Family therapy as a dialogue of living persons:

A perspective inspired by Bakhtin, Volosinov & Shotter

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Family therapy can be conceptualised in many different ways and as family therapy practitioners we are faced with the dilemma of how to describe what it is. What concepts do we use to reflect on our work? What words do we use to talk about it? For instance, we can talk about family therapy as meeting between an expert problem solver and a family with a problem.   This description highlights the expertise of the helper and the specific characteristics of the family's problem. We can also chose to describe family therapy as a meeting between a psychological helper with a family that can no longer cope on their own with life's difficulties. This description directs attention to the ethical responsibility of the helper and the coping mechanisms of the family. We can also describe family therapy as the meeting in which the family tells a story and the therapist listens attentively to their story. This conceptualisation highlights the narrative qualities of the family's contribution to therapy, as well as the therapist's receptive task. And so on. When we talk, reflect and teach about family therapy we can choose one of the many legitimate descriptions of family therapy. Each of these descriptions puts the spotlight on certain aspects of the complexity of family therapy practice, but leaves other aspects in obscurity. In this essay, mainly inspired by the work of Mikhail Bakhtin (1981, 1984, 1986) and John Shotter (1993, 1994, 2000; Katz & Shotter, 2004a, 2004b; Shotter & Billig, 1998), I propose that it

can be useful for family therapists to conceptualise family therapy as a dialogue between living persons since it offers a perspective that makes it possible to capture something of the mutuality and shared activity of a therapeutic encounter in practice. It could be argued, of course, that the expression *a dialogue of living persons* is a tautology, since all persons in dialogue are living; how else could they interact or communicate? Emphasising these persons' vitality, however, directs our attention, not to the content of these persons' stories, but to the fact that these persons are all breathing, their hearts are beating, and that they have concerns, dreams, disappointments, memories, and fears. These persons are alive, and they are also relational beings as they are involved with their surroundings, continuously tuned in to each other and interacting with each other.   As will be shown, a description of family therapy as a dialogue of living persons makes it possible to highlight that the relational context these living persons create together is essential for the therapeutic process. This mutually created relational context serves as the background against which family members will tell some of their stories and leave other stories untold. This context makes the speaking of some voices possible, while at the same time it contributes to the repression of other voices. The central thesis of this essay, then, is that this concept of dialogue as a meeting of living persons can help us address the mutuality of a therapeutic relationship, and the complexity of understanding. That it can help us to bring to our attention and talk about relational aspects of therapeutic practices that might otherwise be overlooked. That it can help us conquer a little bit of territory that was always there, but that was hard to explore and remained more or less unspoken because of a lack of appropriate conceptual tools.

DIALOGUE

A lot of great thinkers have written about dialogue.   Martin Buber's philosophy of dialogue, for instance, is well known. He distinguished the I-Thou relationship from the more self-centered and utilitarian I-It relationship, and described how the growth of a person is not accomplished in relation to oneself, but instead in the dialogical relation between the I and the other (Buber, 1965; 1970). Maurice Merleau-Ponty's phenomenological critique of dualism positions individuals as body-subjects in a dialogical relationship with the surrounding world, with knowledge that is inherent in their actions (Merleau-Ponty, 1962). Also other thinkers have devoted part of their work to the theme of dialogue (e.g. Levinas, ; Gadamer, 1988; Derrida, 1978; Habermas, 1971). In this essay, I will lean heavily on the work of the Russian thinkers Bakhtin (1981, 1984, 1986) and Volosinov[1] (1973), as well as on the work of John Shotter (1993, 1994, 2000; Katz & Shotter, 2004a, 2004b), who thoroughly studied the ideas of Bakhtin and Volosinov from the viewpoint of a psychologist (Shotter & Billig, 1998).

In recent years, Bakhtin's concept of dialogue has been referred to by a number of family therapists (e.g. Andersen, 1995; Anderson, 1997; Guilfoyle, 2003; Penn & Frankfurt, 1994; Seikkula, 2002; Seikkula, Aaltonen, Alakare, Haarakangas, Keränen & Sutela, 1995; Seltzer & Seltzer, 2004). While interesting work is undoubtedly done by Seltzer and Seltzer (2004) who have employed Bakhtinian concepts to analyse language in clinical practice, and by Seikkula who has used ideas of Bakhtin to guide his dialogical approach to schizofrenia (Seikkula, 2002; Seikkula, Aaltonen, Alakare, Haarakangas, Keränen & Sutela, 1995), the family therapy literature has yet to address thoroughly how Bakhtin's ideas about dialogue might contribute to our theoretical reflections on family therapy. Neither has the relevance

of Bakhtin's ideas for family therapy practice been discussed in any detail.

Furthermore, in the family therapy literature the concept of dialogue is often used in

an idealizing way. Usually it is rather simplistically opposed to monologue, implicitly

suggesting that good therapy is dialogical, while bad therapy is monological; or

arguing that clients enter therapy with fixed, monologic stories, and that therapy

consists of dialogizing these stories (Penn & Frankfurt, 1994). Most of the authors

who emphasize the importance of dialogue in family therapy reject the therapist's

expert position and describe the therapist's task as listening empathically to the

client's story from a not-knowing position (Anderson, 1997). For instance, Penn and

Frankfurt (1994) speak of "empathic impersonation", which they see as "pretending to

be like another in order to understand him." (p.222). Also other authors emphasize

that the therapist should try to put him/herself in the shoes of the people with whom

he/she works (Freedman & Combs, 1996). However, the concept of dialogue in

Bakhtin's work is complex[2] (Vice, 1997) and, as Seikkula pointed out, it cannot be

simply described as the opposite of monologue. On the contrary, monologue may be

understood as a part of dialogism (Seikkula e.a., 1995, p.65). Thus, we can speak of

dialogical dialogues and monological dialogues as when two politicians talk to each

other with each trying to convince the other of the importance of their respective

perspective. In every conversation there is a dynamic tension between the

monological and the dialogical functions (Shotter, 1993). This illustrates something

of the complexity of Bakhtin's concept of dialogue, of which Bakhtin scholar Caryl

Emerson writes: "Dialogue is by no means a safe or secure relation. Yes, a 'thou' is

always potentially there, but it is exceptionally fragile; the 'I' must create it (and be

created by it) in a simultaneously mutual gesture, over and over again, and it comes

with no special authority or promise of constancy. … Imbalance is the norm."

(Emerson, 1997, p.229-230) By conceptualizing dialogue as a never ending task, and by highlighting the unfinalizability and uniqueness of each dialogue, Bakhtin leaves little room for clear-cut good/bad dichotomies, nor for a description of the therapist's role in the therapeutic process as a passive listener to the story the client unfolds in the session. As we shall see, if we choose to consider family therapy as a dialogue in a Bakhtinian sense of the word, the place of the therapist in the therapeutic process is ethically less innocent than that of a listener who tries to put him/herself in the shoes of the other.

LANGUAGE IN PRACTICE

Dialogue is a keystone in Mikhail Bakhtin's philosophy of language. He writes: "Life by its very nature is dialogic. To live means to participate in dialogue: to ask questions, to heed, to respond, to agree, and so forth. In this dialogue a person participates wholly and throughout his whole life: with his eyes, lips, hands, soul, spirit, with his whole body and deeds. He invests his entire self in discourse, and this discourse enters into the dialogic fabric of human life, into the world symposium." (Bakhtin, 1984, p.293) For Bakhtin (1981, 1984) language exists only in dialogical interactions of people using it, where every utterance is addressed to someone and acquires its meaning in the continuously developing context people shape through their interaction with each other. Like links in a never-ending chain, every word we speak is connected with words that were spoken before. In this sense, Bakhtin's perspective is very different from the view of structuralist linguists like Chomsky (1957, 1965) and de Saussure (1974) who studied language as an abstract mathematical system of signs operating according to abstract rules. Bakhtin, in

contrast, focuses on language in practice, on living dialogues, or on what Morson and

Emerson (1990) call "the prosaics of language".

Inspired by Bakhtin's ideas, social constructionist John Shotter (1983, 2000)

too attaches much importance to the word practice. Echoing Ludwig Wittgenstein

(1953), Shotter maintains that the meaning of words depends on the dialogical context

in which the words are used. Words are always part of a dialogue with others: what

we say is a response to what others have said before us, and our words are invitations

to others to speak and give their response, or as Bakhtin (1986) put it: "Any speaker is

himself a respondent to a greater or lesser degree. He is not, after all, the first speaker

to disturb the eternal silence of the universe. And he presupposes not only the

existence of the language system he is using, but also the existence of preceding

utterances. … Any utterance is a link in a very complexly organized chain of other

utterances." (Bakhtin, 1986, p.68-69)

CASE 1: "I want to make a drawing"

Let us now see this in clinical practice and listen in a kind of thought experiment to 8-

year-old Erik saying, "I don't want to talk, I want to make a drawing". He speaks

these words at the start of the first family therapy session, when he sees the crayons

and drawing paper on a table in the room. These words can be understood as an

expression of Erik's deep-felt wish to make a drawing. However, in the perspective I

am proposing here[3], inspired by Bakhtin's dialogical view, we focus on the social

context in which the words are spoken.   We can consider the way Erik's words are

connected with other sentences and other words that have been spoken, in the session,

but also before the session. There are, for instance, the words of Erik's mother who

told him that she is concerned about his crying, every time she drops him off at

school. Erik also weeps and moans when his parents go out and he has to stay at home with a baby-sitter. Mother is concerned about Erik and in past months she has told him several times that he maybe needed to go to "a talking-doctor" to explain to this doctor why he cries so much. Furthermore, there are the words of Erik's father who agreed with mother and added that Erik should talk to this doctor about his fears and his insecurities. There are also the words of Erik's friend who himself goes to therapy every week and who told Erik yesterday that he didn't like to talk with his therapist. And there are also the words of Erik's teacher who once complimented him about his drawing skills. And there was this documentary on the children's channel on television last month about a boy who went into therapy with his parents, and then his parents told him in the session that they were going to divorce. When Erik saw that documentary he remembered fights between his father and his mother, and he was afraid that they might divorce too. And of course, there are also Erik's own words in his conversations with his mother. Until recently, Erik maintained he didn't need any help, since he didn't have any problems. But last week, it seemed that he changed his mind after he had several nightmares. He didn't object when his mother proposed to make an appointment with the therapist. Still, he remained afraid to talk because if he talked he might remember his frightening nightmares. From a Bakhtinian perspective, all these words that were spoken before, and many more that can't be mentioned here because of limitations of space, are tied into this simple sentence of Erik in the beginning of the first meeting with the family therapist: "I don't want to talk, I want to make a drawing".

UNDERSTANDING UNDERSTANDING

If the meaning of words is dependent on the context in which they were spoken and if words are connected with a network of other words, we can ask the question what it means from this dialogical perspective to understand someone.   In a mainstream view of communication, to understand someone is the same as to know to which part of the experiential reality of the speaker his/her words refer. In order to understand the intended meaning of the client, the therapists has to put him/her self in the shoes of the client and try to grasp what he/she wants to convey. Penn and Frankfurt (1994) speak of empathic impersonation: "pretending to be like another in order to understand him." (p. 222) This view, however, does not fit a dialogical perspective, since it implies a view that Wertsch (1991) calls the "transmission model of communication", in which meanings are coded in words and other signs, and then transmitted to a receiver (Edwards, 1997; Morson & Emerson, 1990; Wertsch, 1991). The receiver then has to decode the signs to know what message the sender wants to convey. From a Bakhtinian perspective the transmission model is problematic because it relies on monologic assumptions (Wertsch,1991).

        In this essay, we adopt a dialogical view in which understanding is not primarily seen as the capturing of the 'exact' meaning of a word. Dialogic understanding is not about representational knowledge (knowing that) but about practical knowledge: knowing how to go on (Shotter, 1994; Wittgenstein, 1953). This kind of understanding fits a view of language where the function of language is not representing the world, but coordinating our actions together (Shotter, 1983, 1994, 2000; Wittgenstein, 1953).   From this perspective, the therapist's focus is not aimed in the first place at the content of the client's story -it is not a question of data or information-, but rather at the continuation of a sensible dialogue with the client: as

Shotter and Billig (1998) put it: "This is what understanding in practice is: it is not the grasping of a picture or an idea, but simply the practical continuation of the exchange in an intelligible manner." (p.25) In the example of Erik who at the start of the first session said, "I don't want to talk, I want to make a drawing", it would not mean to connect Erik's words with some intended meaning behind the words, but instead it would entail what Anderson (1997) calls creating dialogical space: a space of possibilities created in the conversation to entertain multiple ideas, beliefs, and opinions, without excluding important voices.   This means that the therapist does not look for information, nor does he/she seek knowledge in a representational sense. Instead, first and foremost the therapist searches together with Erik and his family for ways to have an enriching dialogue or as Shotter (1994) would call it, to know how to go on together.   In the case of Erik and his family this could be done by helping the family to make room in the session for the many voices connected with Erik's utterance "I don't want to talk, I want to make a drawing", and link this utterance with other words that were spoken before. In that way, a new and unique dialogue emerges in which the relational nature of Erik's words is explored and in which the words become contextualized as part of the multiplicity of voices in the family. And maybe, almost as a by-product, in the therapist's mind a richer picture of this family is painted.

KNOWLEDGE OF THE THIRD KIND

The concept *knowing how to go on* refers to a special kind of knowing that is very different from the traditional representational knowledge that is aimed at describing the world. *Knowing how to go on* refers to a practical, embodied kind of knowledge, that Shotter calls knowledge of the third kind[4] (Shotter, 1993).   This is knowledge

that has to do with our anticipations and expectations in social situations, as well as with the arsenal of potential responses and reactions we have at our disposition. It is like two dancers, who move together, with nicely coordinated movements.   Without really knowing (in a representational sense) what will happen, they anticipate each other's movements and respond to each other with new movements. This is a kind of embodied knowledge, "in terms of which people are able to influence each other in their being, rather than just in their intellects; that is, to actually 'move' them rather than just 'giving them ideas'." (Shotter, 1993, p.40-41) It is implicit knowledge, in the sense that it does not pre-suppose conscious reflection or deliberation, nor can it be articulated by the individual[5]. Nonetheless, it can be observed in a person's everyday social practices, as he/she coordinates his/her actions with others. It is a knowledge from within our relationships with others, and it determines what we anticipate or expect will happen next. In contrast to the other two kinds of knowledge (*knowing that* and *knowing how*) through this third kind of knowledge we don't experience ourselves as individuals. Instead, we feel ourselves to be involved and enable to participate in a social situation and be responsive to it. This kind of knowledge becomes visible only in the process of our interaction with others, and thus can only be studied in the brief interactive moments that make out our daily social live (Shotter, 1993).

The importance of this knowledge of the third kind to the practice of family therapy becomes evident when we observe a family therapist working with a family. We notice that although the theoretical and technical knowledge of the therapist plays some part in his/her decisions, his/her actions and his/her interventions, many of the therapist's actions, however, can only be understood if we focus on the way the therapist's and the family members' actions are coordinated in a collaborative dance.

In the continuous flow of words and actions we can distinguish the therapist's words and actions, not only as reactions to the family members' words and action, but also to anticipated or potential actions and words. In the same way, family members react to each other's words and to the therapist's words, but also to words that were spoken before, as well as to words that were never spoken but only anticipated. In this way therapy presents itself as a dynamic, embodied process in which the participants, each in their own way, are responding to each other -"move" each other, as Shotter would say - and in which together they shape the therapeutic conversation.

UNSPOKEN NEGOTIATION

If the therapist and the family members together shape the therapeutic conversation, the question can be posed how this is done? The answer is: in the flow of their interaction the participants of the conversation, there are invitations to interact in certain ways, and through unspoken and implicit negotiations, the rules of conduct and the expectations of the conversation are created in practice. It can be compared to dancing: there is the invitation to dance, the other accepts the invitation, and then there is the dance in which the participants are wordlessly orienting to one another, joint in an flow of interaction, creating the dance in the actual practice of dancing. Gergen (1999) illustrates this idea when he gives the example of two people who meet in the street. One holds out his hand, as an invitation for a handshake. This is what Gergen calls "a candidate for meaning" (p.145). If the other person accepts this invitation and also holds out his hand, then there is a handshake. In that way a particular meaning is created. If the other person however ignores the hand of the first person and gives a kiss, this person invites the first one to consider their friendship as too intimate and precious for a mere handshake. If the first person reacts

warmly to the kiss, he accepts the proposed meaning. In that way the actions of the one person are the supplement of the actions of the other, and they create meaning together through this unspoken negotiation. That means that I don't have complete control over the meanings of my words and my actions. "I need you in order to mean anything," Gergen writes (1999, p.146). The potential for meaning is only realized through supplementary action of others, or as Bakhtin would put it, the meaning of the speaker's utterances are shaped by the listener's responses (Bakhtin, 1981; 1986)

It is not difficult to observe this implicit process of negotiation in family therapy practice. The way the therapist and the family members meet and embody their dialogue can be seen as the reflection of such an unspoken negotiation about the rules of the conversation: who speaks in this conversation, and who remains silent? What is talked about, and what is kept unsaid? What is the purpose of this conversation? Who takes the risk to start to talk about painful, difficult themes? Who takes responsibility to speak when the tension rises? What is acceptable behavior in this conversation, and what is unacceptable? And so on. All these questions about the way the therapist and family members are going to embody the session, are implicitly answered in the way invitations for meanings are handled in the practice of the interaction with each other, especially in the first meeting.

CASE 2: "I can't draw a house"

A simple case example may clarify this point. A single mother asked for therapy for her only daughter, An, who is nine years old.   Mother says that An has behavioral problems since An's father died, two years ago. In the first session the girl makes a drawing while her mother is talking to the family therapist. Then the child shows the drawing to the therapist and says: "This is my mother." The therapist looks at the

drawing, and then looks at the mother and comments: "What a wonderful drawing. It looks exactly like your real mother. You are a wonderful artist." An is glowing with pride. Later in the session, the therapist asks the girl to make a drawing of a house. An however refuses, saying: "I can not draw a house." This refusal surprises the therapist. He tries again to convince the girl to make a drawing of a house, saying that it is not so difficult to make a drawing of a house, but she refuses again.

It is remarkable that An first makes a drawing and then refuses to make another one. How can we make sense of her words, that she can not draw a house, when it seems that she is a skilled drawer? We can have all kinds of different ideas and stories about the answers to these questions, and about what the girl's refusal means and how the therapist should handle this session. One way to make sense of what happened in the session is to say that a negotiation has taken place about the rules and expectations of the conversation: the therapist and the child were negotiating about drawing or not. If we chose to look at the session from that perspective, we can say that there may also have been another negotiation in this vignette, a tacit negotiation, not about drawing, but about what constitutes a "wonderful drawing". In his reaction to the first drawing, the therapist implicitly proposed that "a wonderful drawing" is a drawing that resembles reality, and he showed that wonderful drawings are important to him by reacting enthusiastically to the first drawing the girl made. An accepted the therapist's invitation to consider a wonderful drawing as a drawing that resembles reality: she didn't protest to his words and, perhaps more importantly, she accepted his compliments, and felt proud. In a sense, she was an accomplice to a dialogical context in which drawings are expected to be "wonderful", and in which the implicitly agreed upon meaning of a "wonderful drawing" is that it resembles reality. Thus, when the

therapist proposed to the girl to draw a house, the girl was confronted with a difficult

task. The girl implicitly understood that the therapist didn't want just any drawing.

He expected "a wonderful drawing" from her, one that resembled reality. She,

however, refused to draw saying "I can not draw a house". Maybe she didn't want to

risk failing? Maybe she was afraid that her drawing would disappoint the therapist?

Or was she testing the therapist and did she want to evaluate if she had the right to say

' no' in this new relationship? Again, this is just one way to look at what happened in

the session. I don't claim that this is the only true way to look at this vignette. Still, it

is a valuable perspective, since it draws attention of us therapists to aspects of the

dialogical process that otherwise might remain unnoticed. This perspective especially

focuses our attention on what living persons do together, how they search for ways to

coordinate their actions, and how they create meaning in their interaction, without

explicit, verbal negotiations. If the therapist would chose to look at this case from the

perspective that the child is trying to divine what is expected from her, and that an

unspoken negotiation about the dialogue is going on between him and the girl, he

would be faced with the complexity of a therapeutic meeting in which a friendly

compliment can put a subtle pressure on a child. This perspective might inspire him

to search for new ways to make the therapeutic context more child friendly, so that the

child might feel free to express herself in her drawings, without the fear of being

evaluated or judged.

DIALOGICAL UNDERSTANDING

In a dialogical perspective, understanding (*knowing how to go on*) is not passive

(Shotter, 1994). According to Bakhtin (1986), understanding is an active, responsive

process that originates from participation in conversations. He speaks about dialogical

understanding and writes: "all real and integral understanding is actively responsive,

and constitutes nothing other that the initial preparatory stage of a response."

(Bakhtin, 1986, p.69) Bakhtin also states that real understanding does not duplicate

some knowledge of the speaker in the mind of the listener: Dialogical understanding

creates something new. According to Bakhtin, dialogical understanding refers to a

special sort of dialogue in which a meaning of one person comes into contact with

another meaning of another person (Bakhtin, 1986). This dialogue is creative, in the

sense that it results in valuable new meanings that are different from the two original

meanings. Bakhtin (1986) stresses the importance of outsideness in dialogical

understanding[6]. He points out that the possibility to see the world through the other's

eyes "is a necessary part of the process of understanding," and then he adds: " …but if

it were the only aspect of this understanding, it would merely be duplication and would

not entail anything new or enriching." (Bakhtin, 1986, p.7) Bakhtin is not satisfied with

understanding that is mere duplication, because, according to him, the speaker "does

not expect passive understanding that, so to speak, only duplicates his own idea in

someone else's mind" (Bakhtin, 1986, p.69). Instead, the speaker is oriented towards a

responsive, creative understanding. That's why, "[I]n order to understand, it is

immensely important for the person who understands to be *located outside* the object of

his creative understanding." (p. 7- italics in the original). Bakhtin (1986) even calls

outsideness "the most powerful factor in understanding"(p. 7), because only

outsideness or a position of difference creates the possibility for an enriching dialogue.

Interestingly, these ideas of Bakhtin's connect closely with family therapist Flaskas'

idea that there is a difference between approaching therapeutic empathy from a position

of an individual therapist, and from a position of a family therapist (Flaskas, 2002). For

an individual therapist reflecting back is the main technique of conveying empathy, the

therapist thereby demonstrating that he/she understands the client. In the context of family therapy, however, a position of curiosity, which starts from difference, is more important than reflecting back: "In trying to think about another's experience and reflect it back in words, the creative imagining of empathy uses an identification with the client - 'putting yourself in the other's shoes'. On the other hand, when one is listening from a position of curiosity, the creative imagining of empathy is from a point of difference - even foreignness- that is held alongside an unswerving focus on trying to understand the other's experience." (Flaskas, 2002, p.158) Although she writes that seeing families calls heavily on curiosity and an orientation of difference, Flaskas emphasizes the importance of therapeutic flexibility to move between back and forth between a position of identification and a position of difference or outsideness.

INNER DIALOGUE

In the therapeutic conversation the therapist's outsideness is often reflected in the questions that are evoked in his/her inner conversation (Rober, 1999, 2002, 2004). This idea of the importance of the inner conversation is influenced by the work of both Volosinov (1973) and Bakhtin (1986) who have developed a model of selfhood in terms of inner speech. Bakhtin (1984) describes the self as a complex inner dialogue among numerous, inner voices[7]: "often a struggle of discrepant voices with each other, voices (and words) speaking from different positions and invested with different degrees and kinds of authority" (Morson & Emerson, 1990, p.218).   As such, for Bakhtin the self resembles the novel, which, like the self, is a complex dialogue of various voices and ways of speaking, each incorporating a special sense of the world (Morson & Emerson, 1990). Bakhtin studied novels of Dostoyevski, Tolstoy, Cervantes, and many others. In his book on Dostoevski (Bakhtin, 1984), he

for instance studied the inner conversation of the student Raskolnikov from *Crime and Punishment*. Raskolnikov receives a letter from his mother, and he understands that his sister's marriage is her sacrifice done on his behalf. In his inner speech the voices of his mother, his sister and other people mentioned in the letter can be heard, as well as the voices of anonymous others. Bakhtin argues that Raskolnikov's inner speech consists of a kind of replies and reactions to the voices of others that he has recently heard, read or imagined (Bakhtin, 1984).

Like Bakhtin, Volosinov (1973) describes inner speech as a network of impressions linked to one another and resembling the alternating lines of a dialogue. He maintains that, from the complexity of inner speech an utterance is made, which is not only determined by the inner life of the speaker but also by the dialogical situation.: "The outwardly, actualized utterance is an island rising from the boundless sea of inner speech; the dimensions of this island are determined by the particular *situation* of the utterance and its *audience*." (Volosinov, 1973, p.96- italics in the original).

Turning our attention to the practice of family therapy, it is clear that these ideas of Bakhtin and Volosinov about the inner dialogue contribute to a richer understanding of what happens in the session as it means that the story told by the client is not a story that exists ready made in the client's head. There are a multitude of stories in the client's head, a *boundless sea* of inner voices, and the story the client actually tells in the session is a selection of these inner voices. In this selection the dialogical situation in which the client speaks plays a crucial role. Also in another way both Volosinov's and Bakhtin's ideas about the inner conversation can be inspiring for family therapists.   In recent years, instead of focusing on the client's multiple inner voices, some family therapists have concentrated on the therapist's

inner dialogue (e.g. Andersen, 1995; Anderson, 1997; Anderson & Goolishian, 1988; Penn & Frankfurter, 1994; Rober, 1999; 2002, 2004). Anderson & Goolishian (1988) stated that the therapist maintains a dialogical conversation with him/herself, which is the starting point of his/her questions. This dialogical conversation has been called the therapist's inner conversation (Rober, 1999, 2002, 2004) and can be described as a polyphony of inner voices (Bakhtin, 1981, 1984; Volosinov, 1973). This polyphony can be conceived as an alternative conception of the controversial concept of not knowing (Anderson & Goolishian, 1992): the therapist takes a not knowing stance in the session, not because of the emptiness of his/her inner conversation, but because of its polyphonic richness.   Being not knowing as a therapist, then, means avoiding monological inner conversations, and staying in touch with the complexity, the uncertainty and the unfinalizabilty that is the result of the multiplicity of voices in the therapist's inner conversations (Rober, 2002). It is clear from this that the idea of the ethically innocent therapist listening to the unfolding story of the client does not fit into the dialogical perspective. For Bakhtin, listening is more than simply being open to a story the client tells. The listener is neither an innocent bystander, nor is he/she a passive receiver of a message.   To the contrary, he/she is an active participant in the dialogical interaction as he/she prepares him/herself to respond to what he/she is hearing: "He either agrees or disagrees with it (completely or partially), augments it, applies it, prepares for its execution, and so on." (Bakhtin, 1986, p.68) So when a family therapist listens to his/her clients speaking, the therapist is not just registering the client's words. Instead, the client's words echo in his/her inner conversation stirring up several inner voices. Then the therapist responds to the client's words and this response is followed by other responses. From the repetitive play of speaking and responding, the meaning of the words emerge. Viewed from this dialogical

perspective, the therapist is not in the first place described as a not-knowing therapist, but rather as an active, responsive therapist, who not only listens to the different stories the family members tell, but who also is open to the multiplicity of inner voices that are evoked in his/her inner conversation by the words of the clients.

CASE 3: "We'll talk about this later"

I was teaching my students about family therapy and about the importance of children's drawings in family therapy practice. A student, whom I will call Lisa, said that in her therapies children seldom make meaningful drawings during the session. We decided to talk about a videotape of a case handled by this student and see if we could find a way to understand why her children clients don't feel inclined to make drawings in the session.

The videotape was of a first session with Steve, a 7-year-old boy experiencing a sleep problem. Steve, his 5-year-old sister and their parents were present in the session. Lisa talked with Steve and his parents about his sleeping habits. Then the little girl came to Lisa showing her a drawing of an apple tree and a house (with smoke coming out of the chimney). Lisa took the drawing, put it on the table and said to the girl: "Thanks, we will talk about this later..." Then she turned to the parents and said: "…But first I want to understand what is wrong with Steve." In the rest of the session Lisa asked questions about the history of Steve's sleep problem and about their family life. The little girl didn't make any drawings anymore; neither did she approach the therapist again. She just played on her own with some dolls.

I asked Lisa what had been her aim in that first session. She said she wanted to collect information from the family so she could diagnose the boy, and then plan

the intervention. "I need information so I can analyse the problem." she explained, "How else can I help them?"

Several valuable answers are possible to Liza's question of how she can help the family.   From a perspective of family therapy as a meeting of living persons, this is the story of what happened in Lisa's first session: The child took the initiative to make contact with Lisa. She showed Lisa her drawing.   It could be argued that in doing so she invited Lisa to have a dialogue. As if she invited her to dance. Lisa however was, for whatever reason, not ready to dance with the girl, and focused instead on the content of the conversation with the other family members.   Lisa wanted information from Steve and his parents, and she chose to postpone the conversation with the child about her drawing until the next session. Thus the child retreated, and played on her own the remainder of the session. From our dialogical perspective, we can only wonder if in the next session the girl will take the risk again to invite the therapist to dance, because the therapeutic context that emerged out of the interaction between Lisa and the family members was a context in which there seemed to be no room for children, nor for their drawings. This is a pity, especially for a family therapist like Lisa, who wishes for all of her clients, also the little children, to have a voice in the session[8].

Discussion

Therapy outcome research again and again points to the importance of the therapeutic relationship and other non-specific factors (Hubble, Duncan & Miller, 1999; Luborsky, Singer & Luborsky, 1975; Wampold, 2000). However, despite some noteworthy exceptions (for example: Flaskas & Perlesz, 1996; Gilligan, 1997; Rambo, Heath & Chenail, 1993), family therapy practitioners have few conceptual

resources at their disposal to talk and reflect in some detail about the therapeutic

relationship in family therapy practice. Campbell & Draper (1996) have referred to

this deficiency as "a gap in the field." (p. xi)   When family therapy practitioners

want to talk about the difficulties and dilemmas they experience in their work, they

often have to rely on concepts that are borrowed from individual therapists such as

projective identification (Flaskas, 2002; Scharff, 1992), *attachment* (Byng-Hall,

1995), *transference* (Flaskas, 2002), or on general principles about the therapist's

stance such as *neutrality* (Palazzoli, Cecchin, Boscolo & Prata,1978), *curiosity*

(Cecchin, 1987)*, not-knowing* (Anderson & Goolishian, 1992). Though undoubtedly

important, these concepts and principles do not address the complexity of the

relational processes of a family therapeutic encounter in practice in a satisfactory way.

In addition to these concepts and principles, we are in need of concepts that better

capture the mutuality and shared activity of a relationship. It is in this context that the

idea that *family therapy* can be conceived *as a dialogue* might offer a fresh and

promising perspective.   In this essay, the question is posed if the concept of dialogue

as a meeting of living persons can help us to talk about something that is there all the

time in our family therapeutic practices, although sometimes unnoticed. Something

that is hard to talk about because we lack the necessary conceptual tools: the relational

and responsively created nature of family therapy.

It should be noted, however, that a family therapeutic conversation is very

complex, and that a description of family therapy as *a dialogue between living*

persons is inevitably reductionistic. It focuses on therapy as a conversation and it

obscures that a therapeutic conversation is not *just a conversation* as it is anchored in

specific social and cultural traditions and rituals, as well as in particular material

contexts.   There is the consultation room and the chairs, and there is the door to enter

and to leave the room. There are the rituals in which the encounter is embedded.

There is the secretary opening the front door. There is the waiting in the waiting

room and the formal greeting with the therapist. The therapist is a man or a woman;

black, yellow, brown or white; has a certain age; and so on. There is the silence and

the hesitation, then the repetitive game of questions and answers starts. The therapist

is listening and taking notes, using the words and concepts that he/she has learned at

the university; while the family members tell their stories of pain and suffering, using

the words they think the therapist might understand. Finally, after an hour, the

session is finished and the family members prepare to go home, and the money

changes hands.   Viewed thusly, a therapeutic conversation cannot be described as *just

a conversation*. Clearly, it has features that distinguish it from other kinds of

conversation (for instance: the difference between therapist and clients in terms of

responsibility, power, role, and so on). As several authors have shown, these features

can be discussed from a dialogical perspective: Anderson (1997), for instance,

describes therapy as a dialogical conversation and addresses also practical issues like

space arrangements, note taking, appointments, and so on. Rober (2002) writes about

the therapist's constructive hypothesizing in dialogical therapy. Seikkula (2002)

explores the contribution of open dialogues to the treatment of psychotic patients,

Guilfoyle (2003) examines the issue of power in the practice of dialogical family

therapy, and Seikkula, Arnhil & Eriksson (2003) present two network-oriented,

innovative methods based on dialogues. All bring a dialogical approach to therapy

into clearer focus, addressing issues that distinguish dialogical therapeutic

conversation from other kinds of conversations, and from other kinds of therapeutic

conversations. The approach in this essay connects closely with these ideas about a

dialogical therapy, however, as I have chosen to describe therapy as a meeting of

living persons, the practice of therapy is viewed from a different angle. This essay is not promoting a specific family therapeutic model, nor is it proposing new techniques or strategies. Instead, in this essay I have propose a perspective: a way of looking at our work as well as a tool that can help us to talk about our work, and reflect on the mutuality of the therapeutic relationship and on the complexity of understanding. In this perspective the spotlight is put on some of the things therapy has in common with other kinds of conversation: it is viewed as a meeting of living persons. Although this perspective can offer some new and fresh understandings of the complexity of the therapeutic encounter, it leaves what is specific to therapeutic conversation somewhat in the shade. Indeed, Bakhtin's ideas about dialogue and dialogical understanding reflect a view on human beings that highlights, not the material context or repetitive observable patterns, nor therapeutic purpose or method, but the unpredictability of life and the uniqueness of human beings. According to Bakhtin, dialogue creates something new and unique. For him, the meaning of the word that is spoken is not the mere verbal expression of something that exists *in* the person, streamlined, finalized and fixed (a feeling, a memory, an opinion, ...). On the contrary, the word creates something that was not there before (Bakhtin, 1986, p.119-120). Every dialogue is unique, and every conversation is new. It is impossible to repeat a dialogue. The second dialogue would never be the same dialogue as the first. It is always a repetition and, how bizarre it may sound, therefore it is something new.

It is in those unique dialogues, in those brief and fleeting moments, that we express ourselves and share our unique inner lives with others (Shotter, 1993). It is also in these moments where we as therapists shape the relationship we have with our clients and what we do together. Therapists never have complete control over the meanings of their actions and their words. In fact, the words therapists speak, as well

as their actions, are all "candidates for meaning": they are invitations for our clients to take part in our world. "Would you like dance with me and thereby join me in my world? In my view of life and relationships? In my view of therapy?" Also the client's words and behaviors are invitations: they invite the therapist to dance and thereby join them in their lives and their relationships.

Conclusion

In this essay family therapy was viewed from a perspective inspired by some ideas of Bakhtin and Volosinov. It was not my objective with this essay to demonstrate the superiority of these ideas over the ideas of other theorists of dialogue, language and communication like Buber (1965, 1970), Merleau-Ponty (1962), Foucault (1972, 1980) or Derrida (1978). If other theorists were chosen as inspiration for our perspective, no doubt other interesting aspects of dialogical interaction had been highlighted and we would arrive at different conclusions. The main objective of this essay was to illustrate that some Bakhtinian concepts are helpful in guiding our attention to some of the relational aspects of family therapy practice. In this sense, this essay connects closely to the work of Seltzer & Seltzer (2004), who employ a set of concepts developed by Bakhtin to look at language in therapeutic practice.

"I need information so I can analyse the problem." Lisa said to me (see case 3), "How else can I help the family?" With this question Lisa pointed to the primary responsibility of the therapist. The family is in pain or in distress, and the therapist is called upon to help them and to find a way out of their dilemma. For Lisa, it was logical that a therapist needs information in order to help the family –and of course she is right. However, if we choose to consider family therapy as a dialogue in the Bakhtinian sense, the focus of the therapist is not primarily on the collection of

information or the analysis of the presenting problem. Knowing, nor *not-knowing* is the therapist's first concern. Instead, the therapist is an active, responsive listener. Moving back and forth between positions of identification and of outsideness, he/she understands, in the sense that he/she knows how to go on with the conversation, in such a way that room is made for the multiplicity of voices of the family. The therapist is not only interested in sameness, but also in difference, as he/she is open to new, unexpected meanings that emerge in the session, and stays in touch with the complexity, the uncertainty and the unfinalizability in his/her inner conversation. The therapist's aim is not knowledge, nor certainty, since these would end the dynamic dialogical process in the inner, as well as in the outer conversation. In a sense, the therapist's main concern is with *living*. Indeed, if we describe family therapy as a dialogue in a Bakhtinian sense, the idea is highlighted that therapy is first and foremost a meeting of living persons, searching to find ways to share life together for a short while. And from that perspective, this is what we see happening in this meeting: there are invitations, negotiations and coordinated dances. There are words and silences filled with what is left unspoken. There is time and it is irreversible: a ceaseless flow of moments, all unique, all sacred, in which we are immersed. There is wonder and fear, beauty and uncertainty, good intentions and remorse. There is pain and love, and everything in between. This is how frail a dialogue of living persons is. This is how full of potential it is.

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Notes

[1] During his career Bakhtin has worked in various intellectual collectives, in which members worked and wrote together.   This produced some publications of which authorship is not clear. For instance the work of Volosinov (1973) has often been attributed to Bakhtin, for instance by Clark & Holquist (1984).   Other authors like Morson & Emerson (1990) claim that Bakhtin did not write Volosinov's book. Despite a lot of research, there is no clarity on the subject.   Therefore, I shall assume that Bakhtin was involved in the authorship of Volosinov's text, although he most probably did not write it himself.

[2] According to Vice (1997) the complexity of the concept 'dialogue' in Bakhtin's work is due in part to Bakhtin's own ambiguity towards the concept. He uses it to refer to a defining quality of language itself, and also to refer to particular instances of language. In this essay, we use 'dialogue' in the first, wider sense, as a property of all language because, as Vice points out, in that sense it takes on its more precise characteristics, "such as 'the mixing of intentions of speaker and listener', the creation of meaning out of past utterance, and the constant need for utterances to position themselves in relation to another" (Vice, 1997, p.45).

[3] In scientific reflection and research on psychotherapy, the search is not so much for new truths or new discoveries, as for useful ways to understand and talk about what we have already seen and heard (Stiles, 1999).   According to the dialogical perspective I am proposing in this essay, in an analysis of a case the analyst

unavoidably takes a position vis-à-vis the object of his/her analysis (the case). In the

spirit of the dialogical principle of multiplicity, the analyst has to be aware, however,

that there are other valuable perspectives towards the case. So, in this essay no claim

of objectivity is made. Rather than making truth claims about the interpretations

made in this analysis, it is my intention to illustrate the usefulness of a dialogical

perspective towards family therapy practice. I want to show that this perspective

offers valuable conceptual tools that can enrich our thinking and talking about the

complexities of a family therapeutic relationship in practice. Other analysts are invited

to approach this case (and the other cases in the essay) from their perspectives. They

might choose to analyze the case vignette in very different ways, and they will arrive

at different conclusions. This multiplicity of perspectives enriches the continuing

dialogue in the field about the complexity of meaning construction in family therapy

practice.

[4] The knowledge of the first kind being a *representational* knowledge of a theoretical

kind (knowing that), and the knowledge of the second kind a *technical* knowledge of

a skill or a craft (knowing how).

[5] Shotter's ideas about knowledge of the third kind connect with the results of research

on practitioner's knowledge. This research highlights the importance of tacit kinds of

knowledge in our decision making as professionals (Atkinson & Claxton, 2000;

Hogarth, 2001; Moon, 2004; Schön, 1983). Furthermore, in Shotter's ideas about

implicit knowledge traces can also be found of the work of Merleau-Ponty, who

describes individuals as body-subjects. Through their bodily interaction with the

world, body-subjects built up tacit anticipations about how to act and encounter the

world. This is a pre-conscious, intentional knowing engaged with the surrounding world (Merleau-Ponty, 1962).

[6] An interesting discussion of the concept 'outsideness' can be found in chapter five of Caryl Emerson's *The first hundred years of Mikhail Bakhtin* (1997). In that chapter she also compares Bakhtin's view on dialogue with Buber's I-Thou relationship.

[7] In fact, Bakhtin has had several phases in his work. This conception of the self as an inner conversation stems from his so called *novelistic period* (Morson & Emerson, 1990).

[8] In response to Lisa's case presentation, I have selected for this essay examples of clinical situations that have to do with children's drawings in the family therapy session. Of course, the ideas of this essay could have been illustrated with other examples too. Furthermore, it might be important to add that, since the examples are chosen as a means to illustrate the general idea of family therapy as a dialogue, a lot of important issues about children's drawings in family therapy are not addressed in this essay.