line patterns” observation and observation of “relational patterns in the system” translate into very similar practice, as in both cases the therapist sees himself/herself as a part of the system.

Focus on description of my own feelings and avoiding interpretations translate, within the systemic perspective, in adopting a non-expert position. In the Gestalt perspective, it is captured by the concept of phenomenology.

Non-expert position

We see the non-expert position (as explained in chapter II) as a trend happening within different therapeutic schools through the 1990`s even though the term itself was introduced by Harlene Anderson (1997). We see it as an elementary ethical approach to clients, stressing the client`s competence to find their solutions to their problems and stressing our position as the one with more or less useful views but not the one who owns the truth.

The reason why we see it primarily as a “dialogical technique,” even though it could also be perceived as an elementary dialogical attitude, is that we see it as a very **conscious position** (in contrast with “dialogical attitudes” which we see as something “what is happening to us”) stands we take in our practice, based on our shared and individual understanding but also on theoretical reflection of what dialogism is for us.

Self-reflexivity

We adopt self-reflexivity not just towards our own actions and words but also towards our feelings and needs in the therapy session as well as outside the session. Accepting a responsibility for self-reflexivity of my needs from co-therapeutic partner/s and learning how to share these needs is a crucial skill for dialogical co-therapy. We see it as useful to have the ability to share these reflections “as they are coming” in the therapeutic session. We find the position of “constant learning” together

with our clients and team colleagues is helpful for developing self-reflexivity.

Increasing self-reflexivity, especially shared self-reflexivity, was originally one of the goals of this research. Throughout the course of the research, it became such a natural part of our everyday work that we came to see it as inseparable from the dialogical ethics in our work.

> *"I feel now I much more readily comment in front of clients about what I feel, or what is on my mind…I used to see it as a potential danger…that I could hurt somebody…but now I can see it is actually really helpful"*

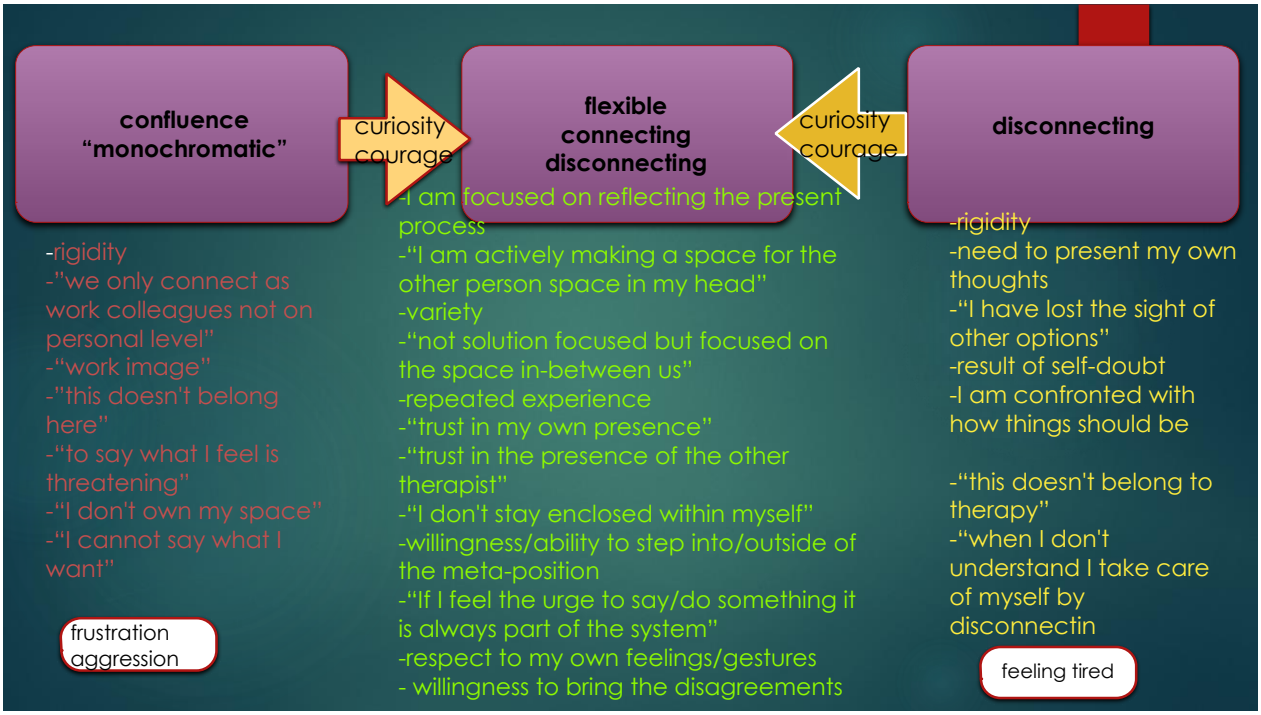
> *"What has helped me to actually become more self-reflexive was the position of learning…even the most horrible thing I can realize about myself…as long as I can take it that I am learning…it somehow can be integrated…it helps me to be more courageous in realizations about myself"*

Sharing

One of the results of our research and key elements of dialogical ethics is accepting the responsibility of sharing one's views, opinions and feelings. This is not just with a co-therapy partner/s, but also with other members of the team after or before the therapeutic session but also during the session in front of/with the clients.

We find this ability to share inseparable from the non-expert position, in a sense that I need to focus on sharing my own experience, not on making statements about another person/s.
In one of the focus groups, one of the therapists used a phrase, "I felt you were disrespectful to the clients and I feel you do that often." This created a heated discussion whether the person was expressing his feelings (which should be respected and not questioned) or whether he was making a statement about his colleague. Out of this discussion came a conclusion that we need to be as descriptive as possible to capture our bodily feelings and emotions (i.e., "I feel tension in my stomach and anger…") in order to avoid statements about a colleague or another conversational partner.
In our experience, what stops us from sharing openly are feelings like:
-self-doubts *("I am not a good enough therapist")*
"You are a better therapist, so I better not say anything."
-being confronted with an inner voice of how "*therapy should be"*
"this doesn't belong here…if I would say it, I might hurt someone…"
-feeling "*not being listened to"* or *"not having the position to change the things as I would like"*
"Even if I would say how I feel nothing would change anyway…it is not worth it"
On the other hand, what we find is helping us to share:
"I find it so helpful not to be "solution focused"…but more likely focused on the space between us…

if you know what I mean…"



We have experienced our growing ability to share as one of the positive self-transforming outcomes of our research.

> *"…what fascinates me most is the…me re-defining me…together with the clients and with my partner while we are working…if you know what I mean…there is so much freedom in that…"…"and we are getting paid for that! Crazy!" (laughter)*
>
> *"that basically staying in dialogue is like finding your way around your defence mechanisms"(Janka).*
>
> *"It is like finding in yourself the trust to stay in contact, to share, to be open and vulnerable even though your early attachment experiences tell you otherwise"(Janka). "It is like re-defining yourself again and again, day by day when you co-work"(Jirka)*
>
> *"…but that is what we want from the clients, don't we?"(Lucie)…"so, it is clear that we cannot stay behind ourselves…."(Radek)*
>
> *…"Yes, exactly that is what this research has been so far…like a very personalized training we have set out for ourselves…."(Viktor) "…training where we somehow, with help from each other and clients, re-define ourselves, our reactions…and we are doing it together…we must be crazy!"(Janka) (common laughter)*
>
> *"I really wonder how it happened to us that it is not just welcomed that your opinion will be different from others, but it is even somehow expected…that you should honour yourself, your personal history…in your opinions…and if you don't …not that anybody would say*

anything…but it is missed…it is like you can enjoy being a white crow among the black ones…and be welcomed"

"It is as we have learned to work with "open doors" so anyone is welcome to join at any time….as long as the clients are comfortable with it"

What have we learned what leads towards dialogue in therapy

(a summary of the most frequently used quotes from the focus groups)

- *„Push myself to stay in contact and to go against my first natural reaction to hide away..to go against my defence mechanism"*
- *„…for me it is a key to be aware of my needs and respect them…to decide according to my needs"*
- *„For me it helps when I take responsibility for myself, my feelings, my reactions…"*
- *„It helps me when I take reality as it is…so I will not get trapped in the cycle of self-blame. I am allowed mistakes"*
- *„I need to feel that whatever I say, I will be responded to…that I am taken seriously"*
- *„For me it is the realization, that if I feel it, it is important…"*
- *„For dialogue I need the experience that when I say this is unpleasant for me…it will not happen again and again endlessly…"*

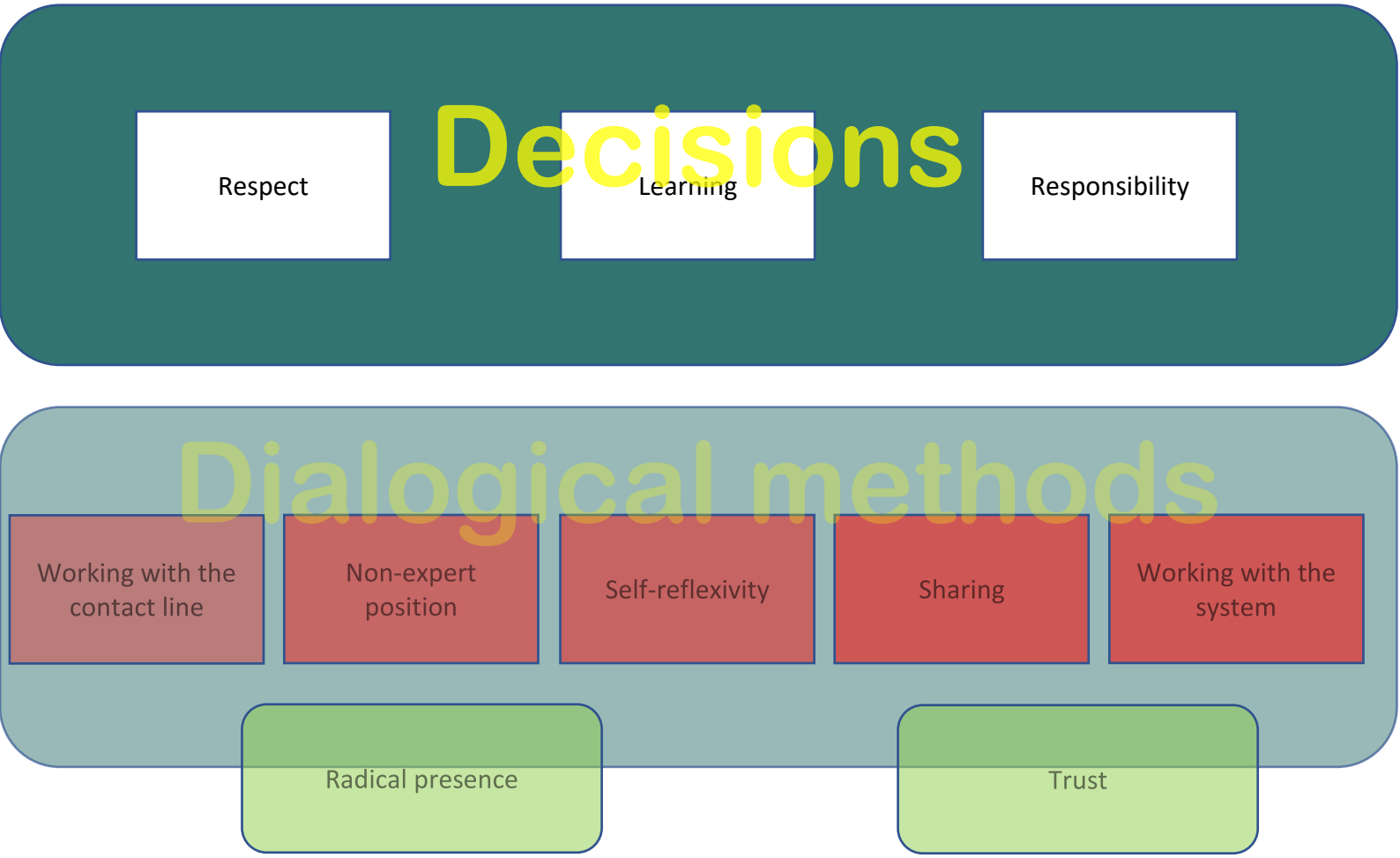
  „I always suppose a future relationship"

  Seems like you should have some discussion about these…some sort of summary.

Working with the system

We see it is useful to invite the client's broader system into the therapy room, based on the client's wishes and choices. When we decided to involve the client's broader system, we "*...actually see the system, including us as clients"* as one of the team members put it. During the course of this research, we recognized that actively inviting not just the family of the client but the whole system/network involved was crucial. This has created a change in our work-load structure as we now spend more time in "post meetings" or outside meetings with different organizations or individuals (such as doctors or social workers, for example) explaining our views or approach. We feel that this investment of our "free time" is not only improving the collaboration but also makes our work less stressful and more effective.

4.2.5. Decisions



We tried to summarize what was said above in more general terms, defining what we see as ethical approach to our work. In other words, when we tried to define dialogical ethics, we came up with these three terms: (1) respect, (2) responsibility and (3) learning. We tried to do this in order to find a way to quickly introduce the way we work to new colleagues who might join us in the future. This level of "dialogical ethics" which we have called "decisions" is not concerning just the therapeutic processes but also the general way our service functions. We have decided to call this aspect of our work "decisions" as we see them as "long term investments" into the work-place atmosphere and relationships in the broader network in the area. The decision to invest time, money and effort into the relationships.

For example, when we have decided to change the way we write our reports, the immediate effect was more time and effort invested, maybe dealing with surprise on the side of clients, pushing ourselves into finding a new vocabulary to describe what we want to say. The long-term effect we had hoped would be more rewarding and it has quickly proved to be the case but we did not know

*that at that time. We **decided** to experiment with this change because it felt like a more respectful way of dealing with the issue of report writing.*

Respect

By respect we mean respect towards self (through expressing my needs, my "voice", my ideas, making sure I am listened to…), towards my colleagues (through being responsive, giving each other the space we need) and towards our clients.

Trying to find a way to show as much respect as possible to our clients on a general level, ranging from things like how our waiting room is equipped and organized all the way to how our reports are formulated and delivered. It was not until the end of our research that we realized that the changes in our understanding/handling our therapeutic work has led us into some organizational changes as well.

Paradoxically I have realized that being a team leader became more "defined" around behavior I have found disrespectful. For example, I have stopped compromising dead-lines for our reports or colleagues showing up late for work. For me the research has helped me to become a stronger leader in some aspect, which has surprised me, but I felt it was generally well received by you."

An area when our transition has probably shown the most organizational change, apart from therapy, was our report writing practice. We are in a position that even though we try to avoid report writing as much as we can, we have to write reports either for court, social services, schools or medical facilities. As one of the results of our research was the realization that our reports are not just statements about the past or present state but also have a "future forming effect" (Gergen, 1997). As one of the team members commented, "I am now more and more persuaded that there is a crucial difference whether I say that the client has a difficulty with sleep, feels disturbed by strong voices in his head and based on his experience perceives these voices as real (in other words describe what there is) or whether I say he has a psychotic episode. My description of symptoms opens the way for possible success in psychotherapy…with diagnosis of a psychotic episode, I decide about the high probability of hospitalization and medication of the client…usually for life…".

In order to be as precise as possible in the description of clients' experience, we adopted the praxis of writing our reports together with the clients as much as possible. Not all the members of the team see this as possible in all the cases but there is now a clear change in the team ethics in a way that writing all our reports together with our clients is a clear goal.

"I have realized that if somebody would be writing a report about me…it would be highly personal…as if they are making a statement about my life…I would want to have a say in it…"

A question which we adopted as a result of our research to evaluate our reports now is, *"What therapeutic effect will this report have for the clients when he/she reads it?"* One of the members of the team has shared a client`s response to this new practice… *"I felt that you not only understand me…what is going on in my head…but you can also find words to explain it to others so they can also understand…"*

Responsibility

We see it as the responsibility of each team member to try to develop the position of trust and radical presence. We recognise a need to take care of our "ability-to-respond" in a way which welcomes "polyphony of voices".

Based on the analysis of the focus groups, our view of responsibility could be summarised into these points

- *I am responsible for presenting my needs, emotions…, "…when I feel it strong enough to realize it, it belongs here…it already is here" …" That helps me to enter the present moment"*
- *I am responsible for the space between us…," …fatigue can mean that there is something unclear between us"*
- *I am responsible to react to the needs of the other person…" I rely on him/her telling me, I must not cross the borders"*
- *I am responsible for our future relationship, for our "future together."*

I see our perception of responsibility connecting well with Bakhtin`s (1982) term, "dialogical responsibility." According to Bakhtin, dialogical responsibility underlies the ethical requirement for creating: *uniqueness* and *integrity.* To be unique, the Self requires the Other in his life project of the formation of selfhood. Ethics (in this perspective) cannot be understood as a general rule in contrast with Kantian universal ethics, of abstract and formal principles, of rules remote from daily life; 'theoreticism', and later 'monologism'.

This is a view of ethics based on the Self-Other interdependence as a cultural and historical phenomenon embedded in communication.

Integrity follows from the uniqueness, from freedom of expression. The Self has always the choice to answer in an intelligible way to any state of affairs, whether coherent or incoherent. The Self's responsibility for communication and for his deeds does not allow simulation of non-

responsibility; the Self, despite attempts to excuse himself for actions or for inauthentic communication, cannot find an 'alibi in being'. 'Alibistic' existence deprives the speaker of the Self as the dialogical being (Bakhtin, 1982 in Markova, 2018)

Learning

We have found learning as a key position in adopting a dialogical ethic. We see learning as relational, as an "identity challenge", as an option to deepen our self-reflexivity and as an opportunity to reflect on our work at a more general level and we see learning as creating a sense of community.

4.3. Findings about Learning

Learning is relational

Learning is relational not only in a sense that it happens in relations but also in a sense that engaging in any learning process triggers relational issues. It opens the questions of hierarchy, positions, etc. Ignoring the relational aspects leads into disengagement in learning, when we acknowledge the fact of shared continuous learning, we are facing relational issues, hierarchy issues and identity threats.

Learning challenges identity

In our experience learning creates challenges to identity. Through focus on learning, it is safe to go deeper into one's self-reflexivity, open new options about oneself. *"Could it be possible that this is also me?*". These new perspectives could be threats to one`s identity.

> *"It is like re-defining yourself again and again, day by day when you co-work" …" …but that is what we want from the clients, don't we?" …"so, it is clear that we cannot stay behind ourselves…." …" Yes, exactly that is what this research has been so far…like a very personalized training we have set out for ourselves…." "…training where we somehow, with a help of each other and clients, re-define ourself, our reactions…and we are doing it together…we must be crazy! (common laughter)*

That is also why it is crucial to have the option to not engage. Or, *"not to learn." "When one of us is learning something, we are all learning it through him.*"

Learning as a way of handling difficult situation

Focus on learning prevents us from being judgemental toward our own work but, at the same time, helps us to focus on what could be done in a maybe more useful way next time. We have also found that collaborative learning encourages creativity, the ability to think about a difficult situation from a new perspective.

Learning enables deeper self-reflexivity

"It is the question, "What have I learned about myself today?" which helps me to stay patient with myself when I see myself making the same mistakes over and over again…I would not have the courage to realize some things about myself if I would not see…my identity as learning…like the one who is on the road…if you know what I mean…".

"For me it is the learning attitude which is so helpful…it is like a safety net whenever I am about to fall into the self-blame or depression about myself….it is the "what have I learned about myself today?" question which gets me back on my feet…It is like, as long as I am learning, there is still hope for me…" (laughter)

"…what fascinates me most is the…me re-defining me…together with the clients and with my partner while we are working…if you know what I mean…there is so much freedom in that…" …"and we are getting paid for that! Crazy!" (laughter)

What is obvious from the quotes above, that for us having an identity as a "learner" enables us to actually go deeper into the process of self-reflexivity, it protects us from self-criticism and enhances our courage to recognize new aspects about ourselves.

Learning enables reflection of our work on a more general level

> *"I find it so helpful to step back and somehow…observe our work in a broader context…normally it would be too luxurious to do it…in between the clients…but when I have to say what I have learned today about myself…it creates this luxury of space…"*

Reflecting my own position of learning in front of the clients helps clients to do the same (adopt a non-judgmental position of curiosity towards their own life).

> *"we have actually shared it with our clients in therapy that after they go home we will have to fill in a paper where we write what we have learned about ourselves today…it was quite helpful for the therapeutic process…they were so pleased that they are helping us to learn as well…it has somehow created an atmosphere that we are learning together…we are on the same journey…"*

Possibility "not to learn"

The possibility "not to learn" we see as learning at my own pace, in my special way, discovering my own vocabulary about my own learning. We find it is important to create space for each member of the "learning community" to have the space to learn at their own pace even though we share the understanding that "not learning" is not possible within living systems as learning" or „adaptation" is recognized as one of the elementary qualities

of any living system as a „ tendency of a self-adapting system to make the internal changes needed to protect itself and keep fulfilling its purpose“ (Maturana 1984 in Vybíral, 2010).

Common learning creates a sense of community

Engaging in common learning creates mutual trust; the sense “we are in this together”, a community. As described in detail in chapters two and five, an experience that “*others are awaiting my opinion*” and *“are looking forward to what am I about to say*” increases our willingness to share even *“unorthodox”* or *“unfinished”* thoughts, *“to be really myself, as I am”* as *“I am important because you are learning from me.*”.

The experience of mutual attention supports in our experience a willingness to experiment as the team provides a safety of honest feedback (for more detail see focus group two and three). Willingness to experiment and the feeling of safety in the team supports the feeling of a “team identity” (For more detail see chapter 2).

4.4. Findings About the Co-Therapeutic Process

We have realized that (what we started to call) a dialogic way of conducting co-therapy differs from our former approach to co-therapy prior to this research. We see, as a key quality, an existence of a constant dialogue happening between the co-therapists into which the clients are invited to “join-in”. Through this, we are trying to establish or “legalize” a possibility of a “polyphonic perspective” on whatever issues or experiences come up in the process of therapy for the clients. What we mean by that is that different perspectives or possible different perspectives are being purposely introduced by the therapists in co-existence without prioritizing one over the other in order for the clients to have an option to do the same.

In order to do this, we have adopted these behaviours:

Ability to turn to each other for a dialogue in front of the clients when needed

This ability has grown for us out of using the practice of the reflecting team. We started off with little “reflection times” with the other co-therapist present. As we focused on the dialogical qualities in our work, we started to use these reflections more as a way to a)“re-connect with the colleague”…”*I wonder, what is on your mind when you are listening to this*…”, b)express our interest in his/her perspective… *”when you are saying xy, do you mean like…?”*, c) introduce a different perspective…*”if you say xy, couldn`t it be that also zy is true?…”…*In my perspective I see it also *this way…” or d) express our emotional/body state…”part of me listens to what you were saying but part of me is just staying with the heaviness from what you have mentioned before”…”I feel quite emotional about what you have said before”…”my stomach feels somehow twisted from the way we are talking about it now…”*

Commenting

As explained above, including the comments about the actual situation happening between us at that moment *…" part of me feels really frustrated with the way we are talking right now"*.

Practising the ability to disagree with each other

Practising the ability to disagree with each other without it leading towards a competition or explaining has become central. We work with polarities. *"…Now, this is interesting when you said you felt the anger about the situation, I must say I actually felt relieved…and maybe even happy about it all…".*

Being responsive to each other

We have found that our sensitivity to each other`s communication, especially non-verbal communication has increased.

> *" You know, you sometimes make this gesture…and that is really like something that gives me the impulse to say when I am hesitant if I should say it or not…it is like encouraging…like that you are looking forward to what I am about to say…I don't even know that I am doing it…but you are right, I am looking forward to what you are about to say…" "Sometimes you just stop me…just when you do this…really? I am not aware of that…but you are right I wanted to stop you at that moment..."*

"Coming back" when the dialog, for some reason, becomes difficult for one of us

"Coming back" or "re-connecting" with the co-therapist when feeling discomfort was one of the major qualities we have been adopting/exploring throughout this research. The ability to come back was, for us, addressing deep personal *"attachment issues" … "Basically staying in dialogue is like finding your way around your defence mechanisms". "It is like finding in yourself the trust to stay in* contact, to share, to be open and vulnerable even though your early attachment experiences tell you otherwise".

We have made a summary of areas preventing us from renewing the contact with the co-therapy partner:

- "Missing clarity in the space between us"-unclear boundaries, agreements, un-said emotions
- feeling that the other person doesn't respond to my requests
- I don't pay attention to my inner conversation…I deny it
- I don't pay enough attention to my bodily feelings…" then I tend to just stay in them and make statements about you…or the clients"

4.4.1. Advantages of dialogic co-therapy

We see many advantages in using dialogical co-therapy. We have organized them as follows:

Dialogical co-therapy builds on and promotes a "non-expert position"

We feel that dialogical co-therapy is not only building on the non-expert position but it also

encourages it, as long as the therapists are capable of taking a different position and at the same time stay in relationship, i.e. in communication which feels respectful to both co-therapists. As one of the team members put it *"stretching as far as we can in the stance we take but staying still in a good contact…like in a dance."*

Dialogical co-therapy enables us to include polarities

As explained above, we see it as key to be able to place different perspectives within a non-hierarchical position next to each other in a non-judgemental way. Even perspectives that can be quite contradictory. In our experience, this encourages clients to "join in" with their perspective as well. It also "models" communication, when two parties have different opinions. We have found this particularly useful in working with families with a high level of violence and conflict.

The experience with dialogical co-therapy helps us to introduce polyphony into our individual work

Co-working transforms our individual therapy into a more polyphonic one. *"I feel now that I have a colleague in my head". "…I have started to use in my individual therapy phrases like: …you know I often work with a colleague in co-therapy and he would now probably say…".*

Dialogical co-therapy encourages self-reflexivity

In our experience, dialogical co-therapy encourages self-reflexivity, "shared-self-reflexivity" and a sense of self-worth and authenticity. *("…I feel like I can really be myself, when I am there with you…and if I would not be for some reason, you would quickly let me know.".*

We find dialogical co-therapy energizing

Dialogical co-therapy creates energy and serves for us as a prevention from burn-out.

> "*It feels like such a paradox…I am very sure that since we have started this research, I actually invest more…I am more involved. But still it is actually energizing, I am less tired…I know if we would not have been working this way…with such an engagement, it would not be worth it for me to travel all that distance to work.".*
>
> *"For me the fact that I am actually really listened to and responded to, by you, is actually as healing as it is for the clients…we all are healing at the same time through being together in this special way…of course it is really focused on the clients but I am getting some of it as well…maybe that is why it creates such a joy.".*

One of the things which we found puzzling from the very beginning of our research was how, after a session with very difficult family, we feel buzzing with energy when we co-work in a dialogical way. One of the explanations we have experienced is described in the quote above. That we simply find it also very helpful when we feel we are responded to as much as our clients do. It enables us, as mentioned in many of the quotes above, to remain authentic, creative, and transparent and that again helps us to remain in the position of listening and responding to whatever is being said.

Another explanation we have experienced could be that we simply expect the „love“[2] to happen. Expectations of positive experience between us and clients, and between us as colleagues, somehow probably change our behaviour from the very beginning increasing the probability of the experience happening again.

Dialogical co-therapy helps us to work with the parallel process

Parallel process is a term commonly used in Gestalt Therapy to describe the mirroring of emotions/patterns in supervision. The term was first used by T. Hora (1957). We have started to use the term to capture the experience that sometimes the relationships in the reflecting team or in the co-therapy couple tend to mirror the (usually unspoken) conflict or strong emotions that clients bring to the session. We see it as very helpful to become aware of this option so we can somehow experience, in the parallel process, the emotions the client might be facing.

> *“Sometimes I experience such strong emotions towards you which don’t make any sense…like that I am suddenly so angry with you I am not sure why…when I am aware that this is what the woman(client) might be experiencing in the family simply makes so much sense…”*

Addressing the emotions between the co-therapists, not just as an “issue to be resolved” but also as a possible parallel process, we find very enriching for the therapeutic process.

“It is like we are getting a taste of what the family might be experiencing all the time.”

4.4.2. Disadvantages of dialogical co-therapy

We see also disadvantages in using dialogical co-therapy. We have organized them as follows:

Financial aspect

It is more expensive to co-work because of the two therapists to be paid. In other words, either the family has to pay double the amount, or both of the co-therapists get paid half of the amount. As

[2] I am referring to the “love” described by Seikkulla (2016) *The feelings of love that emerge in us during a network meeting are neither romantic nor erotic. They are our own embodied responses to participation in a shared world of meaning co-created with people who trust each other and ourselves to be transparent, comprehensive beings with each other” (Seikkulla,2016, p.473).*

we in our team have agreements with the insurance companies, the common practice is that one of the therapists is paid from the insurance and the other one is paid in cash.

Time consuming

Co-working the way we do, it is more time demanding then one therapist working on his/her own because the co-therapists meet after the session. In this post-session meeting, we tend to look at our feelings towards each other, parallel processes and our own learning. In this way, the session continues for about another 15-30 minutes after the clients have left, even when we have finished our research (as I am writing this chapter more than a year after the last focus group).

Demanding on training

Adopting a dialogical perspective is challenging. Co-working dialogically demands that therapists are already well trained so they are able to avoid common traps such as competing with each other, not being in touch with their own feelings, not expressing their voice, not responding enough to what is being said, etc. At the same time, well trained therapists are not usually that keen on "unlearning" their well proven methods and habits which might get in a way of practising dialogical therapy. Thus, it can be hard to find a colleague with whom one can co-work.

4.5. Research influence on our work

4.5.1. Transformation of the work team

This research was for our team a transformative experience. Throughout the process, we became familiar with co-work and still enjoyed the practice (even after the research was finished). We started to work with new client groups including psychotic clients or highly violent families and in new settings (we now are used to organize network meetings[3] whenever it is required)

We are now familiar with the "dialogical vocabulary". We consider it as something which is "our own" and a result of our research. We see it as a common blend of our reflected work experience and diverse therapeutic trainings. We have experienced transformation in the therapy we conduct both as individual therapists and as co-therapists as described above but also in other areas of common work such as time-organization, report writing, etc.

After the third and sixth focus groups, I asked all the team members (including myself) to reflect on the influence of our research on ourselves as therapists and on the co-therapy work. Here is the summary of our experience:

[3] "Network meetings" -is a technique used in open dialogue treatment of psychosis. It is defined by seven guiding principles: 1. responding immediately, 2. including the social network, 3. adapting flexibility and varying needs, 4. guaranteeing responsibility, 5. guaranteeing psychological continuity, 6. tolerating uncertainty and 7. dialogism. Our understanding of "network meetings" and the way we see them different form the "case conferences" is described in detail in chapter five.

How did this research influence our team?

- *"the treasure of this research is not just in what we have discovered, but in our personal and mutual transformation of who we are…it is like we have learned the process of becoming who we want to be…"*

- *We are training each other in our ability to be "fully present" through our increased ability to respond to each other on different levels*

- *"We have definitely increased our self-reflexivity"," we talk much more about our needs and feelings"*

- *"We take much more seriously our responsibility for our "ability to respond"*

- *"We have learned to suppose the future relationship"*

- *"We are all more involved in creating our future together"*

- *"We all take more responsibility for a "clear space" between us"*

- *"We have learned to respond to failure with learning"*

- *"We don't hesitate to take space for our own learning…to invest into ourselves. We are learning during the course of the day…while running…We are now more eager to get feedback from each other"*

- *Adopting a dialogical vocabulary gave us possibility to describe the special things we have in the team"*

4.5.2. Research influence on our individual work

Even though the primary focus of this research was on co-working, we have noticed quite a dramatic change also in our individual therapy whether we work with individuals, couples or families. I have asked all the team members to summarize this change in writing at the end of the research. Here are our answers.

How did the research influence my individual work?

- *"I feel I now have a "colleague in my head"…like the idea what would you do or say even when I work individually"*

- *I have gained the ability to reflect on and share my emotions during the therapy session…" I feel myself aloud"…"I am not cutting myself short any more"…I have learnt to comment…"*
- *I have gained the ability to "divide"…."listen to myself and the clients….and the other therapist…and overall context….and xyz-all at the same time"*
- *"I have gained a passion for polyphony-I am now much more relaxed in working with a family"*
- *"I am now much attentive to all sorts of impulses-inner or outer ones"*
- *"I have now much more need for transparency…And I know I will feel comfortable in it"*
- *"Not that during the research I would learn that many NEW things but I have improved greatly in USING what I have already known in practice"…"In a more relaxed and joyful way"*
- *"I have learned to invite the client to be like a co-therapist to his/her own story"*
- *Through this research I have kind of learned again…that I don't have to have all the answers and solutions…I can slow down"*
- *"It has given me the freedom to wait for a solution to appear…"*
- *"Client don't primary join into what we are saying but into what we are doing…how we are"*
- *"Through responding to our clients, we are negotiating the way we work (dialogical ethics)…"*
- *"non-expert position creates safety for me …"*

4.5.3. Influence of the research on us as individuals

During the focus groups, different team members repeatedly said that we do not see dialogism as a technique but as a way of life. Also, members reported that our research was a personally transforming experience. At the end of our research, I asked all the team members to summarize their personal change (in writing).

How did the research influence me as a person?

- *It is like my elementary trust in people (including myself) has improved greatly*
- *"I made the experience…or maybe became attentive to it, that I will be responded to"*
- *"I have now more courage to be different…to be myself"*
- *"I am allowing my voice to be heard, my unfinished opinions…I am thinking aloud"*
- *"I simply be there…in the moment, in the relationship…and see what happens"*

- *It has helped me to look more at myself, at my own personality structure…to review my early attachment experiences"*
- *"Doing research is saving us energy"*
- *"Unlike the training I have had, this research has not created trauma, but experience"*

Chapter V: Implications and Discussion

In this chapter I present my perspective on the implications of our research on our team. I also discuss the implications, as I see them, for our clients and our students. I am writing this chapter one and a half years after our last focus group, based on the research evaluation conducted by all the team members mentioned in Chapter 4 and also based on the experience of our practice after the research was completed. In the discussion, I address our experience in our informal talks. This has not been mentioned in previous chapters but was present throughout the entire research process. I call this discussion of our informally discussed experience, "research as a spiritual challenge." I will address the advantages and disadvantages of our research and the limits I see to our study, as well as further questions this research has opened for us.

5.1. Implications for our team

Creating a common language of dialogism

Talking about dialogism and the constant struggle for dialogic ethics remained a solid part of our team discussions, even after the research was completed. During the course of our research, many felt a need to go back to our own therapeutic roots since we all felt that our identity as therapist had been challenged by the research process. As one of the team members put it, "It is like we all got more rooted in our own roots but at the same time have found an extra common language where we are learning from each other".

Learning as a part of our practice

The question, "What have I learned today?" has stayed with us as a way of handling difficult situations and as a constant passion for dialogic ethics in all aspects of our work. As described in chapters five and six we have switched from the questions like, "What have I done wrong?" or "What could I do differently next time?" to, "What have I learned today?" It became part of our team identity, in that we tend to remind each other of this question.

Co-working as a comfortable practice

During the course of the research, co-working became a common part of our practice. In terms of hours spent in co-therapy, co-working continued to grow after the research was finished. Openness to co-working became one of the key requirements for possible new members of the team. We have come to feel that our "dialogical co-working" is now well defined, practiced and several members of the team have become involved in teaching workshops on the topic. We see co-working as a great advantage that several of us are capable of teaching from our own perspectives, as we can show our students different styles (building on different backgrounds) but still arrive to a sort of common practice. For example, those of us with a background in Rogerian training would tend towards more listening, empathy and a "gentle" approach compare to those trained primarily within a systemic approach, who tend to focus on asking "circular questions" and perhaps a more "confrontative style."

But, we both work dialogically in terms of qualities described in the previous chapters. For the students to see different styles of dialogical work can be freeing and help them to discover their own style.

Enhancing our self-reflexivity and shared self-reflexivity

We became particularly aware of how much we have become accustomed to talking about our own feelings during a therapy session when we are in contact with other therapists. We realize how much we have learned to take ourselves seriously as much as we take seriously our conversational partner. At the same time, from my personal perspective, there is less speculation within the team about each other`s feelings and more straight-forward sharing, as captured in the data analysis (chapter 3), for example p. 123-124.

Easing the way for new potential colleagues

As we are a quite large team in a rural area, all of the team members travel quite a long distance to work which is usually not a sustainable practice from a long-term perspective. Considering this, we decided to make a certain level of flexibility among team members an advantage rather than see the absence of a team member as a problem. This helped us realize our goal of creating a network of similar-minded practices and creating our team as a training place. In other words, training new colleagues in the dialogical co-therapy approach and dialogic ethics became more of our focus as we counted on new colleagues staying with us as team members for a certain period of time and then seeing them move on to establish their own practices closer to their living places.

5.2. Implications for our clients

5.2.1. Addressing new client groups

Based on adopting the dialogical approach in the course of the research, we started to address two new client groups on a larger scale: families with a high level of violence and "psychotic" clients.

Families with high level of violence

During the years of our research, we developed a program to work with families with a high level of violence. These families are usually divorcing or post-divorce parents who are fighting over the children`s custody or families with suspicion of violence towards children or where the child does not want to meet one of the parents for no particular reason. In our work, we have been greatly inspired by Justine Van Lawick's (2016) workshop, "No kids in the middle" that two team members attended. We did not find her program applicable in our conditions but she has been an inspiration in her determination to bring the children's voice (perspective) among the divorcing parents in a quite confrontative but still dialogical way.

We have developed a team approach where two of the team members meet with the parents, usually two or three times. In these meetings, we take advantage of dialogical co-working, especially focusing on the quality of capturing and creating a space for co-existence of different polarities. In these

sessions, we develop with the parents the goals they want to develop/enhance in therapy. Sometimes we invite the social services to participate in some of the sessions (pending the clients' agreement). Meanwhile, the children attend art therapy sessions with a third team member to become familiar with the environment and to establish a therapeutic relationship.

We then invite parents to attend a series of art therapy sessions with the children/child in a specific format: first, child-mother, then child-father, followed by another session of child-father and then child-mother. They work on the same task. In this way, the same topic is repeated twice with the child, which puts the child into the "expert position". The child is the one who is the "expert" in the situation and invites one or the other parent to participate. At the end of each art therapy session, there is feedback offered to the parent, depending on the situation, either with or without the child, concerning the goals upon which they want to work. Usually the goals are things like empathy, ability to keep boundaries, ability to talk well about the other parent, ability to integrate the world of the other parent, etc. The techniques used in art therapy would include drawing with one pencil without talking, creating a family coat of arms, etc.

Studying dialogical approaches has influenced us in a way that it is strictly non-interpretative and process-oriented. In other words, we bring the attention of the parent to different moments of their collaboration with the child, thereby inviting them to think about a parallel in other areas of their relationship. During this time, we also offer parents individual therapy if they would find it useful for themselves. We offer to write a final report at the end to the court or social services, if that agreement is made at the start of the process with the parents.

Usually the process takes 8-12 months. We have developed a requirement that all the present court cases be delayed until the program is completed. Usually this is supported by the court and social services. We have had several cases where the treatment was ordered by the court and we find the practice very similar to the cases entered into voluntarily by the clients.

Clients with "psychotic" symptoms

As I have described above, our custom was to refer clients with psychotic symptoms automatically to a local psychiatrist as we considered it too risky to rely only on psychotherapy. If the clients would come back to us, they would usually be medicated with antipsychotic medication. During the course of our research, we started to continue working psychotherapeutically also with the clients who would share or show their symptoms which we would call psychotic (basically in line with the DSMV). During the research, we started to doubt the utility of the word "psychotic" as we felt it carries a limit to the psychotherapeutic treatment. Instead, we started to be quite descriptive of the symptoms.

We have also established a strong cooperation with local NGOs who visit clients with psychiatric diagnoses in their homes. We started to invite them to participate in the sessions, if the client/s agree. Sometimes, we might join them in visiting clients, if required. At the moment, we are creating a series

of workshops for these NGO workers where we can share our research experience and offer support in their transformation since they have become very keen on adopting the dialogical approach. We have spent hours with local psychiatrists explaining the changes in our approach, collaborating closely on individual cases, trying to manage with as little medication as possible.

5.2.2. Addressing the present client groups in a new way

As described above, dialogical co-working became a common practice whenever we felt the clients could benefit from this setting. The situations where we tend to co-work are described in the Chapter 6. We adopted dialogical practice not just with new client groups but also with the ones we typically worked with, regardless of whether they were with individual clients or families. There have been two major changes and several subtle ones captured and described in our focus groups.

Our report writing has changed

Report writing remains a common part of our practice, whether we like it or not. We must provide reports for police, courts, social services, medical doctors, child protection services, etc. Our duty is to write reports and to answer certain questions that are regulated by law. Yet, through the process of this research, major changes have transpired in relation to our report writing. We understand these changes as emanating from our desire for dialogic ethics in our work.

(1) We try, whenever there is a slightest chance, to write the report together not just with the co-therapist/s but also with the client/s. The way we do this is that we write a first draft, bring it to the session and try to develop it further with the client. If there is a major difference in our opinion which cannot be solved, we tend to describe both perspectives in the report.

(2) Originally, we were trained to focus on capturing "the truth", which we previously believed to be qualities of the mind and behavioural processes, while writing reports. Our research has taught us to include a relational aspect as well. We are aiming for the report-writing and report-reading processes to be therapeutic. We always keep the question, "How could this, that I am writing, be therapeutic for the client?" in mind while writing reports.

Transforming case conferences into dialogical meetings

We are quite often asked, usually by the social services, to participate in a case-conference or sometimes we call for one. The format of a case conference is, typically, quite rigidly set. With this being said, as we are now quite sure what we are aiming for in creating a dialogical meeting (as described above) we are encouraged to change the environment and introduce step by step dialogical aspects. We have been in meetings where we felt quite successful and we have been in meetings where we felt we have failed. At the same time, we have experienced curiosity and relief on the side of other participants who have experienced a "successful dialogical meeting" with us. We see developing this practice together with the social services (and other parties) as a challenge for our future development to together.

5.2.3. Enhancing the practice of a team approach

What I see as an important result of our research is that, as we became comfortable with co-working, whenever somebody asks for a colleague, there is a general atmosphere of excitement and responsiveness even though it might be difficult to find common dates to meet. We tend to create time to discuss our hesitations or therapeutic dilemmas and bring the colleagues' opinions into our sessions openly. Even though this has been a quality within our team since the beginning, in some ways I feel we now "fully understand" the importance of this quality and are ready to prioritize it over other things.

In a similar way, we are now more prepared to invite new parties such as school teachers, NGOs, etc. It has been generally happening now on much more common basis than before the research and all the team members tend to use this practice.

5.2.4. Defining the dialogical ethics

We feel we have created a complex definition of dialogism within our perspective which we are capable of presenting in (minimally) eight different ways according our individual backgrounds, nature and experience. We do not see dialogism as something we now "know" or "owen", something "that is done". We see it as something we are heading towards. We count on our new colleagues and students joining us in the process of searching for dialogism in our day-to-day situations.

5.3 Implications for our students

We are now in a position where we are teaching several university courses and workshops around Czech Republic and we have several invitations for teaching internationally. The amount of data about our own learning process is helpful in designing the teaching methods. We can also offer a great number of examples and quotes from our own practice. We usually teach in co-working pairs in order to demonstrate the dialogical qualities between us. As we are coming from different backgrounds, we have an ability to adjust our vocabulary to different therapeutic schools (systemic, Rogerian, Gestalt, narrative, etc.) but also to different professional backgrounds such as psychologists, social workers, psychiatrists, theology students, artists, etc. Also, the fact that we are now capable of presenting dialogism as colleagues with different therapeutic and personal styles, I believe, our students find their own personal style according to their nature and therapeutic style.

5.4. Discussion

5.4.1. Research as a spiritual challenge

From the beginning, we have been experiencing this research as a spiritual challenge. Regrettably, it has not been spoken about in the focus groups enough so I see it as problematic to present this knowledge as part of the research results. However, it is a topic that was well discussed during informal talks within the team. Culturally, it is very unusual to discuss spirituality in the work context, so I did not find the courage to bring this topic explicitly into the context of our focus groups.

Yet, as the topic is growing even stronger in the team discussions after we completed our research, we are planning on a follow-up focus group on this topic (as separate from the research reported here). As all of us in our team relate to a Christian background, I will refer to Christian terms. However, I would be quite confident that there are equivalents in other spiritual systems.

First of all, we see it as crucial to identify our spirituality as "processual" (about how we live), not topical (about what we think).

Generally, it could be said that we have experienced the dialogical way of treating ourselves, each other and our clients as challenging, requiring us to develop a position of trust and radical presence. This has required that we not hold onto the truth "we know" but hold onto the truth "about to be". This position is both challenging our spirituality and growing out of it at the same time. It is challenging in that we need to develop trust that whatever one might learn about oneself through the process of research or dialog will not be more difficult than what one might handle. In other words, the broader context that one is part of, will make sense.

Similarly, we see our struggle for dialogism as a struggle for how we are with ourselves, each other and our clients, not about what we are talking about.

We recognise in our spirituality a need to live with a paradox, which might be sometimes uncomfortable. We see the elementary Christian message (similarly as in other religions) always carried by a paradox which cannot be re-solved (redeemed sinner, crucified God, etc.) only "contemplated" through living it. Bakhtin (1965) in *Rabelais and his World,* discusses carnival culture, active choice for a presence of contra-culture, self-irony as a life-giving and necessary integrative part of every culture. Conducting practitioner research, we have experienced as an active search for contra-culture to whatever we "think is right" or "we think is true." Staying in dialogue "which is never finished" heading towards "Dialogical ethics" which we can never fully adopt is our frustrating but voluntary choice of how we want to be.

An interesting Czech philosopher, Tomas Halík (2012), quotes (allegedly) Augustine on one of the elementary definitions of love: "To love somebody means telling him: I want you to be". In our experience, dialog is "I am looking forward to your opinion, your originality, the way you are different from me." It is a willingness for myself to be transformed by your presence. This does not happen automatically but needs to be cherished and developed, especially in difficult situations.

Our active choice/search for uncomfortable presence of the "different other" is, in its core, a willingness to admit that even when being passionate "learners" about Life (God, Logos), we will never understand it, "own it" or be really able to say much about it.

Richard Kearny (2003) in his book, *Strangers, Gods and Monsters,* introduces spirituality as a life with a „possibility ", a life when we rely more on „I may" then „I can ". God, from Kearny's perspective, introduces himself as a possibility in a story, a personal relational narrative which we

may or may not enter. Entering the world of „possibility “, one of hypotheses and options for how things might be, is to enter the world of a polyphony of truths.

We see our experience with our research as a struggle for patience: patience with myself (as even when I can be passionate about dialogue I still run into my own limits), patience with others (as even though we can be curious and eager for our difference, it can still present a painful threat to our self-image) and patience with Life/God (as even though we are passionate searchers for meaning, we only can experience life as mystery).

An inspiration for us was the picture of a Russian icon where God is presented **as a conversation** among three travellers talking to each other at the table. The fourth place is empty for anybody to join in.

We feel that being in dialogue means giving oneself and one's conversational partner a spiritual freedom to recognise how they would like to be. This is in line with what Rogers (1984) called "self-actualizing tendency" and Martin Buber (1923) referred to as the "I-Thou" relationship. In our research, we repeatedly mentioned that we first need to have this experience ourselves, let it re-define us in order to be able to have it with our clients. It also needs our conscious decision to enter

into this way of co-existing with others and oneself. As Martin Buber (1923) puts it: "the elementary words only come into being when they are pronounced".

5.4.2. Advantages and disadvantages

I think I have described many advantages we have gained as a result of this research process. What I am personally proud of is the many times that each one of us was learning something slightly different based on his/her previous training and actual needs but still considered it as "our learning," thereby creating a common set of knowledge. Also looking from the perspective of a year after finishing this research, I consider a great advantage of this research is that it is not just that the practice adopted during the research has stayed with us but that it keeps evolving and developing.

Another advantage is that the research increased the credibility and respect of our working place. But that would probably be true of any research we would do, as practise where research is conducted is seen as a bridge between the academic world (often seen as too separate from practice) and practitioner work (often seen as not sophisticated enough in articulating the work for the academic sphere).

Among the main disadvantages I see that the overall project was quite expensive for us in terms of time spent working for free in the focus groups and time spent on the analysis, supervision, etc. As we are a successful practice, we could afford this long educational process for the whole team. However, I do not think that a similar experience would be economically viable for a common clinical practice of clinical psychology.

Another disadvantage I see is that the way we have approached this research was highly personal and emotionally challenging. This intensity logically leads towards time periods when individuals are highly involved and to time periods when they need more individual space and distance. There was always small chance that we would coordinate in our needs over time. Yet, there were times when individuals felt disappointed because of a withdrawal of another team member. There was an issue of emotional hurt. Because of this, I found supervision of the team during the research very important, as we see team supervision as a place where emotional issues can be addressed safely with enough space and attention.

I felt that the whole project was quite demanding in terms of personal and psychological maturity of all the team members. Even though we all have been well trained professionals with many years of our own individual therapy or experiential training "under our belt ", I felt that there were moments in the research where we "just about" managed the emotional and personal challenges the research created. We also lost one of the team members after the first focus group. She felt that the research would be "too much of an investment" and she did not want to participate.

All these disadvantages could also be considered as an indication that we have made a great investment in the team and, because of practical reasons described above, the team might not last for

a long time-period. As a response to this realization, we have decided to focus also on teaching since we see teaching as a quality we can still do together even after individual team members decided to leave the team for practical reasons.

Another aspect which could be considered as a disadvantage is lack of clarity about data ownership. One team member, after completing the research, felt that she had shared generously her knowledge in the focus groups but that her ownership of her knowledge has dissolved in the "team co-creation of the data". This seems like a logical outcome but it became one of the trigger challenges to hierarchy within the team after the research was finished. The result was that this particular team member left the team once the research was completed.

5.4.3. Limits of the study

The biggest limit of this study is in the area of analysis. I felt that with the use of grounded analysis I have been balancing between two paradigms, two ways of approaching research: practitioner action research (social constructionist paradigm) when we co-construct the research together and taking a position when the data can be seen and interpreted from "outside" and be possibly transferable.

Especially at the moment of creating "dialogical ethics," I felt I was crossing the line into more interpretative then relation constructionist paradigm. I could see that the team became quite sensitive to this subtle change of ethics, saying, *"well, in this case it would be your research, not ours*" or *"I felt like you were trying to interpret what we were saying…"* These comments have been helpful for me in order to open a discussion about how we could make it "ours" again and come back into a constructionist paradigm.

I also feel that there could be more knowledge gained from the data we have collected in a sense that I feel I have conceptualized only a fraction of the information present in our data. There would be many other options for conceptualising the data from the focus groups, I could only do it from my perspective (with the latter being corrected by the team). To come back and explore other options of conceptualising the data might be one of the possibilities for future development for each one of us as we all have the tapes and transcripts available and we can keep coming back to it in the future.

Another limit of this study is the future use of our transformation. If, for example, the team would dissipate and there would not be any future collaboration, the effect of our transformation without the other team members would be problematic as we have realized, it is easier to show (experience) the new members of the team the dialogical co-therapy then to just explain it and practice it. Also with any team member leaving, we feel we are losing a "part of our experience"- a perspective specific to this team member which is unique. I can see the effect of this research if we manage to stay somehow in a position of either co-working in our therapeutic praxis or teaching or training together.

Another limit of this study is set by my limit to reflect my position as a boss and leader of our team. How did my position influence our research? "Have I misused my position in any way?" I have

kept asking myself and the team these questions throughout the research and reflecting on it in my research journal, but it could be possible that I will see in the future these issues differently as my self-reflexivity (hopefully) develops further.

5.4.4. Further research questions

As we are now entering the time when we are in a position of teaching or training other people in "dialogical ethics" or "dialogical co-working" we are faced with a major new task to develop good training programs for different settings. "How do we teach what we have experienced?" I can imagine us going back to our data collection and gaining more/different information out it then we did during our research.

We are also now very occupied with the questions about how to transform our experience with dialogism outside our therapeutic vocabulary as we have been teaching dialogism at the theological faculty for two years. From this year onwards, we will also be teaching these ideas to fine arts students (actors, directors, script-writers, documentarians). We tend to approach this task together with our students in the spirit of relational constructionism as we ourselves enjoyed learning this way. We are encouraging our students to develop the questions about dialogism in different areas in their work as we see these questions as very interesting for further research.

From a completely different perspective, as we are using a SCORE[4] questionnaire in our practice for family therapy outcome research purposes. I can see a potential question arising for using SCORE to map a change in families when we use a dialogical approach. I can see this as a qualitative way to map a case study from the perspective of different family members, team members and from the perspective of other parties involved. Doing so would allow us to compare with more classic family therapy approaches. Using the SCORE as a tool for therapeutic feedback might assist us in developing the best fitting approach.

5.5. Concluding comments

Being inspired by the Norwegian/Scandinavian experience, we decided to explore the implications of a dialogic approach in our practice. Based on the experience of Ottar Ness and other Norwegian colleagues, we have used practitioner research in order to transform our practice into a dialogical one, exploring the transformation of our language through perspectives of different therapeutic schools and mapping the changes in our practical work. We have focused on the transformative quality of our co-therapy relationships in order to co-create our understanding and adopting of dialogical principals/practice.

[4] SCORE is a questioner created by Peter Stratton (2008), measuring a level of satisfaction of different family members with family communication and relationships on 16 different scales. It is commonly used to map progress in family therapy.

Bibliography:

Aaltonen, J. & Alakare, B. & Haarakangas, K. & Keränen, J., & Seikkula, J. & Sutela, M. (1997). *Western Lapland project: A comprehensive family-and network centred community* psychiatric project. ISPS. Abstracts and Lectures 12, 124.

Aaltonen, J., Seikkula, J., & Lehtinen, K. (2011). Comprehensive open-dialogue approach I: *Developing a comprehensive culture of need-adapted approach in a psychiatric public health catchment area the Western Lapland Project*. Psychosis, 3, 179-191.

Andersen, T. (1991). *The reflecting team: Dialogues and dialogues about the dialogues.* New York, NY: Norton.

Anderson, H. (2007). A postmodern umbrella: Language and knowledge as relational and generative, and inherently transforming. In H. Anderson, & D. Gehart, (Eds.), *Collaborative Therapy: Relationships and conversations that make a difference* (pp. 7-19). New York, NY: Routledge.

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

Anderson, H. (2016). *Collaborative-Dialogue Based Research as Everyday Practice: Questioning our Myths*. In Simon, G. & Chard, A. (2014) Systemic inquiry: Innovations in reflexive practice research. UK. Everything is connected press.

Anderson, H. (1997). *Conversation, language and possibilities*. New York, NY: Basic Books.

Anderson, H. (2014). *Collaborative-Dialogue BAsed Research as Everyday Practice: Questioning our Myth.* In Simon, G. & Chard, A. (2014) Systemic inquiry: Innovations in reflexive practice research. UK. Everything is connected press. (pp.61-73)

Anderson, H., & Goolishian, H. A. (1988). *Human systems as linguistic systems: Preliminary and evolving ideas about the implications for clinical theory*. Family Process, *27*, 371-394.

Anderson, H., & Goolishian, H. A. (1992). *The client is the expert: A not-knowing approach to therapy*. In S. McNamee & K. J. Gergen (Eds.), Therapy as social construction (pp. 25-39). London, UK: Sage.

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

Anderson, H., Jensen, P. (2007). *Inovations in the Reflecting Process.* London. Karnac.

Atkinson, J. M., &, Heritage, J. (Eds.). (1984). *Structures of Social Action: Studies in Conversation Analysis*. Cambridge, UK: Cambridge University Press.

Bargal, D. (2006). *Personal and Intellectual influences leading to Lewin's paradigm of action research*. Action Research, *4*(4), 367-388.

Barge, K. & Hornstup, C. & Gill, R. (2014). *Conversational Reflexivity and researching practice*. In Simon, G. & Chard, A. (2014) *Systemic inquiry: Innovations in reflexive practice research*. UK. Everything is connected press.

Bakhtin, M. (1981). *The dialogical imagination* (M. Holquist, Ed., C. Emerson & M. Holquist Trans). Austin, TX: University of Texas Press.

Bakhtin, M. (1984). *Problems of Dostoevsky's poetics*. (C. Emerson, Trans. & Ed.) Minneapolis, MN: University of Minnesota Press.

Bakhtin, M. M. (1986). *Speech Genres and Other Late Essays.* (Trans. by Vern W. McGee). Austin, TX: University of Texas Press.

Barkham, M., Stiles, W. B., Lambert, M. J., & Mellor-Clark, J. (2010). *Building a rigorous and relevant knowledge base for the psychological therapies*. In M. Barkham, G. E. Hardy, G., & J. Mellor-Clark, *Developing and delivering practice-based evidence: A guide for the psychological therapies* (pp. 21-61). Oxford, UK: Wiley-Blackwell.

Bateson, G. (1972). *Steps to an ecology of mind*. London, UK: Paladin.

Benjamin, L.R. & Benjamin, R. (1994). *A Group of Partners and Parents of MPD clients. PRocess and Format.* Dissociation. 17(1) 35-43.

Benjemin, J. (2004). *Beyond Doer and Done TO: An Intersubjectivity View of Thirdness.*The Psychoanalytic Quarterly. Vol. LXXIII(1)

Berger, M. (2002). *Envy and generosity between co-therapists*. Group. 26(1). 107-121.

Bergström, T. & Seikkula, J. & Alakare, B. & Mäki, P. & Köngäs-Saviaro, P. & Tolvane, A., Taskila, J. & Aaltonen, J. The family-oriented Open-Dialogue approach in the treatment of first-episode psychosis: 19 year outcomes. Psychiatry Research.

Bertrando, P. (2007). *The Dialogical Therapist.* Karnac Books. London.

Bertrando, P. & Gilli, G. (2010). *Theories of change and practice of systemic supervision.* In Burck, Ch. & Daniel, G. (2010). Mirrors and Reflections. Process of systemic supervision. London. Karnac (pp. 3-26).

Biesta, G. (2013). *Beautiful Risk of Education.* New York. Paradigma Publishers.

Biesta, G. J. J. (2007a). *Why 'what works' won't work. Evidence-based practice and the democratic deficit of educational research*. Educational Theory, 57(1), 1–22.

Biesta, G. J. J. (2007b). *Bridging the gap between educational research and educational practice: The need for critical distance*. Educational Research and Evaluation, 13(3), 295–301.

Birks, M, & Mills, J. (2011). *Grounded theory: A practical guide*. London, UK: Sage.

Borsca, M, & Rober, P. (eds.)(2016). *Research Perspectives in Couple Therapy: Discursive Qualitative Methods*. Springer.

Bowers, W.A. & Gauron, E.F. (1981). *Potential Hazards in Family Therapy.* Psychotherapy: Theory, Research and Practice. 18(2). 225-228

Brown, C. (2007). *Situating knowledge and power in the therapeutic alliance*. In C. Brown & T. Augusta-Scott (Eds.). *Narrative Therapy: Making meaning, making lives* (pp. 3-22). London, UK: Sage

Bryant, A., & Charmaz, K. (Eds.) (2007). *The handbook of grounded theory*. London, UK: Sage.

Burgess, J. (2006). *Participatory action research: First-person perspectives of a graduate student*. Action Research *4*(4), 419–437.

Burnham, J. (2010). *Creating reflexive relationships between practice of systemic supervision and theories of learning and education.* In Burck, Ch. & Daniel, G. (2010). Mirrors and Reflections. Process of systemic supervision. London. Karnac (pp. 49-78).

Burkitt, I. (1999). *Between the dark and the light: power and the material contexts of social*

relations. In D. J. Nightingale & J. Cromby (Eds.), Social constructionist psychology (pp. 69-82). Berkshire, UK: Open University Press.

Burk,C. & Barrat, S. & Kavner, E (2013). *Positioning and polarities in Contemporary Systemic practice: The Legacy of David Campbell.* Karnak. London.

Burr, V. (2003). *Social constructionism* (2nd ed.). New York, NY: Routledge. Carder, C. (2008). Managing medication management in assisted living: A situational analysis. *Journal of Ethnographic & Qualitative Research, 3*(1), 1-12.

Boyd, E. (2010). *„Voice entitlement" narratives in supervision: Cultural and gender influence on speaking and dilemmas in practice.* In Burck, Ch. & Daniel, G. (2010). Mirrors and Reflections. Process of systemic supervision. London. Karnac (pp. 203-224).

Campbell, D. (2013) *Evolving Applications of Systemic Ideas. Towards Positioning and Polarities (interview with Charlotte Burck).* In Burk, C. & Barrat, S. & Kavner, E (2013). *Positioning and polarities in Contemporary Systemic practice: The Legacy of David Campbell*. Karnak. London.

Charmaz, K. (2006). *Constructing Grounded Theory: A practical guide through qualitative analysis*. London, UK: Sage Publications.

Cecchin, G. (1987). *Hypothesizing-circularity-neutrality revisited: an invitation to curiosity.* Family Process, 26: 405-413.

Clark, H. H. (1996). *Using language.* Cambridge, UK: Cambridge University Press. Clarke, A. E. (2003). Situational analysis: Grounded theory mapping after the postmodern turn. *Symbolic Interaction, 26*(4), 553-576.

Clarke, A. E. (2005). *Situational analysis: Grounded theory after the postmodern turn.* London, UK: Sage.

Clarke, A. E. (2009). *From grounded theory to situational analysis:* What's new? Why? How? In J. M. Morse, P. N. Stern, J. Corbin, B, Bowers, K. Charmaz & A. E. Clarke (Eds.), *Developing grounded theory: The second generation* (pp. 194-235). Walnut Creek, CA: Left Coast Press, Inc.

Clarke, A. E., & Friese, C. (2007). *Grounded theorizing using situational analysis*. In A. Bryant & K. Charmaz (Eds.), *The handbook of grounded theory* (pp. 363-397). London, UK: Sage.

Coghlan, D., & Brannick, T. (2005). *Doing action research in your own organization* (2nd ed.). London, UK: Sage.

Cooney, L. (2006). *Finding and forming spiritual identity through cooperative inquiry* (Unpublished doctoral dissertation). Saybrook Graduate School and Research Center, San Francisco, USA.

Dahl, C. M., & Boss, P. (2005). *The use of phenomenology for family therapy research: The search for meaning*. In D. H. Sprenkle, & F. P. Piercy. (Eds.), *Research methods in family therapy*. London, UK: Guilford.

Dallos, R., & Vetere, A. (2005). *Researching psychotherapy and counseling.* Berkshire, UK: Open University Press.

Dallos, R., & Vetere, A. (2009). *Systemic Therapy and Attachment Narratives: Applications in a range of clinical settings.* London, UK: Routledge.

Davies, B., & Harré, R. (1990). *'Positioning: The discursive production of selves'*. Journal for the Theory of Social Behaviour, *20*(1), 43-63.

DeLuca, R., Boyes, D. A., Furer, P., Grayston, A. D., & Hiebert-Murphy, D. (1992). *Group treatment for child sexual abuse*. *Canadian Psychology*, *33*, 168–179.

Denzin, N. K., & Lincoln, Y. S. (Eds.) (2005). *The handbook of qualitative research* (3rd ed.). Thousand Oaks, CA: Sage.

Derrida, J. (1978). *Writing and difference* (A. Bass, Trans.). Chicago, IL: The University of Chicago Press. de Shazer, S. (1985) The death of resistance. *Family Process, 23*(1), 11-21.

Derrida, J. & Roudinesco, E. (2003). *Co přinese zítřek?* Karolinum. Praha.

de Shazer, S. (1994). *When words were originally magic*. New York, NY: Norton.

Dewey, J. (1938). *Experience and education*. New York, NY: Kappa Delta Pi. Dick, B. (2004). Action research literature: Themes and trends. *Action Research, 2*(4), 425–444.

Dreyfus, H., & Rainbow, P. (1986). *Michel Foucault: Beyond Structuralism and Hermeneutics*. Chicago, IL: The University of Chicago Press.

Duncan, B. (2010). *On becoming a better therapist*. Washington, DC: American Psychological Association.

Escudero, V. & Friedlander, M.L. & Boogmans, E. (2012). *Alliance Rupture and Repair in Conjoint Family Therapy: An Exploratory Study.* Psychotherapy. Vol. 49(1). 26-37.

Etherington, K. (2001). Research with ex-clients: A celebration and extension of the therapeutic process. *British Journal of Guidance & Counselling, 29*(1), 5-19.

Emerson, C. (1997). *The First Hundred Years of Mikhail Bakhtin.* Princeton, N.J: Princeton University Press.

Fals-Borda, O. (2001). Participatory (action) research in social theory: Origins and challenges. In P. Reason & H. Bradbury (Eds.), *Handbook of action research: Participative inquiry and practice* (pp. 27-37). Thousand Oaks, CA: Sage.

Flaskas, C. (2002). *Family therapy beyond postmodernism: Practice challenging theory.* New York, NY: Brunner-Routledge.

Ferrara, K. (1994). *Therapeutic ways with words.* New York, NY: Oxford University Press.

Foucault, M. (1965). *Madness and Civilization*: *A History of Insanity in the Age of Reason.* New York, NY: Pantheon Books. Foucault, M. (1972). *The archaeology of knowledge & the discourse on language* (A. M. S. Smith, Trans.). New York, NY: Pantheon.

Foucault, M. (1973). *The order of things: An archeology of the Human Sciences.* New York, NY: Vintage/Random House.

Foucault, M. (1977). *Discipline and punish* (A. Sheridan, Trans.). New York, NY: Pantheon.

Foucault, M. (1978). *The history of sexuality volume 1: An introduction*. New York, NY: Pantheon. Foucault, M. (1980). *Power/knowledge: Selected interviews and other writings 1972-1977* (C. Gordon, Ed.). New York, NY: Pantheon.

Foucault, M. (*1985*). Sexuality and solitude. In M. Blonsky (Ed.), *On Signs: A Semiotic Reader* (pp. 365-372), Oxford, UK: Blackwell. Foucault, M. (1989).

Foucault Live: Interviews, 1966- 1984. New York, NY: Semiotext(e).

Freedman, J., & Combs, G. (1996). *Narrative therapy: The social construction of preferred*

realities. New York, NY: Norton.

Freire, P. (1970). *Pedagogy of the oppressed.* New York, NY: Continuum.

Freire, P. (1974). *Education for critical consciousness.* London, UK: Sheed and Ward Ltd. Freire, P. (1978). *Pedagogy in process: The letters to Guinea-Bissau.* (C. St. John Hunter, trans). New York, NY: Continuum.

Gabbay, J., & LeMay, A. (2011). *Practice-based evidence for healthcare: Clinical mindlines*. New York, NY: Routledge.

Gabriel, M.A. (1993). *TheCo-Therapy Relationship: Special Issues and Problems in Aids Therapy Groups.* Group. 17(1). 33-42

Gadamer, H-G. (1960). *Truth and method*. New York, NY: Continuum.

Gardner, G. T., Bobele, M., & Biever, J. L. (1997). *Postmodern models of family therapy supervision*. In T. C. Todd, & C. L. Storm (Eds.), *The complete systemic supervisor: Context, philosophy, and pragmatics* (pp. 217-228). New York, NY: iUniverse

Garfinkel, H. (1967). *Studies in ethnomethodology*. Englewood Cliffs, NJ: Prentice Hall.

Gass, S. M., & Mackey, A. (2000). *Stimulated Recall methodology in second language research*. Mahwah, NJ: Lawrence Erlbaum Associates.

Gergen, K. J. (1973). *Social psychology as history.* Journal of Personality and Social Psychology, *26*(2), 309-320.

Gergen, K. J. (1977). *The social construction of self-knowledge*. In T. Mischel (Ed.), *The Self: Psychological and philosophical issues* (pp. 139-169). Oxford, UK: Blackwell.

Gergen, K. J. (1982). *Toward a transformation in social knowledge*. New York, NY: Springer-V erlag.

Gergen, K. J. (1985). The social constructionist movement in modern psychology. *American Psychologist, 40*, 266-275.

Gergen, K. J. (1989). *Warranting voice and the elaboration of the self*. In K. Gergen & J. Shotter (Eds.), *Texts of Identity* (pp. 70-81). London, UK: Sage.

Gergen, K. J. (1991). *The saturated self: dilemmas of identity in contemporary life*. New York, NY: Basic Books.

Gergen, K. J. (1994). *Realities and relationships: soundings in social construction*. Cambridge, MA: Harvard University Press.

Gergen, K. J. (2001). *Social construction in context*. London, UK: Sage.

Gergen, K. J. (2006). *Therapeutic realities: Collaboration, oppression and relational flow*. Chagrin Falls, IA: Taos Institute Publications.

Gergen, K. J. (2009a). *An invitation to social construction* (2nd ed.). London, UK: Sage.

Gergen, K. J. (2009b). *Relational being: Beyond self and community.* Oxford, UK: Oxford University Press.

Gergen, K. J., & Gergen, M. (2008). *Social construction and psychological* inquiry. In J. Gubrium & J. Holstein (Eds.), *Handbook of Constructionist Research* (pp. 171-188). New York, UK: Guilford Press.

Glaser, B. G. (1978). *Theoretical sensitivity: Advances in methodology of grounded theory*. Mill Valley, CA: Sociological Press.

Glaser, B. G. (1992). *Basics of grounded theory: Emergence vs. forcing*. Mill Valley, CA: Sociology Press.

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory*. Chicago, IL: Aldline.

Gobo, G. (2008). *Re-conceptualizing generalization: Old issues in a new frame*. In P. Alasuutari, L. Bickman, & J. Brannen (Eds.), *The sage handbook of social research methods* (pp. 193-213). London, UK: Sage.

Goldenberg, H., & Goldenberg, I. (2004). *Counseling today's families* (4th ed.). Pacific

Grove, CA: Brooks/Cole. Goffman, E. (1963). *Behavior in public places: Notes on the sociology of gatherings*. New York, NY: Free Press. Goffman, E. (1981). *Forms of talk*. Philadelphia, PA: University of Pennsylvania Press.

Grafanaki, S. (1996). *How research can change the researcher: The need for sensitivity, flexibility*

and ethical boundaries in conducting qualitative research in counselling and psychotherapy. British Journal of Guidance and Counselling, *24*, 329–388.

Greenwood, D. J., & Levin, M. (2007). *Introduction to action research: Social research for social change* (2nd ed.). London, UK: Sage.

Gubrium, J. F., & Holstein, J. A. (2008). *The constructionist mosaic*. In J. A. Holstein, & J. F. Gubrium (Eds.), *Handbook of constructionist research* (pp. 3-12). New York, NY: The Guilford Press.

Guilfoyle, M. (2003). *Dialogue and power: A critical analysis of power in dialogical therapy*. Family Process, *42*, 331-343.

Flaskas, C., & Mason, B., & Perlesz, A. (2005). *The Space Between. Experience, Context, and Process in the Therapeutic Relationship.* London. Karnac.

Foucault: Power, knowledge and discourse. In M. Wetherell, S. Taylor & S. J. Yates (Eds.). *Discourse theory and practice: A reader* (pp. 72-81). London, UK: Sage.

Halík, T. (2002). *Co je bez chvění, není pevné: Labyrintem světa s vírou a pochybností.* Nakladatelství Lidové noviny.

Halík, T. (2012). *Chci, abys byl.* Nakladatelství Lidové noviny.

Hall, S. (2008). *Foucault: Power, knowledge and discourse*. In M. Wetherell, S. Taylor & S. J. Yates (Eds.). *Discourse theory and practice: A reader* (pp. 72-81). London, UK: Sage.

Hannum, J.W. (1980). *Some Co-Therapy Techniques With Families.* Family Process. 19. 161-168.

Harries-Jones, P. (2016). *Upside-Down Gods: Gregory Bateson`s World of Difference.* Fordham University Press. New York.

Harris, S. M. (2001). *Teaching family therapists about sexual attraction in therapy*. Journal of Marriage and Family Therapy, 28(1), 123–128.

Harris, S. M. (1998, April/May). *Sexual attraction in the therapeutic relationship*. Family Therapy News, pp. 15–16&21.

Harris, S. M. (2009). *Sexual attraction in co-joint therapy.* American Journal of Family Therapy,

37, 209–216.

Harré, R., & van Langenhove, L. (Eds.) (1999). *Positioning theory.* Oxford, UK: Blackwell.

Hart, N. & Crawford-Wright, A. (1999). Research as therapy, therapy as research: Ethical dilemmas in new paradigm research. *British Journal of Guidance and Counselling, 27*, 205–215.

Heidegger, M. (1962). *Being and time* (Rev. ed., J. Macquarrie & E. Robinson, Trans.). Toronto, ON: Harper Collins. Heidegger, M. (1971). *On the way to language* (P. Hertz, Trans.). San Francisco, CA: Harper Collins Publishers.

Hendrix, C.C. &Fournier, D.G. &Briggs, K. (2001). *Impact of co-therapy teams on client outcomes and therapist training in marriage and family therapy*. Contemporary family therapy, 23(1), 63-82.

Heron, J. (1971). *Experience and method*. Guildford, UK: University of Surrey.

Heron, J. (1985). The role of reflection in co-operative inquiry. In D. Boud, R. Keogh, & D. Walker (Eds.), *Reflection: Turning experience into learning* (pp. 128-138). London, UK: Kogan Page.

Heron, J. (1996). *Co-operative inquiry*. London, UK: Sage.

Heron, J. (2003). *Sacred science: Person-centered inquiry into the spiritual and subtle*. Ross-on-Wye, UK: PCCS.

Heron, J., & Reason, P. (2001). *The practice of co-operative inquiry: Research "with" rather than "on" people*. In P. Reason & H. Bradbury (Eds.), *Handbook of action research: Participative inquiry and practice* (pp. 179-188). London, UK: Sage.

Heron, J., & Reason, P. (2008). *Extending epistemology within Co-operative inquiry*. In P. Reason & H. Bradbury (Eds.), *Handbook of action research: Participative inquiry and practice* (366-380). London, UK: Sage.

Herr, K, & Anderson, G. L. (2005). *The action research dissertation: A guide for students and faculty*. London, UK: Sage. Hiles, D. R. (2008).

Hesse-Biber, S.N. (2010). *Mixed Method Research: Merging Theory with Practice.* New York. The Guildford Press.

Hoffmann, L. (1990). Constructing realities: An art of lenses. *Family Process, 29*(1), 1-12.

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

Hoffman, S. &Gafni, S. & Laub, B. (1994). *Cotherapy with Individuals, Families and Groups.* London. Jason Aronson Inc.

Holmesland, A., Seikkula, J., Hopfenbeck, M. (2014). *Inter-agency work in Open Dialogue: the signifikance of listening and authenticity.* Journal of interpofessional Care. 28(5).433-439.

Holstein, J. A., & Gubrium, J. F. (Eds.) (2008). *Handbook of constructionist research*. New York: The Guilford Press.

Hoskins, D.M. & Pluut, B. (2010). *(RE)constructing Reflexivity: A Relational Constructionist Approach.* The Quolitative Report. 15(1), 59-75.

James, W. (1890). *The principles of psychology* (Vol. 1). London, UK: Macmillan.

Jensen, P. (2007). On learning from experience: Personal and private Experiences as the context for psychotherapeutic practice. *Clinical Child Psychology and Psychiatry, 12*, 375-384.

Joyce, P. & Sills, C. (2006). *Skills in Gestalt Counselling and Psychotherapy.* London. Thousand Oaks: Sage.

Juhl, A.G. (2016). Pragmatic inquiry: *A research method for knowledge creation in organizations*. In Simon, G. & Chard, A. (2014) Systemic inquiry: Innovations in reflexive practice research. UK. Everything is connected press.

Kearney, R. (2003). *Strangers, Gods and Monsters: Interpreting otherness.* Rouledge. London.

Kemmis, S. (2008). Critical theory and participatory action research. In P. Reason, & H. Bradbury (Eds.), *The sage handbook of action research: Participatory inquiry and action*. London, UK: Sage.

Kemmis, S., & McTaggart, R. (2005). Participatory action research: Communicative action and the public sphere. In Denzin, N. K., & Lincoln, Y. S. (Eds.), *The handbook of qualitative research* (3rd ed.) (pp. 559-603). Thousand Oaks, CA: Sage.

Kosch, S.G., & Reiner, C.A. (1984). *The Co-therapy Relationship-Mutuality, Agreement and Client Outcome*.Journal of Contemporary Psychotherapy. Vol.14(2)145-157.

Kuenzli, F. (2006). *Inviting reflexivity into the therapy room: How therapists think in action*. New York, NY: University Press of America.

Laitila, A., Aaltonen, J., Wahlstro¨ m, J., & Agnus, L. (2001). *Narrative process coding system in marital and family therapy: An intensive case analysis of the formation of a therapeutic system*. Contemporary Family Therapy, 23, 309–322.

Lakoff, G., & Johnson, M. (1980). *Metaphors we live by.* Chicago, IL: University of Chicago Press.

Lambert, J. E., Skinner, A., & Friedlander, M. L. (2012). *Problematic within-family alliances in conjoint family therapy: A close look at five cases. Journal of Marital and Family Therapy.*

Levin, M. (2008). The praxis of educating action researchers. In P. Reason & H. Bradbury (Eds.), *Handbook of action research: Participatory inquiry and practice* (pp. 669- 681). London, UK: Sage.

Levinas, E. (1998). *Otherwise than being: Or beyond essence* (A. Lingis, Trans.). Pittsburgh, PA: Duquesne University Press.

Lewin, K. (1946). Action research and minority problems. *Journal of Sociological Issues, 2*(4), 34-46.

Lidbom, P.A. & Boe, T.D. & Kristoffersen, K. & Ulland, D. & Seikkula, J. (2014). *A Study of a Network Meeting: Exploring the Interplay between Inner and Outer Dialogues in Significant and Meaningful Moments.* Australian and New Zeland Journal of Family Therapy. 35, 136-149.

Liddle. H. A., Breunlin, D. C., & Schwartz, R. C. (1988). *Family therapy training and supervision:* An introduction. In H. A. Liddle., D. C. Breunlin., & R.C. Schwartz (Eds.), *Handbook of family training and supervision* (pp. 1-16). New York, NY: Guilford.

Linell, P. (1998). *Approaching dialogue: Talk, interaction and contexts in dialogical perspectives*. Amsterdam, The Netherlands: John Benjamins.

Linell, P. (2005*). The written language bias in linguistics: Its nature, origin and transformations*. Oxford, UK: Routledge

Linell, P. (2009). *Re-thinking Language, Mind and World Dialogically: Interactional andContextual Theories of Human Sense-Making.* Charlotte, NC: Information Age Publishing Inc.

Linell, P., & Luckmann, T. (1991). Asymmetries in dialogue: Some conceptual preliminaries. In I. Marková & K. Foppa (Eds.), *Asymmetries in dialogue* (pp. 1-20). Hemel Hempstead, UK: Harvester Wheatsheaf.

Lobb, S. M. (2013). *The Now-For-Next in Psychotherapy: Gestalt Therapy Recounted in Post-Modern Society.* Milano. Italy. Franco Angeli.

Lock, A., & Strong, T. (2010). *Social constructionism: Sources and stirrings in theory and practice.* New York, NY: Cambridge University Press.

LoPiccolo, J. &Heiman, J.R. & Hogan, D.R. &Roberts, C.V. (1985). *Effectivness of Single Therapist Versus Cotherapy Teams in Sex Therapy.* Journal of Consulting and Clinical Psychology. 53(3). 287-294.

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

Herman, A. & L. J. Reynolds (Eds.), *Symbolic interaction: An introduction to social psychology* (pp. 277-286). New York, NY: General Hall.

MacDonald, A. & Pukay-Martin, N. & Wagner, A.C. & Freedman, S.J. (2016). *Cognitive Behavioral Conjoint Therapy for PTSD Improves VArious Symptoms and Trauma Related Conditions: Results From a Randomized Controled Trial.* Journal of Family Psychology, 2016, Vol. 30(1), (pp.157-162).

Mackler, D. (2014). *OPEN DIALOGUE: an alternative Finnish approach to healing psychosis.* (https://www.youtube.com/watch?v=HDVhZHJagfQ) .

Marková, I. (2003a) *Dialogicality and Social Representations*. *The Dynamics of Mind*. Cambridge: Cambridge University Press.

Marková, I. (2006) On the ‘inner Alter’ in dialogue. *International Journal for Dialogical Science* 1: 125–148.

Marková, I. & Foppa, K. (eds) (1990) *The Dynamics of Dialogue*. New York and London: Harvester Wheatsheaf.

Marková, I. & Graumann, C. & Foppa, K. (eds) (1995) *Mutualities in Dialogue*. Cambridge: Cambridge University Press.

Marková, I. & Linell, P. (1996) Coding elementary contributions to dialogue: Individual acts versus

dialogical interactions. *Journal for the Theory of Social Behaviour* 26: 353–373.

Markova, I. & Linell, P. & Grossen, M. & Orvig, A.S. (2007). *Dialogue in Focus Groups: Exploring Socially Shared Knowledge.* London. Equinox.

Martinez, C. & Tomicic, A. & Medina, L. (2014). *Psychotherapy as a discursive genre: A dialogic approach.* Culture and psychology. 20(4), 501-524.

McLeod, J. (2003). *Qualitative research in counselling and psychotherapy* (2nd ed). London, UK: Sage.

McNamee, S. (2010). The self beyond words: comment on 'is there a place for individual subjectivity within a social constructionist epistemology'. *Journal of Family Therapy, 32,* 358-361.

McNamee, S. (2004). Therapy as social construction: Back to basics and forward toward challenging issues. In T. Strong, & D. Paré, (Eds.), *Furthering Talk: Advances in the Discursive Therapies* (pp. 253-270). New York, NY: Kluwer Academic/Plenum Publishers.

McNamee, S. (2009). Postmodern psychotherapeutic ethics: Relational responsibility in practice. *Human Systems: The Journal of Therapy, Consultation & Training, 20*(1), 57-71.

McNamee, S. (2010). Research as social construction: Transformative inquiry. *Health and Social Change, 1*(1), 9-19.

McNamee, S., & Gergen, K. J. (Eds.) (1992). *Therapy as social construction.* London, UK: Sage.

McNamee, S., & Gergen, K. J. (Eds.) (1999). *Relational responsibility.* London, UK: Sage.

McNaught, C., & Lam, P. (2010). Using Wordle as a supplementary research tool. *The Qualitative Report, 15*(3), 630-643. Retrieved from http://www.nova.edu/ssss/QR/QR15-3/mcnaught.pdf.

McNamee, S, & Hosking, D. (2012). *Research and a Social Change: A Relational Constructionist Approach.* Routledge. New York.

McNiff, J, & Whitehead, J. (2006). *All you need to know about action research.* London, UK: Sage.

McNiff, J, & Whitehead, J. (2009). *Doing and writing action research.* London, UK: Sage.

Mead, G. H. (1938). *The philosophy of the act.* Chicago, IL: University of Chicago Press.

Merleau-Ponty, M. (1968). *The visible and the invisible.* (C. Lefort, Ed., & A. Lingis, trans.) Evanston, IL: Northwestern University Press.

Miller, G., & Strong, T. (2008). Constructing therapy and its outcomes. In J. Gubrium & J. Holstein (Eds.), *Handbook of Constructionist Research* (pp. 609-625). New York, NY: Guilford Press.

Mills, J., Chapman, Y., Bonner, A., & Francis, K. (2007). Grounded Theory: The spiral between positivism and postmodernism. *Journal of Advanced Nursing*, *58*(1), (pp.72- 79).

Miller, S.D., Duncan, B.L., Brown, J., Sparks, J.A., & Claud, D.A. (2003). The outcome rating scale: A preliminary study of the reliability, validity, and feasibility of a brief visual analog measure. *Journal of Brief Therapy*, *2*(1), 91-100.

Moustakas, C. (1990). *Heuristic Research: Design, methodology and applications*. London, UK: Sage.

Napier, A. Y., & Whitaker, C. (1978). *The family crucible: The intense experience of family therapy*. New York: Harper & Row.

Ness, O., & Strong, T. (2011). Relational consciousness and the conversational practices of Johnella Bird. *Journal of Family Therapy.* Doi: 10.1111/j.1467- 6427.2011.00567.x

Ness, O., & Strong, T.(2011). Learning together: A co-operative inquiry into learning to use Johnella Bird's relational language-making practices in couples therapy. *Contemporary Family Therapy*.

Newman, F., & Holzman, L. (1997). *The end of knowing*. New York, NY: Routledge. O'Brian, J. (1993). Action research through stimulated recall. *Research in Science Education*, *23*, 214-221.

Oliver, Ch. (2016). *Using CMMto Define Systemic Reflexivity as a Research Position.* In Simon, G. & Chard, A. (2014) Systemic inquiry: Innovations in reflexive practice research. UK. Everything is connected press (pp.266-299).

Olsson, A. M. E. (2016) *The impact of Dialogical Participatory Action Research (DPAR): riding the peleton of dialogical collaboration.* In Simon, G. & Chard, A. (2014) Systemic inquiry: Innovations in reflexive practice research. UK. Everything is connected press (pp.230-244).

Olson, M., Laitila, A., Rober, P., & Seikkula, J. (2012). *The shift from monologue to dialogue in a*

couple therapy session: Dialogical investigation of change from therapists' point of view. Family Process, 51, 420–435.

Parise, V. (2005). *Family intervention co-therapy in schizophrenia: An effective practice.* European psychiatry. 20(1), S90-S91

Phillip, K., Guy, G., & Lowe, R. (2007). Social constructionist supervision or supervision as social construction? Some dilemmas. *Journal of Systemic Therapies, 26*(1), 51-62.

Polanyi, M. (1969). *Knowing and being*. London, UK: Routledge & Kegan Paul. Potter, J. (1996). *Representing reality*. London, UK: Sage. Potter, J., & Wetherell, M. (1987). *Discourse and social psychology: Beyond attitudes and behaviour.* London, UK: Sage.

Rasanen, E. & Holma, J. & Seikkula, J. (2012). *Dialogical Views on Partner Abuser Treatment: Balancing Confrontation and Support.* Jouranl of Family Violence. 27, 357-368.

Reason, P. (Ed.) (1994). *Participation in human inquiry*. Thousand Oaks, CA: Sage.

Reason, P. (1999). Integrating action and reflection through co-operative inquiry. *Management Learning*, *30*(2), 207–227.

Reason, P. (2003). Co-operative inquiry. In J. Smith (Ed.), *Qualitative psychology: A practical guide to methods* (pp. 205-231). London, UK: Sage.

Reason, P., & Bradbury, H. (2008). *The handbook of action research: Participatory inquiry and practice.* London, UK: Sage.

Reason, P., & Hawkins, P. (1988). Storytelling as inquiry. In P. Reason (Ed.), *Human inquiry in action* (pp. 79-101). London, UK: Sage.

Reese-Dukes, J.L. & Reese-Dukes, C. (1983). *Pairs for Pairs: A Theoretical Base for Co-Therapy as a Nonsexist Process in Couple Therapy*. The Personel and Guidance Journal. 99-101.

Rogers, C. (1980). *The Way of Being.* Houghton Mifflin Company. Boston.

Rober, P. (2017). *In Therapy Together.*Palgrave. London.

Rober, P. (2005 a). *Family therapy as a dialogue of living persons: A perspective inspired by Bakhtin, Voloshinov and Shotter*. Journal of Marital and Family Therapy, 31, 385–397.

Rober, P. (2005 b). *The therapist's self in dialogical family therapy: Some ideas about not-knowing and the therapist's inner conversation*. Family Process, 44, 477–496.

Rober, P., Elliot, R., Buysse, A., Loots, G., & Kort, K.D. (2008). *Positioning in the therapist's inner conversation: A dialogical model based on a grounded theory analysis.* Journal of Marital and Family Therapy, 34, 406–421.

Rober, P., Seikkula, J., & Laitila, A. (2010). *Dialogical analysis of storytelling in the family therapeutic encounter*. Human Systems: The Journal of Therapy, Consultation and Training, 21, 27–49.

Rorty, R. (1981). *The consequences of pragmatism*. Minneapolis, MN: University of Minnesota Press.

Rønnestad, M. H., & Skovholt, T. M. (2003). The journey of the counselor and therapist: Research findings and perspectives on professional development. *Journal of Career Development, 30*(5), 5-44.

Reynolds, V. (2016). *A Solidarity Approach: The Rhizome and MEssy Inquiry.* In Simon, G. & Chard, A. (2014). Systemic inquiry: Innovations in reflexive practice research. UK. Everything is connected press. (pp. 127-155).

Russell, A. & Russell, L. (1979). Uses and Abuses of Co-therapy. Jouranl of Marital and Family Therapy. 5(1). 39-46.

Sacks. J. (2003). *The Dignity of Difference.* Continuum. London.

Sacks. J. (2005). *To Heal a Fractured World: The Ethics of Responsibility.* Bloomsbury Academics. London.

Schön, D. (1983). *The reflective practitioner: How practitioners think in action.* London, UK: Ashgate.

Seikkula, J. (1994). *When the boundary opens: Family and hospital in co-evolution*. Journal of Family Therapy. 16: 401-414.

Seikkula, J. (2002*). Open dialogues of good and poor outcome in psychotic crisis. Example on family violence.* Journal of Marital and Family Therapy. 28, 263 –274.

Seikkula, J. (2008). Inner and outer voices in the present moment of family and network therapy. *Journal of Family Therapy*, *30*(4), 478-491.

Seikkula, J. (2011). *Becoming Dialogical: Psychotherapy or a Way of Life?* THE AUSTRALIAN AND NEW ZEALAND JOURNAL OF FAMILY THERAPY 179 Volume 32 Number 3 2011 pp. 179-193.

Seikkula, J., Aaltonen, J., Alakare, B., Haarakangas, K., Sutela, M. & Keränen,J. (1995) *Treating psychosis by means of open dialogue.* In S. Friedman (Ed.) The Reflecting team in action: Collaborative practice in family therapy. New York: Guilford Press.

Seikkula, J., Aaltonen, J., Alakare, B., Haarakangas, K., Keränen, J., (2006). *Five year follow-up of nonaffective psychosis in open-dialogue approach: Treatment principles, follow-up outcomes, and two case studies.* Psychotherapy Research, 16(2), 214-228.

Seikkula, J., Aaltonen, J., Kalla, O., Saarinen, P. and Tolvanen, A. (2013). *Couple Therapy in Therapy for Depression within a Naturalistic Setting in Finland: A two-year Randomized Trial.* Journal of Family Therapy, 34. 132-143.

Seikkula, J., Alakare, B., Aaltonen, J., Holma, J., Rasinkangas, A. & Lehtinen, V. (2003). *Open Dialogue approach: Treatment principles and preliminary results of a two-year follow-up on first episode schizophrenia.* Ethical Human Sciences and Services. 5(3), 163-182.

Seikkula, J., Alakare, B., & Aaltonen, J. (2011). *The comprehensive open-dialogue approach in western Lapland: II. Long-term stability of acute psychosis outcomes in advanced community care*. Psychosis, 3(3), 192–204.

Seikkula, J., Karvonen, A., Kykyri, V.-L., Kaartinen, J., & Penttonen, M. (2015). *The embodied attunement of therapists and a couple within dialogical psychotherapy: An introduction to the Relational Mind Research Project.* Family Process, *54*(4), 703–715.

Seikkula, J., Laitila, A., & Rober, P. (2012). Making sense of multifactor dialogues. *Journal of Marital and Family Therap*y, 38, No. 4, 667–687.

Selvini, M. & Palazzoli, M.S. (1991). *Team consultation:an indispensable tool for the progress of knowledge. Ways of fostering and promoting its creative potential.* Journal of Family Therapy. 13.

31-52.

Selicoff, H. (2006). Looking for good supervision: A fit between collaborative and hierarchical methods. *Journal of Systemic Therapies, 25*(1), 37-51.

Shoop, M. C. (2009). *Public service employees' experiences in communities if practice* (Unpublished doctoral dissertation). Antioch University, USA.

Shotter, J. (1980). Action, joint action, and intentionality. In M. Brenner (ed.), *The structure of action* (pp. 28-65). Oxford, UK: Blackwell.

Shotter, J. (1984). *Social Accountability and Selfhood*. Oxford, UK: Blackwell. Shotter, J. (1993). *Conversational realities.* Thousand Oaks, CA: Sage.

Shotter, J. (1995). In conversation: Joint action, shared intentionality and ethics. *Theory and Psychology, 5*(1), 49-73.

Shotter, J. (2011). *"Getting it": Withness-thinking and the dialogical in practice*. Hampton Press.

Shotter, J. (2008). *Conversational realities.* Chagrin Falls, IA: Taos Institute Publications. Skovholt, T. M., Jennings, L., & Mullenbach, M. (2004). *Master therapists: Exploring expertice in therapy and counseling.* New York, NY: Pearson/Allyn & Bacon.

Shotter, J. (2012). *Wittgenstein in Practice: His Philosophy of Beginnings, and Beginnings, and Beginnings.* Taos Institute Publications/WorldShare Books.

Shotter, J. (2016). *Methods for Practitioners in Inquiring into „the Stuff" of Everyday Life and its Continuous Co-Emergent Development.* In Simon, G. & Chard, A. (2014) Systemic inquiry: Innovations in reflexive practice research. UK. Everything is connected press. (pp.95-127)

Shotter, J. & Katz, A. (2007) „Reflecting Talk", „inner talk" and „outer talk": Tom Andersen`s way of being. In Anderson, H., Jensen, P. (2007). *Inovations in the Reflecting Process.* London. Karnac. (pp. 16-32)

Siddal, L.B. & Bosma, B. (1976). *Co-therapy as a Training Process.* Psychotherapy: Theory, Research and Practice. 13(3) 209-2013.

Simon, G. & Chard, A. (2014) *Systemic inquiry: Innovations in reflexive practice research*. UK. Everything is connected press.

Smit, J. (2006). *Situational analysis: Grounded theory after the postmodern turn. Qualitative Research, 6*(4), 560-562.

Sprinkle, D. H., & Piercy, F. P. (2005*). Pluralism, diversity, and sophistication in family therapy research.* In D. H. Sprinkle, & F. P. Piercy (Eds.), Research methods in family therapy (2nd ed.) (pp. 3-18). New York, NY: Guilford.

Stern, D. (1998). *The Interpersonal World of the Infant.* London. Karnac.

Strauss, A. L. (1978). A social worlds perspective. *Studies in Symbolic Interaction,* 119-128.

Strauss, A. L. (1991). *Creating sociological awareness: Collective images and symbolic representation*. New Brunswick, NJ: Transaction Publications.

Strauss, A. L. (1993). *Continual permutations of action.* New York, NY: Aldine de Gruyter.

Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Newbury Park, CA: Sage.

Strauss, A. L., Corbin, J. (1993). *The basics of qualitative analysis: Grounded theory procedures and techniques* (1st ed.). Newbury Park, CA: Sage.

Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.). Thousand Oaks, CA: Sage.

Strong, T. (2002). Dialogue in Therapy's "Borderzone". *Journal of Constructivist, 15*, 245–262.

Strong, T. (2004). *Innovations in postmodern practice: continuing the postmodern therapy dialogue: an introduction.* Journal of Systemic Therapies, 23(1), 1-5.

Strong, T. (2006). *Wordsmithing in counsellin*g? European Journal of Psychotherapy and Counselling, *8*, 251-268.

Strong, T. (2008). *Hijacked conversations in counselling?* Journal of Critical Psychology, Counselling and Psychotherapy, 8(2), 65-74.

Strong, T., & Massfeller, H. (2010). *Talking up post-consultation homework I*nternational Journal for the Advancement of Counselling, 32(1), 14-30.

Strong, T., & Paré, D. (Eds.). *Furthering Talk: Advances in the Discursive Therapies*. New York, NY: Kluwer Academic/Plenum Publishers.

Strong, T., & Sutherland, O. A. (2007). *Conversational ethics in psychological dialogues: Discursive and collaborative considerations.* Canadian Psychology, 48(1), 94-105.

Strong, T., & Tomm, K. (2007). *Family therapy as re-coordinating and moving on together.* Journal of Systemic Therapies, 26(2), 42-53.

Strong, T., & Turner, K. (2008). *Resourceful dialogues: Eliciting and mobilizing client competencies and resources*. Journal of Contemporary Psychotherapy, *38,* 185- 195.

Strong, T., Sutherland, O., & Ness, O. (2011). *Considerations for a discourse of collaboration in counseling*. Asia Pacific Journal of Counselling and Psychotherapy, *2*(1), 25-40.

Strong, T., Busch, R., & Couture, S. (2008). Conversational evidence in therapeutic dialogue. *Journal of Marital and Family Therapy, 34*(3), 388-405.

Strong, T., Sutherland, O., Couture, S., Godard, G., & Hope, T. (2008). Karl Tomm's collaborative approaches to counseling. *Canadian Journal of Counselling, 42*(3), 175-191.

Sundet, R. (2009). *Client directed, outcome informed therapy in an intensive family therapy unit: A study of the use of research generated knowledge in clinical practice.* University of Oslo, Norway.

Swim, S., St. George, S. A., & Wulff, D. P. (2001). Process ethics: A collaborative partnership. *Journal of Systemic Therapies, 20*(4), 14-24.

Taylor, C. (1991). *The malaise of modernity*. Concord, ON: House of Anansi.

Todd, T. C. (1997). *Self-supervision as a universal supervisory goal.* In T. C. Todd & C. L. Storm (Eds.), *The complete systemic supervisor: Context, philosophy, and pragmatics* (pp. 17-25). Lincoln, NB: iUniverse, Inc.

Tomm, K. (1991). Beginnings of a 'HIPs and PIPs' approach to psychiatric assessment. *The Calgary Participator, 1*(1), 21-24.

Tomm, K. (1992). Therapeutic distinctions in an on-going therapy. In S. McNamee & K. Gergen (Eds.), *Therapy as social construction* (pp. 116-136). London, UK: Sage.

Tomm, K. & George, S.S. & Wulf, D. & Strong, T. (2014) *Patterns in Interpersonal Interactions: Inviting Relational Understandings for Therapeutic Change.* New York. Routledge.

Torbert, W. R., & Taylor, S. S. (2008). Action inquiry: Interweaving multiple qualities of attention for timely action. In P. Reason, & H. Bradbury (Eds.), *The handbook of action research: Participative inquiry and practice* (pp. 239-251.). London, UK: Sage.

Townly, B. (1993). *Foucault, power/knowledge, and its relevance for human resource management.* The Academy of Management Review. *18*(3), 518-545.

Ugazio, V. (2013*). Semantic Polarities and Psychopathologies in the Family: Permited and Fobidden Stories*. New York. Routladge.

Van Lawick, J. (2009). *Intimate Warfare: Regarding the Fragility of Family Relations.* London. Karnac.

Vybíral, Z. & Roubal, J. (2010) *Současná psychoterapie.* Portál. Praha.

Vygotsky, L. S. (1962). *Thought and Language*. Cambridge, UK: MIT Press. Vygotsky, L. S. (1978). *Mind in society: The development of higher psychological processes* (M. Cole, Ed.). Cambridge, MA: Harvard University Press.

Watzlawick P., Bavelas, J. B. & Jackson, D. D. (1967). *Pragmatics of human communication. A study of interactional patterns, pathologies and paradoxes.* New York, NY: W.W. Norton & Company.

Watzlawick, P., Weakland, J. H., & Fisch, R. (1974). *Change: Principles of problem formation and problem resolution.* New York, NY: W.W. Norton.

Weinberg, D. (2008). The philosophical foundations of constructionist research. In J. A. Holstein & J. F. Gubrium (Eds.), *Handbook of constructionist research* (pp. 13-39). New York, NY: The Guilford Press.

Wenger, E. (1998). *Communities of practice: Learning, meaning, and identity.* New York, NY: Cambridge University Press.

Wertz, F.J. & Charmaz, K. & McMullen, L.M. & Josselson, R. & Anderson, R. & McSpadden, E. (2011). Five ways of doing quolitative analysis: phenomenological psychology, Grounded Theory, Discourse analysis, Narrative research and Intuitive Inquiry). New York, NY: The Guilford Press.

White, M. (1993). Deconstruction and therapy. In S. Gilligan & R. Price (Eds.), *Therapeutic conversations* (pp. 22-62). New York, NY: Norton.

White, M. (2007). *Maps of narrative practice*. New York, NY: Norton.

White, M., & Epston, D. (1990). *Narrative means to therapeutic ends.* New York: Norton.
Wittgenstein, L. (1953). *Philosophical investigations* (G.E.M. Anscombe, Trans.). New York, NY: Macmillan.

Wittgenstein, L. (1980). *Remarks on the philosophy of psychology,* Volume I, (G.E.M. Anscombe and G.H. von Wright, ed. & trans). Oxford, UK: Blackwell.

Wosket, V. (1999). *The Therapeutic Use of Self: Counselling, practice, research and supervision.* London, UK: Routledge. Xu, S. (2005). *The cultural approach to discourse.* London, UK: Palgrave.

Yontef, G. (2009). *Uvědomování, dialog a proces.* Praha. Triton

Young, R. (1981). Introduction to 'The order of discourse' by Michel Foucault. In R. Young (Ed.), *Untying the Text: A Post-Structuralist Reader* (pp. 48-51). Boston, MA: Routledge.

Zatloukal, L. (2008). *Postmoderní myšlení jako možné východisko pro integraci různých terapeutických přístupů.* Psychoterapie 1, 2007, p.p. 183 – 203.

APPENDIX I:

Participant`s consent

Research Project Title: Co-Therapy and a dialogical approach–A Practitioner Project based on a Systemic-Relational Inquiry

Investigator: Lucie Hornová, clinical psychologist & PhD-student at Taos Institute-
lucie.hornova@gmail.com

Research Advisor: Sheila McNamee, PhD.- vice-president of TAOS institute
sheila.mcnamee@unh.edu

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:

1. Pay attention/enhance our co-therapy experience in the context of dialogism as we understand it, increase our ability to share this experience, try to name its advantages and limitations

2. Pay attention to our own process of learning and co-creation of shared knowledge.

Your participation will primarily consist of regular co-working with minimum 4 different colleagues-creating a co-therapy couple, followed by verbal and written reflection answering two elementary questions: 1. What have I learnt about myself? And 2. What have I learnt about the co-therapy process? Every 2-3 months (according the schedule) we all need to participate in a focus group, which will be taped, transcripted and analysed. The results of the analysis will be brought back into the following focus group and discussed. The process will repeat until there is a consensus that we don't want to discuss the topic any longer. Throughout the project we might also agree to use a questionnaire or other method we all find appropriate.
Our answers will be seen as part of the data.
Throughout the whole time of the research it is a responsibility of each team member to decide how personal they want to be in their answers in order to take care of their boundaries and at the same time maximize the way we can learn from each other.

Possible group dynamic related to the research will be discussed in regular group supervisions every three months. Each team member participating is entitled to free individual supervision every two months with a supervisor of their choice.
All the videotapes and transcripts will be kept with me (Lucie Hornová) in locked storage, and all identifying information will be removed from the study's final report. You will be given detailed summary prior to any material 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). Please do this by informing Lucie Hornová at lucie.hornova@gmail.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: Lucie Hornová or Jan Roubal (team supervisor) or Sheila McNamee (research supervisor)

Participant's Signature Investigator Signature

Date: Date:

APPENDIX II:

(Letter of one of the participants she wrote when leaving the team during the research period)

Dear Lucie,

In this letter, I will try to explain the reasons why I felt I had to leave because of the research:

1. *It is extra work for free*
2. *As an art-therapist I don't see any immediate effect of this research for myself*
3. *I feel I need to focus on my personal development as an art-therapist-not on developing my ability to collaborate with the rest of the team*
4. *From my perspective all this extra focus on self-reflexivity, on our own learning and broader context is unnecessary and a waste of time*
5. *I felt that I had to choose only from two options-to participate at the research or leave…I felt that there was no space for me to stay as a part of the team but not to participate at the research*
6. *I felt that under your leadership the team is heading to a place, where I cannot keep up any more*

A part from all the things mentioned above, I want to say that the time spent in our team was a really special time of my life and that I very much appreciate and respect you, and all our colleagues.

I tend to see the fact that I have decided to leave as my failure and it is difficult for me. So, I kindly ask you to respect my decision not wanting to discuss my leaving further with you, our supervisor or any of our colleagues.

I am aware that I have agreed with the research in the beginning and that I have participated in co-designing it. But after the first focus group I have decided that the amount and depth of the self-reflexivity and the learning process would simply be too much for me at the moment.

I wish you all the best!

Hanka