Practitioners as People:
Dialogic Encounters for Transformation

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Introduction

In his books, *Governing the soul: The shaping of the private self* (1990) and *Inventing ourselves: Psychology, power and personhood* (1998), Nikolas Rose aptly articulates the cultural discourses that have given rise to what we - in this room - would call dehumanizing professional practices. In these now classic volumes, Rose draws upon Foucault's work (1965, 1972, 1973, 1977), arguing that our sense of self, very much situated within the 20th Century ideology of individuality, autonomy, free choice, and liberty, has been constructed by the rise in stature of the social and "psy" disciplines. These disciplines (psychology, psychiatry, psychotherapy, psychoanalysis, sociology, anthropology) have emerged as dominant discourses regulating our lives. Specifically, they circumscribe what a culture or society comes to believe is "normal" - including normal sexuality, family life, and what we take to be rational.

To this extent then, we can say that we have been living in a "therapeutic state" (Szasz, 1984) for the last century. It is a therapeutic state because, no matter what professional domain we encounter, we offer ourselves to the surveillance of experts - expert doctors, expert scholars, expert therapists, expert politicians, expert managers, etc. And that surveillance is (most often) dehumanizing.

We talk of dialogue and dialogic practice as re-humanizing our work as professionals. Yet, our move to reach beyond the therapeutic state is not a signal to obliterate psychotherapy or any of the psy-disciplines, nor is it to

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abolish any form of expertise. It is, rather, to envision alternatives to popularized, dominant, individualizing, and frequently pathologizing forms of life. It is to explore and imagine alternatives to individualized pathology. For some people this may seem an odd endeavor, while for others it may even seem heretical. After all, there are people who have been diagnosed with psychoses, character "deficiencies," cognitive limitations, and behavioral digressions. The common belief is that these individual problems should be individually treated. But what if psychosis, character, cognitive, and behavioral oddities were not viewed as originating within an individual but were seen, instead, as expressions of diverse values and understandings - all emerging within different languaging communities? This is what I want to explore this morning.

Pathologizing Discourses

Foucault makes clear that the disciplinary discourse referred to as the 'psy-complex' (Rose, 1990) is - just that - a discourse. It is a way of talking, a way of being in the world. And, to put it that way, suggests that there are or could be other ways of talking and being in the world available to us. This is not to suggest that psy-discourses are wrong or not useful. Rather, it is to suggest that, when engaged in the therapeutic encounter, we should ask ourselves how useful the concomitant vocabulary of psy-disciplines is - by this I mean the vocabulary of "diagnosis," "pathology," and "mental disease." This is most commonly located as an individualist discourse - one that places the nexus of a person's being within the private recesses of the mind/psyche (McNamee, 2002).

The concentrated focus on the individual in contemporary society is the by-product of these emergent and eventually dominating discourses. And, when understood in historical, cultural and social context, it becomes possible to recognize that all of us are active participants in the power and dominance of the psy-complex. As just one small illustration, most people unthinkingly seek professional therapeutic help when they encounter relational challenges

or problems in their lives. In fact, what comes to be identified as a “problem” or a “challenge” is already inscribed by the naturalization of the psy-complex. If one is not perpetually happy and satisfied, there must be something wrong. If one member of a romantic couple seeks camaraderie outside the relationship, the union of the couple is in threat. If one is dissatisfied with one’s work, there must be some problem with one’s motivation. Basically, all problems we confront in contemporary society are traced to some personal failing or flaw within a modernist, individualist view. Furthermore, when an individual is “working on” his or her problems with a professional, the common assumption is that the wisest action for those within the close network of relations is to stay away and let the professional do the work.

In just these simple illustrations we see the deterioration of relational bonds. Where is the community to support one who is suffering? Who - if anyone - might be able to offer alternative descriptions of what one is experiencing, descriptions that are not pathologizing? Are work problems really due to an individual’s lack of motivation, or might “lack of motivation” be a rational response to an overbearing boss or competitive colleagues? A movement beyond the dehumanizing practices associated with the therapeutic state requires what I have come to call a “radical presence” (McNamee, forthcoming). That is, a shift in focus from expert voices and unquestioned forms of practice toward an active attentiveness to processes of relating and, to what Ken Gergen calls “relational being” (2009).

The relational focus, that is the hallmark of radical presence and relational being, is critical of modernist ways of describing social life, elevating our attention instead to processes of relating as opposed to objects or entities (such as an individual person or an individual’s characteristics or cognition). I believe, this radical presence offers us a very different path for living in today’s complex world and points us beyond the therapeutic state. It is to suggest a very particular way of positioning ourselves in the world as opposed to creating formulas for “correct” (or corrective) action (that often have de-humanizing effects).

Beyond the Dehumanizing Practices of the Therapeutic State: Radical Presence

For the past several decades, psychological discourses have become so prominent that it is impossible to identify an aspect of daily life that is not touched by psychological descriptions. This is precisely what is referred to as the psy-complex. It is not so much the case that these ways of seeing and living in the world are wrong, in fact, they can be fascinating and useful. They often help guide us through the challenges we face in our daily lives. They often help us explain some of our greatest social problems such as economic inequality, racial tension, crime, and illness. I do not propose a denouncement the psy-complex completely. Rather, my intention is to explore alternative forms of relating and thus alternative forms of describing social and relational life. To do so requires an understanding of the dominant discourse of psychology (and all related psy-disciplines) *not* as "Truth" but as one among many potentially useful resources for social and personal life.

If, in fact, psychology is not Truth telling and does not offer factual discoveries about mental processes, what is psychology's purpose? Foucault (1972; 1977), as described, provides us with a way of understanding how dominant discourses emerge and gain power. Once viewed as a discourse (dominant as it may be), we are free to examine what is gained and what is lost in popularizing particular ways of talking. Moving beyond the dehumanizing practices of modernist science and adopting the radical presence of relational being can transform psychological discourses from declarations of normality and abnormality to options for human well-being and social change. Therapy and all forms of professional practice (education, healthcare, politics, organizational life, community life) becomes a **form of social activism**. That is, professional practice shifts focus from treating individuals to transforming our taken for granted social institutions and their

concomitant practices. The issue we should be focused upon is one of living together.

From the standpoint of radical presence, no theory or method is positioned as right or wrong; each is a discursive option. Once so identified, one can ask not *if* but *when and where* certain theories, concepts, and methods are useful, and for whom they are useful. A movement beyond our modernist dehumanizing practices calls our attention to the isolating and often damaging by-products of traditional professional practices of diagnosis and treatment.

Is it possible to replace diagnosis and treatment with alternative discursive options - options that invite something much grander than problem control and maintenance? Can we replace the idea that individuals must cope and survive their (private) problems through use of professional services with the idea that *communities* can thrive when dominant, pathologizing discourses are questioned?

We see how deconstructing the main assumptions of modernist science (assumptions of neutrality and objectivity) have evolved and had significant impact on how we view social life. While we have made strides in calling the psy-complex into question, there remains much work to be done. Psychology and all social sciences are not truth-telling disciplines. They are negotiated ways of talking and acting in the world and, as such, they have moral and political implications.

Foucault's (1977) argument is that professions generate certain ways of describing social action and thus identify individuals in those terms. Eventually, non-professionals - everyday people - come to define themselves in these very terms, further instantiating and "making real" particular forms of description. We become blind to our own participation in creating the very practices and descriptions that contain us. Illustrations are plentiful. At the onset of ADD's growing diagnoses, the activity and lack of focus some children displayed in school was most often explained as boredom, lack of interest, or relational disengagement. Anxiety, now an affliction of most

university students, was previously viewed as a normal response to increased responsibilities, testing contexts, and living outside of one's family environment for the first time. The list of diseases and diagnoses is endless and, upon examining each one of them, it is not difficult to see that the increase in these problems has less to do with changes in the makeup of the population and more to do with maintaining tried and true institutional practices (e.g. not changing educational formats) and instead medicating or treating in isolation the diagnosed individual.

The question we must ask is whether the form of life offered by these theories and models are useful, generative, and desirable. And if so, for whom? It is to these important questions that the notion of relational being directs our attention. Gergen (2009) offers,

> *. . . relational being, seeks to recognize a world that is not within persons but within their relationships, and that ultimately erases the traditional boundaries of separation. There is nothing that requires us to understand our world in terms of independent units; we are free to mint new and more promising understandings (p. 5).*

Once we imagine a relational understanding of our world, a dramatic shift ensues. This shift is best described as a shift from a form of police-state-existence where we all act and make sense as we do because "that is the way it is" to a fully reflective form of existence where attention is directed to what we are making together as we engage. This is radical presence; recognizing our own fingerprints on the forms of life we view as "right" or "natural." Relational being turns our gaze toward *our* actions, *our* contexts, *our* relations, and *our*selves in relation to others and to our environments. In so doing, we are engaged in a relational ethic, an ethic of discursive potential. That is, a multiplicity of resources for action. This fits, I think, with the necessary attentiveness to our embodied, daily interactions. An ethic of discursive potential provides us "with the reflexive capacity to question common practices and to contest their 'truth status.' A relational ethic also embraces difference and complexity, eschewing the search for standardized practices." Embracing a relational ethic requires that we abandon reliance on

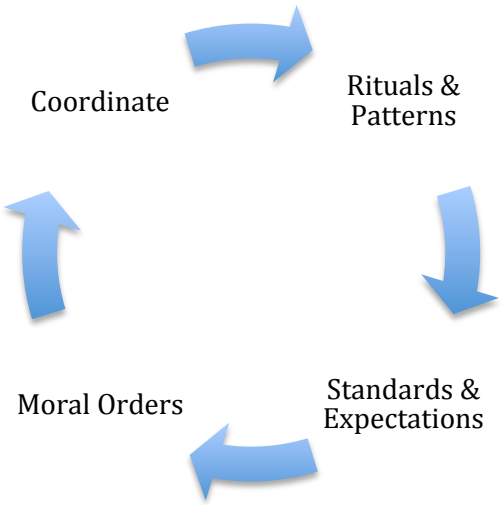
abstract principles and formal codes - not in an attempt to create chaos or anarchy, but in an attempt to *pay attention* to what is unfolding in the specific contexts and relations in which we find ourselves. Also, it is important to consider these local contexts *in relation to* the broader set of abstract ethical codes that have emerged into dominant discourses. This is not an ethic of "anything goes." Rather, it is an ethic of responsivity to self, others, and environment and, as such, demands that any local set of practices, beliefs, or values be considered in light of more dominant social practices. We might say that a move away from our dehumanizing practices and their various discourses to a focus on interactive processes (communication) is a generative move beyond the therapeutic state. This opens space for how engaged participants can move beyond canonical understandings and forms of practice to co-construct generative and responsive alternatives.

To be clear, often the discourse of psychology and diagnosis can be very useful. And sometimes it can be dangerously damaging. If we simply use the tools of the trade (i.e. diagnosis) because "that's what is supposed to happen" in psychotherapy, we are not radically present. We are not reflecting on how we collaborate in constructing the therapeutic process.

Constructing a World

Elsewhere (McNamee, 2014), I have offered a visualization of the dialogic focus on interactive processes and how the responsiveness of persons to one another and to their environment comes to create what we "know," what we "understand," and what we believe to be "real." Let us consider how specific ways of understanding make the world emerge. Meaning emerges as communities of people coordinate their activities with one another. These meanings, in turn, create a sense of moral order. The continual coordination required in any relationship or community eventually generates a sense of taken-for-granted, common practices otherwise known as dominant (and largely unquestioned) discourses.

As people coordinate their activities with others, patterns or rituals quickly emerge. These rituals generate a sense of standards and expectations that we use to assess our own and others' actions. Once these standardizing modes are in place, the generation of values and beliefs (a moral order) is initiated. Thus, from the very simple process of coordinating our activities with each other, we develop entire belief systems, moralities and values. Of course, the starting point for analysis of any given moral order (reality) is not restricted to our relational coordinations. We can equally explore patterns of interaction or the sense of obligation (standards and expectations) that participants report in any given moment. We can also start with the emergent moral orders themselves (dominant discourses as many would call them), and engage in a Foucauldian archaeology of knowledge (1969) where we examine how certain beliefs, values, and practices originally emerged (which returns us to the simple coordinations of people and environments in specific historical, cultural, and local moments).



This is a simplified way of illustrating the relation among coordinated actions, emergent patterns, a sense of expectations, and the creation of dominant discourses. Adopting a radical presence focuses our attention on

the specificities of any given interaction while also allowing us to note patterns across interactions, across time, place, and culture.

From Mining the Mental to Radical Presence: Illustrations

Thus far, my discussion of radical presence has been a bit abstract. My hope is that the notion is not conceptually vague or philosophically vague but I can imagine it, at this point, to be pragmatically vague. Yet, there is no technique, method, or specific strategy that accompanies radical presence. Instead, there is a way of positioning oneself in the world. Stewart and Zediker (2000), in their description of dialogue, describe "letting the other happen to you while holding your own ground" (p. 232). If you think about this, you recognize a dramatic shift from our ordinary, individualist way of operating in the world. Typically, we are taught to "hold our own ground." The persuasive rhetoric of everyday life requires us to hold our ground. Often the shift to a relational orientation is understood by critics as a position in favor of rampant relativism. If such were the case, holding one's ground would certainly not be championed with a relational stance. Yet, as we can see, the difference that makes a difference is that one hold's one's own ground *while* being open to the other's orientation. Such a stance promotes neither debate-like forms of interaction nor interactions requiring complete surrender. My position (ground) is changed by virtue of considering yours. It is no longer me and my view against you and your view. It is my view in relation to your view. Dialogue, as a form of radical presence, encourages curiosity for difference, openness to forming new understandings, and a movement away from agreement or adjudication of perspectives. It encourages, in other words, humanizing practices where professionals and clients together craft their futures. Yet the question remains: how can we put this into action? What follows are several illustrations of radical presence in action.

Family Care Foundation[i]

Carina Hakansson is the founder and leader of the Family Care Foundation in Sweden. She has written about the work of this foundation in her book, *Ordinary life therapy* (Hakansson, 2009). The foundation creates networks that can, in very ordinary ways, help seriously troubled individuals. Observing that the typical ways of treating people in distress (often people identified as psychotic) were not successful, Hakansson and her colleagues dared to imagine placing those who are troubled in ordinary family homes. She noted that hospitals, prisons, and institutions did little (or nothing) to assist a person in reclaiming his or her life. Yet, in building a community of support and respect by placing "patients" in the homes of ordinary families, Hakansson and her colleagues have demonstrated the power of radical presence.

Hakansson (2009) does not claim that those who have been diagnosed as psychotic are "normal." What she claims is that everyone is "normal" and "abnormal" in different ways, in different contexts, and at different times. For example, a young man, confused about his future and feeling to an argument with a friend, family member, or lover… or perhaps he has what appears to be a psychotic episode after drinking or imbibing in some recreational drug. Any of these instances, if frozen in time, can warrant the label of psychosis and, if this is the case, the young man is most likely escorted to the local psychiatric institution. Once there, interviews (already couched within the medical frame of psychosis) seem to only prove the diagnosis. The more the young man resists, the more he becomes agitated, the more he perhaps becomes violent, the more "accurate" the diagnosis. The consequential admission to the psychiatric hospital, complete with numbing doses of heavy medications follows. Each time the young man becomes once again agitated or "difficult" more medications are dispensed and more evidence is produced to insure that the diagnosis is correct. Dehumanizing!

How does one escape this cycle? It might not be exactly as described in the above scenario. The young man (or woman) might be taken to prison instead of a psychiatric hospital. In prison, the condemnation, the isolation,

the fear and humiliation provide ample support for the persistence of what becomes identified as criminal or psychotic behavior.

Breaking this pattern demands radical presence. It demands that instead of quick explanations provided by dominating understandings of what it means to be psychotic or criminal are (at least temporarily) put on pause. It means that what appears to be the obvious contextualization of the situation is questioned and that the context is broadened, the story expanded beyond the moment of digression, and alternative understandings are invited into the conversation.

When the Family Care Foundation places a person in a family home, that person is treated with respect. That person is treated as an “ordinary” member of the household. This means that the newcomer is expected to pitch in, do the chores as other household members do. There is no attempt to figure out what is wrong with the “stranger” but there is an attempt to integrate him or her into the flow of the family’s life.

Here we see a beautiful illustration of radical presence. Both professionals and host families operate from the assumption that responsivity, respect, sensitivity to differences in dealings with issues of time and space can invite the “psychotic” individual into an ordinary identity. It is an illustration of holding one’s own ground while letting the other happen to you.

Isolation and Addiction

Johann Hari (2015) has written a compelling book about drug addiction. He travelled the world investigating this social problem. His work was heavily influenced by research conducted by psychologist Bruce Alexander in the 1970’s (Alexander, 2008). Alexander (2008, in Hari, 2015) noted that both addiction to and withdrawal from drugs was not a chemical reaction as popularized in the media. At the time of Alexander’s experiments, there was a popular anti-drug advertisement on television. The advertisement portrayed a rat in a cage with a bottle of water laced with cocaine - identified as a deadly

drug. The rat is shown returning over and over to the bottle to partake in more of the cocaine induced water. Eventually, the rat falls over dead. Alexander noted one feature of this advertisement that served to inspire his creative line of research: the rat was alone in the cage. He questioned the common wisdom about addiction based on his observations of and work with drug addicts. He proposed that drug addiction has less to do with the actual chemicals and the reaction of those chemicals on the brain. He proposed that addiction has more to do with environment and relations and he

> *. . . noticed something . . . rats had been put in an empty cage. They were all alone, with no toys, and no activities, and no friends. There was nothing for them to do but to take the drug (Alexander 2008, in Hari, 2015, p. 171).*

Alexander (2008, in Hari, 2015) set out to explore the influence of environment on addiction. In his study, there were two rat cages. One that contained an isolated rat with two bottles: one with water and one with morphine. In the second cage, the cage Alexander called the “Rat Park”, he provided wheels, balls, good food and, instead of putting one rat in the cage alone, he put several rats in together. The second cage, like the first, had two bottles: one water and one morphine. What Alexander observed was that the rats in the Rat Park drank “less than 5 milligrams” of the morphine while the rats in the isolated cages “used up to 25 milligrams of morphine a day” (Alexander, 2008, in Hari, 2015, p. 172). Even more interesting was that

> *he took a set of rats and made them drink the morphine solution for fifty-seven days, in their cage, alone. If drugs can hijack your brain, that will definitely do it. Then he put these junkies into Rat Park. Would they carry on using compulsively, even when their environment improved… In Rat Park, the junkie rats seemed to have some twitches of withdrawal - but quite quickly, they stopped drinking the morphine. A happy social environment, it seemed, freed them of their addiction (Alexander, 2008, in Hari, 2015, p. 172).*

There’s much more to be said about this and the interested reader is encouraged to read Hari’s book (2015). But the question for us is, what does

this have to do with radical presence and alternatives to the de-humanizing practices of professionals? Everything. In Hari's description of Alexander's research, we see strong support for a social, relational approach to human problems. It is an approach that diverges from the "go to" method of individual diagnosis and treatment. Paying attention to a person's relational environment - not just with other humans but the physical environment as well - offers a wealth of resources for transforming problems. When we expand beyond the individualized, medicalized approach, we recognize that those suffering have options. Perhaps the options are choices made between participating in certain relationships over others. Or perhaps alternative forms of explanation can be generated once we expand our attention beyond the singular person. This too, is what radical presence is about. It requires a curiosity, a responsivity, and a desire to understand beyond what appears to be "obvious." Alexander (2008, in Hari, 2015) illustrated just such radical presence in noticing - the very simple act of noticing - one small but significant factor: isolation versus relational engagement.

Community Outreach

As another illustration of radical presence in action, Holzman (2015a) reports some very interesting results of a community survey focused on lay opinions of diagnosis and medication. She reports that for the past few years she and her colleagues have spent time on the streets of New York City surveying ordinary people about biologically-based diagnosis. They wanted to know what would be "effective ways to involve people in learning about alternatives and, for those who wanted more choices, in shaping new approaches in collaboration . . . with like-minded professionals" (Holzman, 2015b). The results of the survey indicate that

> *everyone offered an alternative [to diagnosis and medication], with most people suggesting more than one. The most frequent responses involved talking to people-therapy, counselling, group therapy being the most common (including, "A centre they can go to*

without getting diagnosed"), followed by family, friends, self-help and support groups.

A wide variety of social activities and life style changes were recommended-volunteering, hobbies, music, dance, writing, meditation, exercise, yoga, diet, prayer and creating community . . . (Holzman, 2015b)

What the respondents in Holzman's report are suggesting is that, when faced with problems, *interaction with others* is often more useful than diagnosis. In fact, as Hari (2015) illustrates in the case of addiction, problems that are currently described as "chemical," "biological," or "neurological" are often the by-product of social relations. This raises an important question: Are we obliged to inquire into an alternative understanding of personal suffering? What would happen if our attention was diverted from searching for the proper diagnosis, evaluation, assessment or answer and instead focused on examining broader social conditions and how "problems" might actually be logical responses to these conditions? This is the focus that will direct us beyond de-humanizing practices. Like Hakansson (2009), Hari (2015), and Alexander 2008), the community outreach spearheaded by Holzman (2015a; 2015b) and her colleagues is rooted in radical presence.

Radical Presence: Professionals as People

To me it is clear that radical presence positions us to appreciate a relational understanding of the social world. With so many traditions, beliefs, and values to coordinate, how could unanimity be possible, how could some abstracted form of understanding/knowledge be possible? The world is complex, not simple. It is time that we embrace this complexity and develop ways of *coordinating complexity* rather than eliminating it by providing "expert diagnoses" to decontextualized or partially contextualized actions. That is what brings us to a radical presence in the daily, mundane interchanges of life. After all, wouldn't it be more generative to replace the impulse to resort to the normalized practices constructed by dominant discourses with the

impulse to be curious about differences? Let's not define coordination of difference as agreement; let's define it as understanding (where understanding does not mean agreement, evaluation, or judgment – it simply means generating curiosity about difference). Our respectful attempts to understand might foster new forms of coordinated activity and this coordination might be focused on tolerance of difference - a radical presence.

If we focus our attention on *how* the perpetuation of undesirable situations is not the sole problem of a specific individual but is the by-product of particular forms of life - that is, ways of living in community - we might begin to see both how to transform those patterns into novel ways of going on together in the world and how to appreciate difference as a natural part of social life - not necessarily something that must be repressed, avoided, or minimized. We need to widen the lens; we need to see and assess what is happening within our communities, our institutions, and our culture. Important questions to ask include: How does therapy for my problems assist me in generating strong relational bonds? How do diagnosis, evaluation, and assessment help me appreciate the relations that show support and care? Can we harness the potential of coordinating differences to move beyond simple solutions and universal resolutions? What if we began to view difference as a resource for creativity, novelty, and social transformation?

As long as we shelter ourselves within the discourse of psychology, we avoid confronting some of the most vexing challenges of today. When problems are individual problems, we can treat, punish, or educate individuals to "fit in" to the preferred view of social life. If instead we ask ourselves how our broader social structures and our ways of maintaining those social structures contribute to alienation, disengagement, humiliation, degradation, negative evaluation we recognize our own participation in the perpetuation of individualized pathology. By adopting a radical presence, we can move beyond the therapeutic state and harness the vast resources available when multiple communities coordinate together to create ways of "going on together" (Wittgenstein, 1953).

The message I am trying to deliver today calls into question our understanding of what it means to be a professional. Certainly, as professionals, we acquire skills, abilities, and ways of thinking that differ from other professionals as well as from non-professional people. Yet, in adopting a dialogic stance, we must recognize that our abilities as professionals are not uniformly nor universally better, correct, or useful. It is simply a different way of approaching and understanding and entering into interaction with another. As dialogic practitioners, we enter into our engagements with others with a keen sense of what kind of relation, what kind of scenario, what kind of understanding our actions - our questions, our comments, our physical movements, etc. - *invite* our clients into. We are not poised, eager to diagnose or penetrate the client's story in search of "true" meaning. Rather, we are positioned to invite our clients into dialogue with us - a dialogue where new understandings can emerge for both client and professional.

There are many ways in which we might pragmatically achieve the humanizing practices of radical presence. They are, interestingly - or ironically - less "professional" and perhaps more "everyday-like." I would like to identify six conversational themes that could encourage us to draw on what we already know to be humanizing resources - they are more likely the resources we use with our family and our friends.

THEME 1: ***Using familiar resources in unfamiliar places***. Tom Andersen (1990) talks about introducing not too much change and not too little change but just enough change. He echoes Bateson's (1972) well-known phrase, "the difference that makes a difference." Here, when I talk of using familiar resources in unfamiliar domains, I am suggesting a variation on this common theme. We all carry with us many voices, many differing opinions, views and attitudes - even on the same subject. These voices represent the accumulation of our relationships (actual, imagined, and virtual). In effect, we carry the spirit of many others with us; "we contain multitudes" (Whitman, 2008). Yet, most of our actions, along with the positions we adopt in our

professional practice are one-dimensional. They represent only a small segment of all that we might do and say. The challenge is to draw on these other voices, these conversational resources that are familiar in one set of relationships and situations but not in another. In so doing, we achieve *just enough difference* as Tom Andersen proposes.

Using unfamiliar resources in contexts where we generally use our familiar (or favourite) form of practice, invites us into new forms of relational engagement with others. If we think of all our activities as invitations into different relational constructions, then we can focus on how utilizing particular resources invites certain responses or constructions in specific relationships and how it invites different responses and different constructions in others. Let me elaborate by focusing attention, for the moment, on the issue of professional identity.

Generally, we assume that there is a proper way to be a professional. We often see this assumption take shape in trainees when they begin seeing clients. They are more likely to talk as they believe a professional *should* talk thereby ignoring those conversational resources that are familiar and specific to themselves. The familiar becomes alienated (e.g. a way of helping a friend in crisis) and what has previously been alien (e.g. the identity of professional) is miraculously supposed to be familiar! This reminds me of my own clinical training. As a researcher of therapeutic process, I spent years interviewing families, couples, and individuals about their therapy. After many years as a researcher, I decided to accept the challenge and train to become a therapist. When I finally initiated my training, I found myself almost speechless with clients. Not only did I have a hard time thinking of questions to ask (regardless of how much pre-session time had been spent generating hypotheses and questions), but I was constantly monitoring myself for *how* I asked questions. I wondered endlessly about whether or not everything I did or said was “right,” given my new “professional” role. Were my questions circular enough?

One day, while meeting with a client, my supervisors called me out of the room. They asked one very simple question: Are you comfortable and confident when you interview people for your research? My response was yes. They said, “Then go back in there and act like a researcher.” This directive was so liberating for me that I forgot my fear of *acting like a therapist* and simply engaged in *conversation* with the client. What I realized in this moment was how our attempts to be good professionals actually can prohibit our ability to be relationally responsive in our conversations with clients. I also realized the benefit of using a familiar repertoire in a context where I would not expect it to serve as an appropriate resource. If we can encourage ourselves (and others) to draw broadly on the conversational resources that are already familiar, perhaps we can act in ways that are *just different enough* to invite others into something other than the same old unwanted story.

THEME 2: ***Focus on the future.*** The second theme I would like to propose is that of embracing the unknown and the uncertainty of the future. I do not mean to suggest abandoning our interest in the past. We understand the fluidity and constructed nature of time. Yet, if we examine the field of therapy, we can note that a good deal of therapy talk hovers on the past. Therapists and clients alike explore the history and evolution of the problems that clients bring to therapy. When did the problem begin? How long has it been a difficulty? How have you come to understand the problem? What do you think causes the problem? What do others say about it? What have you done to try to solve this problem?

With such an emphasis on these past-oriented questions, there is little room for imagining the future. The potential to sediment the past, to reify the story, and thereby make it static and immutable is tremendous. Probably more important, is the logic inherent in the therapeutic focus on the past. By focusing on what has already transpired, we unwittingly give credibility to causal logics that are the hallmark of modernist science. We privilege the logic that claims that what went before causes what follows.

I am not arguing for a disconnection between past, present and future. I simply want to raise the issue of narration. The past is always a story. And we all know that there are many ways to tell a story. Not only do we harbour many voices, each with a different set of possible narrations, but others involved in the same "history" will very likely narrate it differently. Thus, the causality of past to present (and implied future) will take different turns, highlight different features, and pathologize varied aspects, depending on which story is privileged.

One reason that future-oriented discourse and use of the imaginary generates humanizing practices is because we all understand that we do not yet *know* the future. We have not yet embodied it. And thus, to the extent that we engage *with others* in conversation about the future, we underscore the relational construction of our worlds. We fabricate together what we might live into.

This is not to suggest that talk of the past is emblematic of "bad" therapy. Instead of privileging a particular way to talk and/or particular themes or topics for therapy, my relational orientation emphasizes the collaborative, situated creation of possibilities and *one way* to achieve this is with future-oriented discourse.

THEME 3: ***Languaging the ideal.*** Perhaps more than an additional theme, the notion of embodied languaging simply puts another description to our attempts to be radically present. In addition to being responsive in the interactive moment, entertaining ideal scenarios offers us a way to engage in dialogue with clients. Often we associate ideal talk with talk of the future, as I just described.

However, we can invite our clients to talk about how things would be for them in the present if the past had been ideal. Ideal talk can enhance radical presence by honouring a painful or sedimented client story. Asking how things ideally would have been, should be, or might be does not disregard how they are presently narrated by a client and thus do not further

pathologize the client. I am thinking here of Carla Guanaes's (2003) research on group psychotherapy. She describes a client who offers a very well articulated story about how her problem was rooted in the past. In an attempt to help the client change her story and begin to see that she could actively participate in her own transformation, the therapist and other group members persistently offered many different interpretations about this client's past (e.g. maybe you were just lazy?) The client could not accept these interpretations. She was convinced that her story of her problem was precisely how things really were. The more she referred to this horrible past that had made her mentally ill, the more the therapist and group members attempted to persuade her to give up her interpretation and look at the many other ways she could make sense of her situation. It could be the case that if the therapist and group had engaged this client in inquiry that was focused on how the story of her past would ***ideally*** be told, the client would have felt less pathologized. Perhaps to this client, the past *is* what it is. But asked how it *could have ideally been* is a very different sort of question. Had the group been sensitive to the significance of this story for the client, they might not have attempted to (essentially) tell her she was wrong. This attentiveness to the story of the client fosters a relational sensitivity. Here, however, I am not discussing relational sensitivity as a strategic stance of the therapist but rather as an embodiment of the dialogic focus on interactive processes. The suggestion here is simply that the language of the ideal can serve as a bridge between stories of despair and stories of hope.

THEME 4: *Avoid Speaking from Abstract Position*s. When we confront difference or what we might see as pathology, we most often resort to imposing our expert advice. This advice, however, is usually abstract. The warring principles of "right" and "wrong" beg the question: *whose standards are we using*? And since we understand that values, beliefs and realities are built from coordination within relationships, we can now anticipate some very different - and often incommensurate - values and beliefs will be housed

within any therapeutic conversation. Inviting a person to tell a story about who in her life influenced her to honour and value certain beliefs and practices does not make the problem go away, but it does significantly transform the nature of the therapeutic conversation and, by extension, the nature of the relationship. By avoiding the discourse of abstraction (right / wrong, good / bad, healthy / unhealthy - or what one might call professional discourse), a professional can enter into a stance of ***generative curiosity*** where new forms of local, situated understanding emerge. The unique features of a client's story are privileged thereby opening space for a different story, a different rationale, a different history. The professional and client are much better equipped to continue the conversation with this form of understanding.

THEME 5: ***Engage in Reflexive Inquiry***. Here the attempt is to entertain doubt about our own certainties. We can invoke our inner voice of skepticism about our own strongly held beliefs. *Can I be so certain that there is absolutely no other way to look at this situation?* We can also invoke the doubtful voice of a friend, colleague, or mentor. *How would my mother, my colleague, my friend think about this?* This self reflexive inquiry opens us to the possibility of alternative constructions thereby transforming the nature of the interaction. Similarly, to pause and inquire about how the interaction with the client is going recognizes that the emergent meaning in a particular interactive moment is a by-product of "us," not of "you" or "me." This is what John Burnham (2005) refers to as relational reflexivity. Thus to inquire, *Is this the kind of conversation you were hoping we would have? Is there another way we could or should be doing this? Are there questions I should be asking you but I'm not?* acknowledges that we only have "power with" and not "power over."

THEME 6: ***Coordinate Multiplicity*****.** When we confront the challenges of difference, our tendency is to find any means to move toward consensus. Rather than approach conflicting worldviews as opportunities to develop

consensus or common agreement, our clinical impetus within a relational ethic is to coordinate multiple discourses. The professional is challenged to become curious about all forms of practice and to explore the values and beliefs that give rise to them without searching for universal agreement. Can we create dialogic opportunities that invite *generous listening*, *curious inquiry*, and *a willingness for co-presence*?

Professionals as Radically Present, Humanizing People

These suggestions present a challenge to traditional notions of expert knowledge and professional neutrality. I am not arguing that we ignore expertise - our own or that of our clients. The issue is what we do with expertise. What we want to call into question is the *unquestioned presumption* that the professional *should* be the authority.

In the face of competing modes of practice, we are all too familiar with the tendency to slip into a heightened sense of certainty. Yet, we do not give much thought to the tendency to slip into a sinking sense of uncertainty. The *structured* expectations of professional practice that have emerged as a result of the dominant discourse of the psy-complex have increased the possibility of adopting a self-deprecating uncertainty (e.g. “systemic therapy is not rigorous enough; I shouldn’t talk about my approach with other professionals”). Alternatively, the uncertainty that is associated with the reflective practice of radical presence - as I am proposing here - is one that invites multiplicity and thereby invites professionals and clients alike to question their assumptions and explore alternative resources for personal, relational, and social transformation. Uncertainty invites humanizing practices. To that end, we could call this *generative uncertainty*.

Generative uncertainty encourages us to be responsive to the interactive moment; it creates radical presence. The professional is now a conversational partner who is free to move within the relationship in ways that enhance both professional’s and client’s abilities to draw on a wide range of conversational resources. The professional is not burdened with being “right”

but with being ***present*** and ***responsive***. As professionals we acknowledge that both ourselves and our clients have a stake and a say in what happens to and with each other.

My comments here raise several important issues, issues that must be addressed within the profession. These include ethical questions of evaluation, expertise, and training. But, for this moment, let me address only two: evaluation and training. What are, for example, the implications of radical presence toward theory and practice for our assessment of professional effect? With the dominance of evidence-based therapy, we are challenged to explore the means by which we can say that our work is successful. Rather than look to models that guide our practice, might we be better situated if we look closely at our interactive processes, our relationships with clients, context, and history, and construct evaluation standards that are suited to a particular situation? Is it appropriate, we might ask, to employ abstract standards to a specific interactive moment? Obviously, such a move would require a complete re-thinking of how we engage in evaluation and, more important, what evaluation means? Whose standards are being used? To what purposes? Who is left out? These are dramatically important questions.

Training, in addition, requires further consideration. Can we only become radically present once we have worked with a number of different clients in a number of different contexts? How do we create training programs that build freedom to humanize practice into the very fiber of the trainees' experiences? These are very difficult questions. They invite us to explore the relational edges where we might find resources that are hopeful and generative, as opposed to answers the offer an ultimate finalization. Radical presence maintains the fluidity of meaning making.

If we draw on the idea of radical presence itself, we might recognize that there is no singular way to prepare one to become a therapist, as there is no singular method for evaluation. Perhaps radical presence reminds us to recognize the risk in the very simple practices with which we engage.

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