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.

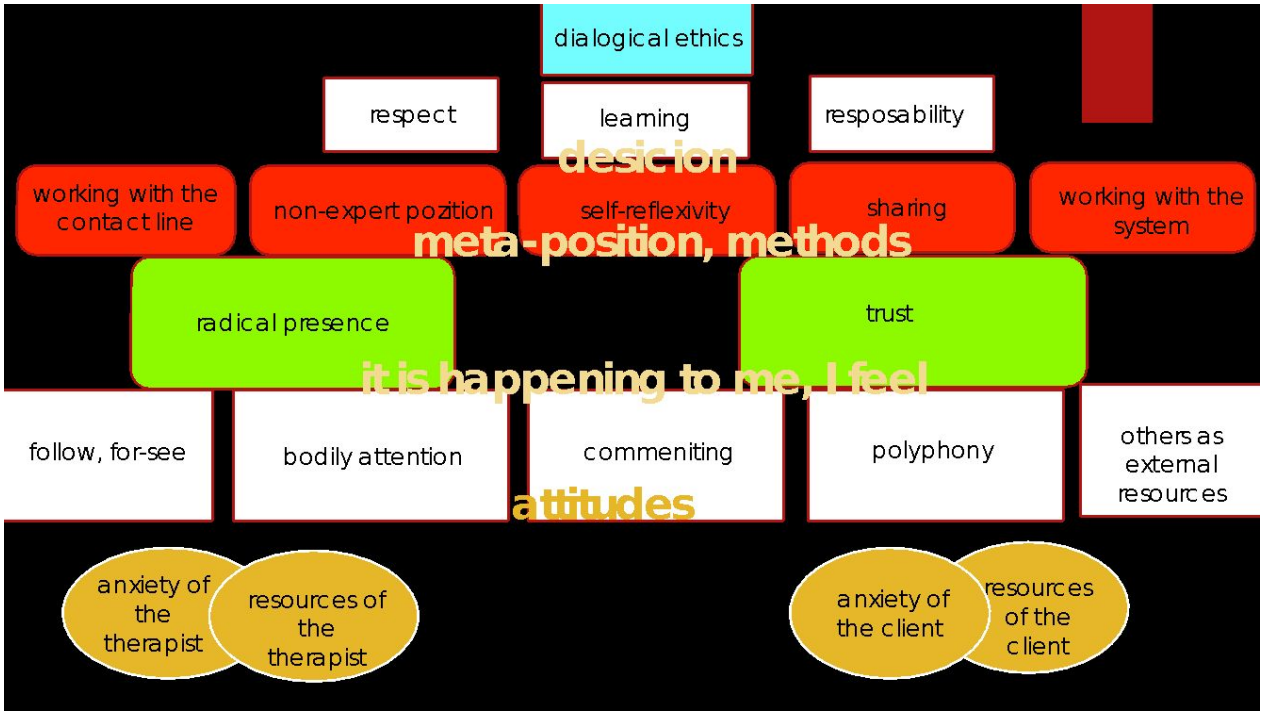
4.1. Dialogism

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

[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)

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 solutions suiting them;

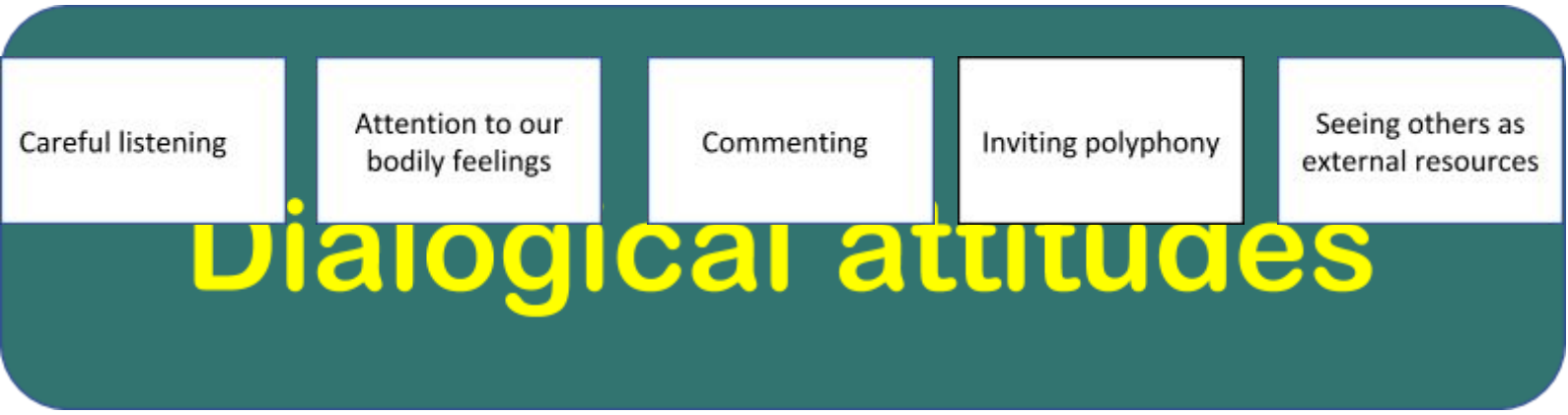
We recognise the position of trust as a way of handling what Seikkulla (2006) calls "therapeutic uncertainty." In other words, the ability to not search too quickly for solutions or hypotheses about causes of the problem but, instead, let the client/s lead the way towards a result which suits him/her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

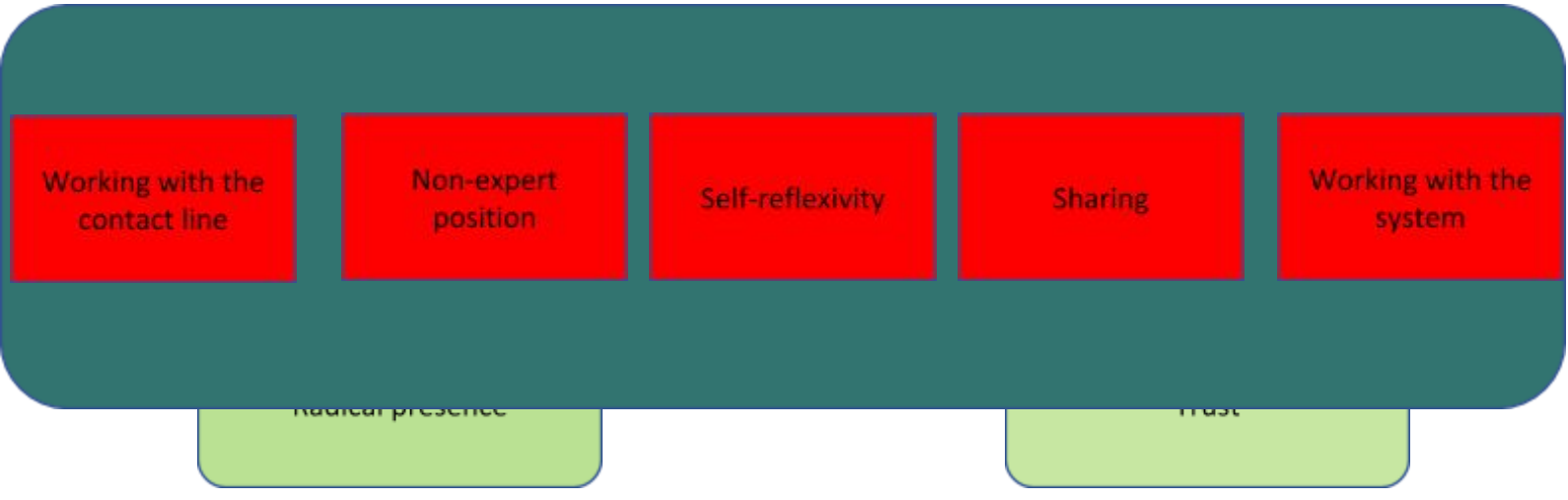
But even for trained family therapists, it was partly a new experience to invite other system members involved-like social worker, psychiatrist, teacher, friend, etc. into the therapy room.

"…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"*

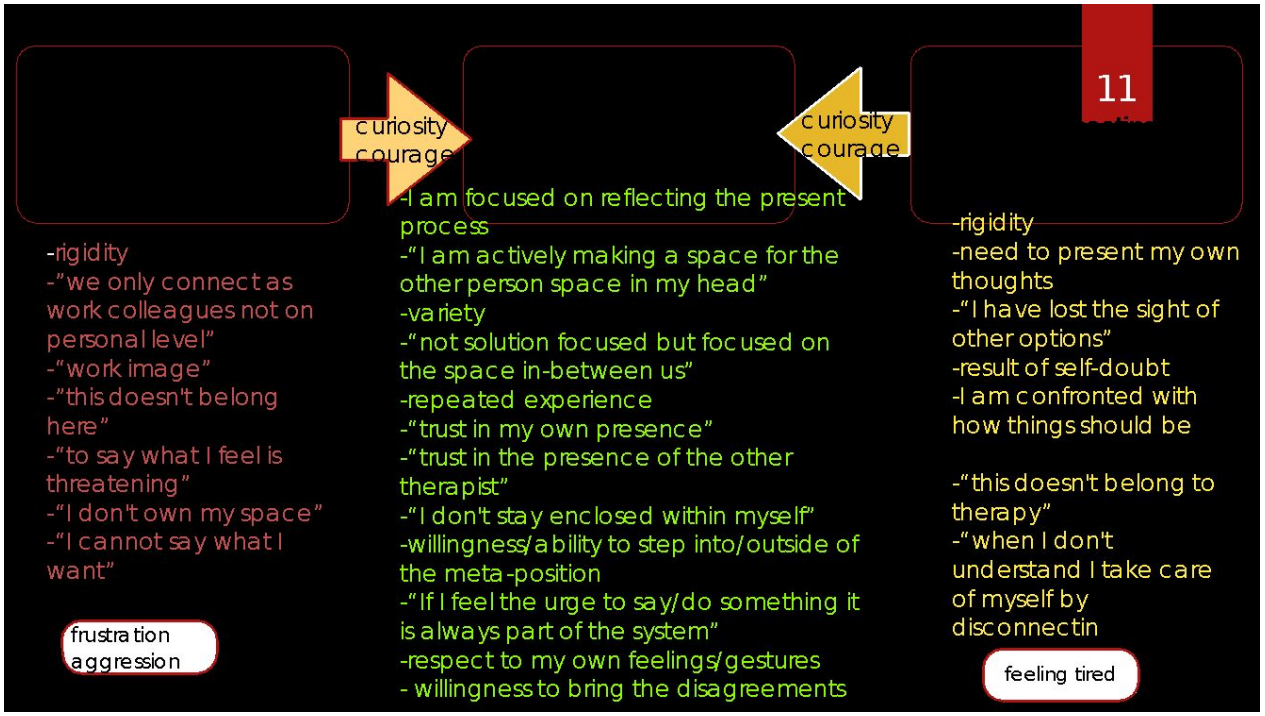
"this doesn't belong here…if I would say it, I might hurt someone…"

-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

[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).*

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 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

[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.

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:

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

[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.

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.

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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