Significant and meaningful moments: On the border between inner and outer dialogues

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Exploring the interplay between inner and outer dialogues in significant meaningful moments of network therapy - A qualitative study

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Prologue

The idea for this PhD emerged in a meeting between Professor Jaakko Seikkula and me on the Greek island Lesbos in September 2009. We had both participated in a conference about dialogical practices, and we talked about significant and meaningful moments in networks meetings and multiperson therapy. Early in this conversation, we used the concepts of "the outer dialogue" and "the participants' inner dialogues" in an attempt to catch and describe what those moments contain. At the end of this conversation, Jaakko Seikkula asked me how old I was. When I told him my age, he responded by saying "I think you should do a PhD on this subject." My response was doubtful, but at the same time one voice in my inner dialogue told me that this was an opportunity to go deeper into a subject that had occupied me for a long time. Another inner voice was worried about the amount of the work a PhD requires - was I willing to pay the price?

That is how the idea for this PhD was born. It came to life through a dialogical process between two persons, each with their own inner dialogues, on a Greek island in September 2009. It developed to this thesis: a process filled with many conversations and inner dialogues of hope, despair, engagement, resignation, and belief.

This thesis deals with network-oriented treatment for adolescents in the context of mental health outpatient care. In essence, it is an attempt to gain insight from a dialogical approach into the content of significant and meaningful moments, and what happens inside a participant´s mind that is related to the outer conversation. This thesis also deals with how we can use this knowledge in our understanding of multiperson therapies and other related therapeutic practices. From earlier therapy research we know that the relation between the therapist and the client is essential for the outcome of the therapy. Much of this research is done in the context of individual therapy.

To gather data relevant to our study we video - recorded six different meetings with adolescents and their networks. We then interviewed all the participants of each network meeting separately, up to four days after the actual therapy session. During these interviews, each person watched the entire recorded therapy session on a computer screen without pausing. Immediately after the viewing, each person was instructed to watch the session a second time and stop the video when they saw something significant or meaningful taking place. Whenever they stopped the video, the researcher asked, "what went through you right there?" Each of these interviews was also videotaped. We then transcribed the network meeting and interviews and analyzed the sequences of the conversation where all of the participants had stopped. In the last study, we focused on sequences where only the therapists had stopped.

The overall aim of this study was to examine all of the voices and dialogues present in sequences of the conversation that the participants experienced as significant and meaningful, with a focus on the interplay between the outer dialogue and the

participants' inner dialogues. In so doing, we hoped to gain more knowledge about the way in which significant meaningful moments emerge in therapeutic conversations, and what they contain. From this kind of knowledge, we might be able to consider how therapeutic conversations heal psychic pain, and thereby offer further insight about therapeutic practice in general and dialogical practice in particular.

Content

1 Introduction

1.1 Context of collaboration

This study is a part of a development program for practice, research, and education entitled "Dialogical Collaboration in Southern Norway" (Kristoffersen and Ulland, 2010). This program evolved from over ten years of implanting, developing, and scientifically exploring dialogical and network-oriented practices in Southern Norway. It was developed through collaboration between the Institute of Psychosocial Health at the University of Agder, the Department of Child and Adolescent Mental Health at Soerlandet Hospital Health Enterprise and user organizations and municipalities in the county of Agder. "Dialogical Collaboration in Southern Norway" has given us several qualitative studies with different perspectives of dialogical practices (e.g., Bøe et al., 2013; Grosås, 2010; Hauan, 2010; Holmesland et al., 2010; Ropstad, 2010; Ulland et al., 2014).

For the purpose of this study, a research team was organized consisting of two PhD candidates – the author, and Tore Dag Bøe, at the University of Agder, Norway, and two co-researchers-, Karianne Zachariasen and Gunnhild Ruud Lindvig, who worked as consultants at Soerlandet Hospital and participated on the basis of their experience in the areas of mental health difficulties and mental health care, and myself, Per Arne Lidbom, at Soerlandet Hospital Enterprise, Norway. The research team supervisors were Professor Jaakko Seikkula of the University of Jyväskylä, Finland, Professor Kjell Kristoffersen of the University of Agder, Norway, and Professor Dagfinn Ulland at Soerlandet Hospital Enterprise, Norway. In addition to this research team, a group of therapists, from the Department of Child and Adolescent Mental Health at Soerlandet Hospital, was organized and its members attended regular meetings with the research team to discuss the progress of the research.

In October 2010, I had the opportunity to meet a group of researchers in Leuven, Belgium to discuss the design of this research. This group of researchers consisted of my supervisor, Professor Jaakko Seikkula, Professor Peter Rober, from the University of Leuven, Belgium, Associate Professor Mary Olson, from Smith College School for Social Workers, Northampton, USA, João Salgado, Assistant Professor from the University of Porto, Portugal, and Aaron Litila, lecturer at the University of Jyväskylä, Finland.

In October 2013 our research team invited Emeritus Professor John Shotter of the University of New Hampshire to visit Soerlandet Hospital and the University of Agder, and we had the opportunity to consult him regarding our ongoing research. The "Network for Open Dialogical Practices", an international network for dialogical approaches in human practices (Open Dialogical Practices, 2014), initiated the

International Conferences on Dialogical Practices series. The first was held in Helsinki, Finland, in 2011, followed by the second in Leuven, Belgium, in 2013, and the third in Kristiansand, Norway, in 2015, the fourth in Torino, Italy, in 2017, and the fifth in Buenos Aires, Argentina, in 2019. This network and these conferences have provided an opportunity to present and discuss our ongoing research with a group of international researchers and practitioners.

1.2 Aim of this study

The overall aim of this study was to explore the interplay between the outer dialogue and the participants' inner dialogues in network meetings. The specific aim was to explore how the interplay between inner and outer dialogues contributes to moments the participants experienced as significant and meaningful. The work of Rober (1999, 2002, 2005a, 2005b, 2017) and of Rober et al., (2008) on family therapy conversations focusing on the therapist's inner dialogues has given us knowledge about the interplay between the outer dialogue and the therapist's inner dialogues, but we have little knowledge of how the other participants' inner dialogues together with the therapist's inner dialogue contribute to significant and meaningful moments. In our research, we also want to gain insight into how sequences only the therapist finds significant and meaningful differ from sequences where all the participants experience a significant and meaningful moment. Such knowledge may help us to develop new strategies for therapeutic practice in general, and dialogical practice in particular.

These overall aims and questions were pursued in four substudies, the results of which are presented in four scientific papers and form the foundation of this thesis. This thesis also suggests some new perspectives for interpreting our findings within dialogical practice and, to some extent, how we can facilitate for significant and meaningful moments to emerge within different therapeutic practices (e.g. family therapy, group therapy and individual therapy).

1.3 Structure of this thesis

The thesis is based on four published articles. In this chapter, I will introduce and describe the theoretical context for the thesis. In chapter 2, I will describe the development from individual to multiperson therapy with a focus on family therapy. Chapter 3 contains some of the basic assumptions within dialogism that have relevance to this thesis. In chapter 4, I will present and elaborate some of the main concepts from dialogical theory, concepts that are essential for dialogical practice. A description of significant and meaningful moments will be presented in chapter 5. In chapter 6, I will present the research context which includes earlier research we find relevant to our aims. The methodology and the methods used in our research are presented in chapter 7.

The findings of the four articles are summarized in chapter 8. In chapter 9, I will discuss the findings in terms of dialogical theory and practice. Finally, in chapter 10 I will conclude and indicate possibilities for further research.

1.4 Search for papers

The overview of relevant research and theoretical considerations was obtained through a search of several databases by paying continuous attention to relevant studies and theory in the literature, from conversations with my supervisors, colleagues, and other researchers, through to other sources. Systematic searches were conducted in the Medline, Psychinfo and Cochrane databases. In addition, less systematic searches were conducted using Google Scholar and ResearchGate for authors, concepts, and themes. All studies and articles were assessed in terms of theoretical relevance and scientific quality before they were included.

2 From individual to multiperson therapy: A relational and linguistic understanding of humans

Over time, many therapists and researchers have, in one way or another, been occupied by the relations between humans throughout their lives. For several decades, the main focus has been on the individual, and the person's inner processes and structures' - a perspective where relations became subordinated to the subject (e.g. Freud, 1960; Kernberg, 1975; Kohut, 1971). Inherent to this approach is a Cartesian view of the human. Humans are conceived as individual beings that experiences the world from a confined and innate self and understand the world and the others from their individual thinking from outside (Flåm, 2018). Relational phenomena are individualized, and therapeutic work becomes an activity between the client and the therapist where the client's inner life and structures are in focus.

Several researchers and therapist have been opposed to the Cartesian position. George Herbert Mead was occupied with many of the same issues that occupied Bakhtin. Mead (1934) claimed that the self emerges and develops in the relation to other people. Furthermore, he considered that social interaction gives us the ability to form a relation to ourselves and take the perspective of others and that the language is the essence in this process. With his approach he turned the focus from an individual isolated mind to the relational and a social mind.

Inspired by the work of Mead and others in his circle and the development in the fields of cybernetics and communication engineering, Jurgen Ruesch and Gregory Bateson (1952) published the book "Communication: The social matrix of psychiatry". Here they focused on the message and the circuit as units to study. A method was found to connect various entities, and hence one of the first steps toward what later became family therapy was taken.

Since then, the family therapy field has gone through many important changes, including those based on the work of Anderson and Goolishian (1988, 1992) and Andersen (1987, 1994), which relate to this thesis. The first change they made was to leave a mechanical understanding of humans to the benefit of understanding them as linguistic entities. In so doing, language became important to how both humans and human relations could be understood, an understanding that strongly influenced family therapy practice. Another change was to shift the therapist's position, from being the expert on how people should live their lives to what they called a "not knowing position" (Anderson and Goolishian, 1992). This was a revolution within the context of psychiatry and treatment of mental illness, because psychiatry is a medical science, where the doctor or the therapist is the expert and the patient becomes the object for the doctor's or the therapist's interventions (Seikkula and Arnkil, 2013). By shifting the therapist's position to a "not knowing position" the therapeutic task shifted from

forming hypotheses about what the best was for the clients, to engaging in the therapeutic conversation as an interlocutor and, by that, establishing a dialogue with the client (Andersen, 1992; Anderson, 1997). By engaging the client in a dialogue, the therapist must also let go of the control over the conversation and adjust to what is important for the client to talk about. This shift also included an unconditional recognition of the other, in this context the client, and by that opened up for what later became dialogical practice.

Along with this development came the introduction of social constructionism (Gergen, 1994, 1999, 2001). The essence of this approach is how we as humans construct our realities in the interplay with each other. One of the main ingredients we use to make those constructions is our language. It is a connection between how a person talks about a phenomenon and how he or she perceives it. The words we use to describe our experiences become a kind of reality that we relate to and by that affect our experience of the reality. Both social constructivism and the linguistic-oriented therapists highlighted the language we use as important both in terms of how we understand ourselves and others. This development influenced the family therapy field in terms of how the family members talked about their lives and relations and how the therapists' talked with the families in their sessions. In many ways' language became a social process that gives people the opportunity to engage in social relations (Gergen, 1999).

In recent years, a dialogical perspective has emerged in the family therapy field. Inspired by the Russian philosopher Mikhail Bakhtin (1895 – 1975), several therapists and researchers have developed different forms of therapeutic approaches based on dialogism, e.g. Jaakko Seikkula and "Open Dialogues" (Seikkula, 2012), Peter Rober and "Family Therapy as a Dialogue" (Rober, 2017) and Hubert J.M. Hermans and Giancarlo Dimaggio "The Dialogical Self in Psychotherapy" (Hermans and Dimaggio, 2004). Although these different therapeutic approaches have the dialogical perspective in common, they differ from one another in terms of how they arrange, perform and what they emphasize in their actual therapeutic work. One main reason is the divergent use, and understanding, of the terms dialogue, dialogicality and dialogism. What happens inside a person in therapy is still important, but it will always be understood in terms of the relationships between the persons present in the therapy session, and their previous significant relationships, and what is talked about in the outer dialogue (Seikkula, 2008).

3 Dialogism: "Es ergo Sum" – "You are therefore am I"

All modes and orientations of psychotherapy are instances of the joint communicative activity of two or more individuals, aiding the help-seeking persons to come to terms with or to solve the predicament that brought them into therapy. The subject matter of psychotherapy research is this joint activity in all its diverse modes and developmental phases. Personal or inner experiences do form an important domain of communication in all except the strictest modes of behavioral therapy. The diversity of different therapeutic approaches is mainly based on how we understand human beings, human relations and the environment of which we are part. In the same way as with the concept of psychotherapy there are different interpretations of the concept of dialogue. A dialogue, in an academic sense, is much more than the give and take in a conversation. That is more the everyday understanding of the term.

A great deal has been written about dialogue, and how personal development and growth depends on dialogical relation to both other people and to the surrounding world. (e.g. Derrida, 1978, Gadamer, 1980; and Buber, 1970). In fact, there are many ways to describe a "dialogue" and abundant academic debate around what constitutes one (Sullivan, 2012). In this thesis I will lean on the work of Bakhtin (1981, 1984, 1986) and Voloshinov (1986) and to some extent also to Shotter (1993, 1994, 2000, 2016), Linell (2009, 2017, 2019), and Levinas (1987).

In recent years several therapists and family therapists have used Bakhtin's concept of dialogue in a therapeutic context (e.g. Andersen, 1995; Anderson, 1997; Hermans and Hermans-Jansen, 1995; Rober, 2005b, 2017; Seikkula, 2002, 2008, 2015). By claiming that the therapeutic work is based on dialogicality, we take a stand that provides a forceful alternative to more traditional approaches of studying dialogue primarily in terms of interactions as exchanges of gestures and symbols or as the participants' speech actions (Markova, 2006, p125). So how can we apply the dialogical alternative in a way that can make a difference?

The word dialogue refers to a practice – to something people do together – rather than to abstract thinking (Linell, 2009). Bakhtin (1984) states *"The single adequate form for verbally expressing authentic human life is the open–ended dialogue. Life by its very nature is dialogic. To live means to engage in dialogue, to question, to listen, to answer, to agree, and so forth"* (p. 293). The word "dialogue" then becomes a concept permeated with several philosophical and epistemological perspectives based on the assumption that sense–making in and of the world always involves others. Thus, dialogism is based on interdependency between self and others (Linell, 2019). Bakhtin (1984) say:

To be means to communicate …. To be means to be for the other, and through him, for oneself. Man has no internal sovereign territory; he is all and always on the boundary,

looking within himself, he looks in the eyes of the other or through the eyes of the other…. I cannot do without the other, I cannot become myself without the other (p.12). We see how dialogism opposes extreme individuality and understand humans as relational beings. It is only in relation to others we see our self as whole and, we reach an understanding of ourselves only through a communication process.

According to Linell (2009) the word "dialogue" is used in three different senses. The first sense is the concrete empirical sense. This sense refers to a situation where two or more people meet and interact using semiotic resources, such as spoken language and body language. This kind of dialogue includes face-to-face situations, real-time interaction (such as telephones), and delayed interactions (such as e-mails). The normative sense is the second sense where "dialogue" refers to high qualitative interaction characterized by a high degree of symmetry and co-operation. This sense of dialogue stresses "*clarity, symmetry, egalitarianism, mutuality, harmony, consensus and agreement*" (p.5). Linell links the third sense of "dialogue" to the dialogical theory and by that indicates certain dialogical ways of understanding sense-making, semiotic practice, action, interaction, communication and thinking. In this third sense, Linell suggests that dialogue becomes specific ways of exploring language activity and human existence. By suggesting that, dialogue becomes fundamental to what it means to be a human, and how we relate to the world we are in. Furthermore, Linell (2017) make a distinction between *dialogue theories* and *dialogical theories*. Dialogue theories focus on the outer dialogue in the sense of overt interaction through language (or other semiotic systems) between two or more co–present persons. The focus is on patterns, rules and mechanisms that emerge in the interaction. Dialogical theories move beyond these understandings and towards explanatory theories of the underlying sense-making capacities. Sense–making activities presuppose a basic capacity of the human mind for dialogicality (Markova, 2003), and enable human beings to develop an understanding of ourselves, others and the surrounding world. Dialogical practice and theories as they are applied in this thesis are principally based on what Linell (2017) calls dialogical theories. I am focusing both on the outer dialogue and the interlocutors' inner dialogues and highlighting the relational and interactional character of being a human and how we make sense of the world and ourselves at any time through the multiplicity of dialogues we are engaged in through our life.

3.1 Being and becoming me in the world

Our being, and becoming "me" in the world, means communicating - it is in the dialogue with others we find ourselves (Bakhtin, 1984). From this perspective, dialogism becomes existential (Marková, 2006). We are born into a lifelong process with intersubjectivity and being in dialogue with others and ourselves. Modern infant

research has shown us that human infants are born with a disposition to establish contact and to participate in dialogues with other human beings (Beebe and Lachmann, 2002; Bråten, 2007; Stern, 1985, 1995; Trevarthen, 1979, 1992). Infants coordinate their actions, attention, and change their responses to the attunement and responses from the significant others. The child then becomes an *active dialogue seeking and dialogue orienting being* (Flåm, 2018). This infant research has shown how important dialogues are for the process of becoming me in the world, by focusing on dialogue and how we find our identity in dialogues with others (Stern, 1985; Bråten, 2007). Within this approach of child development and intersubjectivity, interactivity becomes a part of the intersubjectivity. Mind and body are not seen as separate parts (Bruner, 1986; Stern, 2004). The child is a dialogically oriented by being spontaneous, living, and bodily responsiveness to others and the otherness around it within different contexts, relations, and dialogues (Stern, 1985, 1995; Trevarthen 1979,1992; Vygotsky, 1979). This approach differs from a Cartesian understanding which separates the mind from the body; a distinction that diminishes the experience of the inescapable physical embodiment and thereby attenuates a sense of being wholly subjects (Flåm, 2018). The dialogical and intersubjective understanding of child development highlights the importance of the relations and dialogues the child actively participates in and describes how development emerges in these relations (Bruner, 1986, 1990; Bråten, 2007; Stern, 1985, 1995, Trevarthen and Aitken, 2001).

Bakhtin (1984) pointed out that we always will become someone different in different dialogues, and because others undergo the same process, they will not be the same as they have been in previous dialogues either. Each dialogue brings something new with it, and will therefore become a source for new dialogues, experiences and meanings. Along similar lines, Ingold (2013) and Shotter (2016) suggest replacing the concept of "human beings" with "human becoming's". Humans are no longer thought of as discrete, bounded entities, set against the environment. As Ingold (2013) states, "*What we are, or what we can be, is something that we continually shape through our actions…* (p. 114). By asking what being human means they also ask if being human can be thought of as something superior to, and separate from relations and contexts, and all the other connections that are inseparably intertwined with human existence. Bakhtin, Ingold and Shotter all emphasize that intersubjectivity is a prerequisite for subjectivity, to be human means to participate in dialogues, different dialogues that constantly develop and change the persons we are. I am becoming me repeatedly, in different ways within different dialogues and contexts.

3.2 Sense - making

As mentioned earlier, a central issue in dialogism is how meaning and understanding emerge and come to fruition. Human beings are constantly making sense of their

physical and social worlds, other people and themselves and this occurs in direct and/or indirect interaction and interdependencies with others (Linell, 2017). Meaning and understanding emerge in dialogue between people and are not things the individual creates on his/her own. In this co-creation, interplay is the response from the other crucial and activating principles and becomes the basis for understanding and meaning. Bakhtin (1981) claims that *"Understanding comes to fruition only in the response, understanding and response are dialectically merged and mutually condition each other; one is impossible without the other"* (p. 282). From this perspective, understanding is not a passive process in which meanings are conveyed by the listener and received by the speaker. Rather, understanding becomes an active and creative process in which the meaning of the speaker meets the meaning of the listener (Rober, 2005a). Utterances then become constructed answers to previous utterances and at the same time precursors to utterances that follow (Seikkula, 2008). Every utterance is implicitly or explicitly evaluated by the others, and their verbal and nonverbal reactions invite new utterances in a complex dialectical dance of differences and similarities (Rober, 2005b). In this active process, meaning will emerge as a result of the interplay of the outer dialogue and the interlocutors' inner dialogues.

Shotter (1993, 2000) incorporated the importance of the dialogical context, along with how the dialogical context influences the meaning of the concepts used in the actual dialogue. Understanding from a dialogical perspective principally relates to practical knowledge rather than representative knowledge (Shotter, 1993, 2000; Rober, 2005b). In representative knowledge, the main focus is to catch the exact meaning of the actual words, while in practical knowledge, the main purpose is how to use the actual utterances to move further on in the dialogical process, while simultaneously coordinating our actions with those of the other (Shotter, 1993, 2000; Shotter and Billig, 1998). When we are in such dialogical processes the emergence of new meanings that are different from the original ones repeatedly come into play (Bakhtin, 1986; Rober, 2005b). In this dialogical process, it is necessary to see the world through the eyes of the other, but at the same time it is insufficient, because the dialogical process would not bring something new if it was a blueprint of the original meaning. Because every dialogue brings something new and unique with it, it is impossible to repeat a dialogue as it has been. The dialogical perspective reflects a view that highlights the unpredictable side by being in dialogue and downplays the content and the recurring observable patterns (Rober, 2005a; Seikkula, 2008). We will never be in a state where our understanding of the world, ourselves and others is entirely complete.

3.3 Dialogue vs. Monologue

In the field of network and family therapy the concept of dialogue is usually seen as the opposite of monologue, implicitly suggesting that good therapy is dialogical, while bad

therapy is monological (Rober, 2017; Shotter, 2002). But it is more complicated than that. Luckman (1990) claims that any form of joint activity is a dialogue, but he makes a distinction between "dialogical dialogue" and "monological dialogue". Every utterance is dialogical because there are always other voices present than those who are uttered, and every utterance is in dialogical relation with previous utterances and after the actual utterance. A monological dialogue is an authoritative utterance with no room for doubt or question, it is an utterance that does not give room for other options. Bråten (1988) describes monolog as seeing the other as passive. Monologue involves restricting the other by domination or by control of the available means of explanations. An example of such a conversation is when a therapist follows a manual for a diagnostic conclusion. Such manuals are usually concerned with symptoms, if you have them or not. In such a context, the dialogue is given an ethical aspect, e.g. a therapist that has an authoritative position as an expert on mental health. Linell (2009) points out that communication can be understood on two different levels. At one level all communication and cognition are dialogical and, at another level we can talk about a scale of several dimensions ranging from "monologue" to "dialogue". It is a variation of degree in how monological and dialogical a conversation or sequences of a conversation can be. From this perspective a conversation can be understood as a continuous dynamic tension between the monological and dialogical functions (Rober, 2017).
To be in a conversation which is pervasive dialogical implies that the interlocutors do not have control over the conversation, it is the conversation itself that "guides" the interlocutors through different perspectives and themes. Instead of controlling the conversation and each other, the interlocutors are occupied by listening to each other and invite the other to take part in the conversation (Seikkula and Arnkil, 2007). By inviting the others to take place in the conversation you also invite them to take part in their own life in relation to the topic of the conversation (Rober, 2005b, 2017, Shotter, 2016). For a therapist can it be a challenge, to let go of controlling the conversation and rely on the conversation itself, that the conversation will lead the participants to themes when they are ready to talk about them. Rather than search for facts or details, dialogue seeks orientation, it is an (inter)active and responsive process. In this process, local knowledge and understanding come from within the conversation itself (Anderson, 2012). It is not a process characterized by surmising and understanding of the other, based on a preunderstanding as a theory.

4 Essential concepts from dialogism used in this thesis: Outer dialogue, Voices and Utterances, Inner dialogues and Polyphony

In this chapter, I will present and elaborate some of the main concepts from dialogical theory that are central to the thesis and consider how the interplay between those phenomena is thought to happen.

In a therapeutic meeting, meaning and understanding take place in the dialogue between the speaker and the listener. Any form of psychotherapy consists of a multitude of overt and covert processes. In addition to the visible and audible aspects of therapeutic conversations, we know that therapeutic meetings feature covert dimensions that have an important role in the therapeutic process (Andersen, 1992; Anderson and Goolishian, 1992; Rober et al., 2008). By the use of a dialogical approach and the dialogical concepts of voices and utterances, inner and outer dialogues, and polyphony we hope to achieve an insight into, and to reach an understanding of how both covert and overt processes contribute to the emergence of significant moments in the therapeutic conversation, and therefore how therapeutic conversations can become a healing process for mental problems.

4.1 Outer dialogue

For Bakhtin (1981, 1984, 1986), language exists only in dialogical interactions with the people using it. Every utterance is addressed to someone and acquires its meaning in the continuously developing context that the individuals shape through their interaction with each other (Rober, 2002). Every utterance and word we speak is connected to words spoken before and the words that will come. Every utterance has an author (who is speaking) and an addressee (to whom the author is speaking) who give an utterance as a response. Words acquire their meaning only in the actual response of the listener. The outer dialogue always involves an author who addresses someone, speaks, and anticipates a response, in a sociocultural context from which their words are “rented”, and a listener who responds to the speaker’s words and shapes their meaning (Leiman, 2004; Rober 2005b). The outer dialogue consists of several voices interacting with each other. When we speak, we orchestrate these different voices in outer utterances to make them express our own intentions (Bakhtin, 1981; Cooren and Sandler 2014). As mentioned earlier, it is natural that outer dialogues shift between being dialogical dialogues and monological dialogues in a conversation. Within a therapeutic context this can be about the therapists’ attitude towards his/her own knowledge, e.g. the difference between “not knowing position” and “the expert position”. Those different positions may affect the conversation in a way that makes it more or less dialogical.

4.2 Voices and utterances

Voices and utterances are a central concept in Bakhtin's theory of dialogism. Bakhtin (1984, 1986) understands voices as our speaking consciousness, and our speaking personality. Voices get their utterances as the spoken words and, different body expressions and get their meaning in the ongoing dialogue. When experiences of life are formulated into words, they become voices in our life. Based on Bakhtin's description of voices, other researchers have tried in different ways to specify the content of the actual concept (e.g. Linell, 2009; Seikkula et al., 2012; Stiles et al., 2004,). These different descriptions accentuate different properties of the concept and make it difficult to give a precise and accurate definition of "voices", but at the same time show the diversity of the concept.

Stiles (2002) describe how all our experiences leave traces in our body, and how a few of them become words and different spoken narratives. This involves a process from bodily traces to formulated words and narratives, and at the same time a process from non–conscious experiences to conscious experiences (Seikkula, 2008; Stern 2004). Not all experiences that have words find their utterances, some of them remain as inner voices (Rober et al., 2008; Seikkula, 2008). A voice will always belong to a social cultural environment, and by that carry ideologies through a social language (Seikkula et al., 2012). As humans we have different voices expressing different meanings from different positions, a position within a dialogical understanding is more like a process than a firm position and can be understood in the context of what was previously mentioned about "human being" and "human becoming's".

An utterance is always formed by a voice whether it is oral, written or bodily, and it always speaks from a position and is adapted to the addressee. An utterance is at the same time a response to earlier and coming utterances (Bakhtin, 1986). Different voices express different meanings from different positions within a social language that carries ideologies. These voices express experiences and meaning from different positions and at the same time speak social languages and carry ideologies. So, even if the speaker is speaking the words of the story, any utterances will contain different voices that are in dynamic interaction with each other (Seikkula et al., 2012). A therapeutic meeting, from this perspective, will contain many voices speaking from different positions to different addresses. Within a network meeting with several participants will there be a multitude of different voices present, both those who find their utterance and those who remain as inner voices and dialogues.

4.3 Inner dialogues

When we are in dialogue with other persons, we are at the same time in dialogue with our selves (Bakhtin, 1981, 1984, Markova 2006). Our attention is drawn to both the

responses of others to what we do as well as our own embodied responses to them and our surroundings. Dialogically oriented scholars like, Vygotsky, Voloshinov and Bakhtin have drawn a great deal of attention to dialogical aspects of internal dialogue and inner speech (Markova, 2006). When they describe inner dialogues, they accentuate different properties of our inner dialogues.

Bakhtin (1984) describes inner dialogues as simultaneous dialogicality, a sort of multivoicedness which occurs when the listener responds to the voices and utterances of the others. Within this perspective inner dialogues can consist of voices, images, words, and sentences.

A basic assumption in Vygotsky's theory is that he considers the development of language as a social activity and it starts with the interplay with others. Within his theory of language development, he also describes how we develop inner dialogues. Vygotsky considers that the development of inner dialogues starts with the interplay with others. As children develop, they speak loudly to themselves; especially in situations where they need to solve a problem or which they experience as difficult. Vygotsky considered this kind of speech to be helpful for the child and suggested that it is the link to inner dialogues. As the child develops, he or she will have the same kind of conversations, but they take place within the child as inner dialogues (Vygotsky, 1978). In his description of how we develop inner voices and dialogues Vygotsky emphasizes the relational child and how we connect to the world through social activity and language. Vygotsky (1986) also remarked that inner dialogues and inner speech is not a blueprint of the outer dialogue, they are often less explicit and more incomplete than utterances and the outer dialogue. Within this approach to language development, inner dialogues become a particular form of verbalized thoughts (Vygotsky, 1978).

Another approach to how we develop inner voices and dialogues is based on that we are born with the capacity to develop a "virtual other" (Billig, 1987; Bråten, 1992, 2003, 2007). By introducing of the concept "the virtual other", this approach shows how it emphasizes images to a greater extent than Vygotsky when they describe the development of inner voices and dialogues. The capacity to develop a virtual other is a part of the infant's mind and is ready to come in dialogue with significant others. In dialogue with significant others the infant develops an inner representation of the actual persons, and along with that a dialogue between him/herself and the virtual other emerges. Within this dialogue a near relation develops, a relation that gives the infant a pre-linguistic form of feelings, that later develops to a linguistic form and by that to inner voices and dialogues.

Markova (2006) describes how Voloshinov questioned the voices in internal dialogues, by referring to different possibilities they could represent, e.g. how inner voices could represent the social group a person belongs to, it could cause a conflict between the norms of the person and the norms of the social group he/she belongs to, or it may not

represent any stable position but consist of incoherent reactions determined from moment to moment. By pointing at the different possibilities inner voices and dialogues can represent, Voloshinov also points at both theoretical and methodological challenges used in describing and analyzing inner voices and dialogues (Markova, 2006). Some of those problems have been attempted to be coped with in different ways. Since the details of this work go beyond the scope of this thesis, I shall shortly mention here that a common factor for most of the proposed solutions are that they are based on the triad Ego – Alter (often referred to as the other) – Object/representation. Saldago and Ferreira (2005) describe how Alter as a subject takes place within Ego's internal dialogue by introducing the concept of "the - other – in - the – self". Markova (2006) uses the notion of "the inner Alter" to describe how Alter can be represented in the Ego's inner dialogues by representing different Alters' and positions, depended on relational issues such as trust/distrust, and different themes such as ethic, morality and self–interest.

In network and family therapy our consciousness has been described as inner voices and dialogues (e.g. Andersen, 1994; Anderson, 1997; Penn and Frankfurt, 1994). This approach emphasizes the relational perspective and how inner voices and dialogues are connected to both the language and the interplay that unfolds in the actual dialogue. The focus is not so much on how the inner voices and dialogues are representations of the individual, but rather who they represent and from what position they are speaking and who the addressee is. From this perspective, the mind can be conceptualized as inner voices speaking to each other, or as a process of inner dialogues, with different voices speaking from different positions to their addressees. In this dynamic of voices and dialogues, one's mind will move between different spatial positions, depending on which voices speak to which addressee (Hermans, 2004; Rober et al., 2008).

Within a network meeting the therapist has a special position compared with the other participants. The role as therapist implies that he/she has a responsibility as a result of his/her theoretical, and methodological knowledge that the other participants do not have. This also implies that the therapist's inner dialogues may be different from those of the other persons participating in the network meeting. Specifically, they are different in the sense that they are more related to theories and methods used in the actual conversation. At the same time, we know from earlier research on therapy and therapeutic practice that the therapist is present as a person as well as a therapist in the conversations with their clients (Aveline, 2005; McConnaughy, 1987; Nissen – Lie et al., 2017). So, in addition to the theoretical and professional considerations the therapist makes during a therapeutic conversation they also act on knowledge and experiences they have gained from their personal life and experiences. This indicates that we can differentiate between therapists' professional and personal positions (Rober, 2005a; Rober et al., 2008). Based on the differentiation between the professional and the personal positions, Rober et al. (2008) suggest that therapists' inner dialogues move

between four positions, each of which is a concern of the therapist. 1. *Attending to the client's process* refers to the therapist's effort to connect with and focus on the client's personal process in the here and now of the session. The attention is on the client. 2. *Processing the client's story* refers to the therapist's internal processing of the client's story about "there and then", the world outside the session. 3. *Focusing on the therapist's own experience* concerns the therapist as a living, experiencing human being, and refers to his/her reflections and self-talk in the "here and now" in the session. 4. *Managing the therapeutic process* concerns the therapist's management of the process given his or her responsibility as a therapist; and includes taking care of the therapeutic context, assisting the client in the telling of his/her story, and reflecting on the therapeutic attitude. The therapist is focused on what he/she can do to help the client.

As we can see, there is, within the field of dialogism different approaches to how inner dialogues develop, can be understood, and described. Inner dialogues may vary on a range from vague sensations to articulated words and sentences (Lewis, 2002). To some extent, the various descriptions also have something in common. They are often described as different "I – positions" where the person can look upon him/herself from different positions, and try to adopt the other's view or perspective on him/herself or the subject that is talked about in the outer dialogue (Linell, 2009).

As we see there is a great variety and complexity when it comes to understanding the dynamics and properties of inner dialogues. In our study it has been a challenge to bring with us this complexity and diversity of different views. As a working-angle we have thought of inner dialogues as referring to what the individual experiences, feels, and thinks, but not shared in the actual sequences of the conversation. The focus will be on how inner dialogues, with different voices speaking from different positions to their addressees interact with the outer dialogue. When it comes to the therapist's inner dialogues, we choose to differentiate between the professional and the personal positions.

4.4 Polyphony

In therapeutic settings and conversations, many different voices and dialogues are present at the same time. External and internal dialogues intertwine and are constituted by a polyphony of constant and dissonant voices and dialogues (Hermans, 2004). This polyphony makes therapy into a juggling act moving between different voices, positions and addressees. Meaning is constantly generated and transformed by an intrinsically unpredictable process of responses followed by further responses. The more voices incorporated in this polyphonic dialogue, the richer the possibilities for emergent understanding (Seikkula and Trimble, 2005). Therapists avoid moving toward conclusions and ready-made questions by tolerating those situations where opportunities to move on are rarely presented as single unambiguous responses.

Fløttum (1999) points out that polyphony seems to be used in different ways, and that there are at least three interpretations of the phenomena. 1. Its relevance to cases where several voices manifest themselves in successive utterances, a rather straightforward and commonly accepted phenomena. 2. It is used in the case of voice dualism in an utterance. The addressee's voice is repeated or integrated in some way in the utterance. 3. Polyphony can be understood as a manifestation of several voices present in one and the same utterance. In our research, which is performed within a therapeutic context, the focus is on polyphony that refers to cases where several voices manifest themselves in successive utterances.

A therapeutic meeting within a dialogical perspective will be a meeting where participants move on the border between the outer dialogue and their own inner dialogues. Meaning and understanding occur in the dialogue between the speaker and the listener, and thereby expand their understanding. An important dynamic in the emergence of achieving understanding is seeing things from the various positions represented in both the outer dialogue and the participants' inner dialogues. Most of the research on the interplay between inner and outer dialogues concerns individual forms of therapy, (e.g. Seltzer and Seltzer, 2004; Stiles, 1994). Little research has been conducted in therapeutic contexts where more than two persons are present. With several persons present in the conversation the polyphony will become richer and more complex. This thesis is an attempt to gain insight and knowledge about the outer dialogue and the participants' inner dialogues when we include all the participants in a network meeting and focus on the sequences in the conversation that they all perceive to be significant and meaningful.

5 Significant and meaningful moments: Moments when something stand at stake

Research on significant and meaningful moments in therapy explores and analyzes short episodes of the therapeutic process (Greenberg, 2007; Timulak, 2010). The underlying rationale is that these events are helpful in the therapeutic process (Timulak, 2010). Most of this research has been conducted in individual therapy. Family and network therapy research that focuses on generating dialogues not only examines the content of narratives, but also unfolds the feelings and experiences in the moment when the narratives are told (Seikkula, 2008; Seikkula et al. 2012). In this process of shared events, where stories are told and heard, the situation that is referred to has already passed (Seikkula, 2008). Instead of intervening in accordance with planned actions, the therapist adopts a position of focusing on the client's utterances. In this interplay, significant and meaningful moments cannot be planned, but will emerge in the conversation at various times and with different content for the respective participants. Both the timing and the content of these occurrences will play an important role in what is and is not uttered in the conversation. The therapeutic approach applied by dialogical network meetings is in many ways similar to some of the postmodern family therapies, including those where problems are seen as socially constructed, and is closely related to the language used to describe the problems (Rober, 1999, 2005b).

6 Research context

In recent years, the dialogical perspective has emerged in the field of therapy, both within individual therapy (e.g. Hermans, 1998, 2003) and family therapy (e.g. Rober, 2005b, 2017). During this development there has also been an increase in research within dialogical therapy.

Therapists and researchers have, for several decades, been interested in what goes on in the minds of clients and therapists during a therapeutic meeting. Kagen et al., (1963) developed and introduced a research method called the "tape-assisted recall procedure" in an attempt to gain insight into the participants' experiences when they are in an interplay with each other. In short, this method involves the researcher videotaping the actual conversation and showing it to the participants afterwards as an aid to recollection to what went on in their mind during the actual conversation. This method was further developed by Elliot and Shapiro (1988) to identify significant change events in therapeutic settings and to obtain information about the clients' and therapists' moment–to moment experiences during these significant events (Rober et al. 2008). In our research, the taped-assisted recall procedure was used to gather necessary data to address our concern.

Some research has been conducted on the interplay between the outer dialogue and the participants' inner dialogues. All the studies focus on therapeutic conversations, but within an educational context with students, or as a training program for practicing therapists.

Pare' and Lysack (2006) explored counselors' students' inner dialogues when they practiced an educational exercise designed to heighten the students' awareness of covert elements in a conversation. One of their major findings was the diversity of the participants' inner dialogues.

As mentioned earlier, Rober et al., (2008) completed a study on family therapists' inner dialogues during a role play where the therapists played themselves and other therapists played the couple they had in therapy. The main focus in this study was the therapists' self as inner dialogues with a multiplicity of inner positions, embodied as voices, having dialogical relationships in terms of questions and answers or agreement and disagreement. From their findings, they proposed a descriptive model of the therapists' inner conversations, with four different positions. Each of the four positions represents a concern of the therapist; attending to the clients' process, processing the clients' story, focusing on the therapist's own experience, and managing the therapeutic process.

Androutsopoulou et al., (2016), studied the therapists' inner dialogues in a training activity called "Inner dialogues – therapist – observer client". This is a form of exercise designed to familiarize trainees with the concept of inner dialogues of the therapist, clients, and observers in role-play sessions. In this study, the authors were interested in

ways that the therapist's inner dialogue, as performed in various therapy acts, may have shaped the client's and observer's own dialogues, and may therefore have influenced the process and outcome of a first session. Twelve training groups with three or four members participated in this study. The authors categorized four different connections between the therapists and the clients: 1. Connection, 2. Unacknowledged connection, 3. Misconnection, and 4. No connection.

The studies presented above were completed within an educational context. They all focused on therapeutic conversations and highlighted the magnitude of voices and dialogues present in these kinds of conversations. They also show how covert processes and their interplay with the outer dialogue are significant to the way the therapist speaks and understands conversations with his or her clients, and also influence the relation between the therapist and the clients. Rober et al., (2008) show us how the therapists' inner dialogues move between different positions concerning professional issues and personal issues. At the same time, none of these earlier studies consider all of the participants' inner dialogues present in the actual meeting. They all focus on the therapists or students graduating to become therapists. In our study, which includes all the participants in a network meeting, we hope to gain new knowledge about how the intersubjectivity contributes to the emergence of significant and meaningful sequences within dialogical practice.

7 Methodology

This chapter presents the methodology and the methods applied in our research. To enter the other's subjective world can offer some problems. As a human being I have unlimited access to myself and my experiences, but it is more complicated to get access to other people's experiences. Linell (2019) emphasized that dialogism is a meta-theoretical framework based on the assumption that *sensemaking in and of the world always involves others,* and by that belongs to a branch of phenomenology that focuses on how human beings experience their world(s). When the task is to understand, interpret and find meaning of other people's inner dialogues, utterances and experiences we find it helpful to apply a combination of a phenomenological and hermeneutic methodology.

Edmund Husserl (1989) accentuates that any mental phenomena is intentional in the sense that it is about something and directed toward something beyond itself. A special feature of intentionality is that the object the experience is directed toward does not have to be a real object, but an imagination or a fantasy. This implies that all mental activity is relational. It is the imagined object that decides what happens in our mental processes. This also indicates that subjective intentions and experiences get an advanced place in a process where relational and intersubjectively contribute in a significant way. Husserl (1970, 1989) also describe any mental event as and how subjective experiences is enabled.

The hermeneutical approach has been applied to the unfolding of the meaning in text from the author's perspectives and the contexts within which the author's perspectives originated (Gill, 2015; Orange, 2010). W. Dilthey (1988) made a distinction between natural science and social science by highlighting that natural science was based on mechanistic explanation and that social science and humanity required hermeneutics. Gadamer (1991) developed hermeneutics in a dialogical way. He saw hermeneutic as a dialogical process of understanding what emerges from a conversation is something unique and unexpected (Orange, 2010). By the work of Gadamer hermeneutic shifted from an individual perspective to a dialogical interplay between the interlocutors. "*No one knows in advance what will come out of a conversation. Understanding or its failure is like an event that happens to us* (Gadamer, 1991, p. 383).

The phenomena we will explore in this thesis is the outer dialogue, the interlocutors' inner dialogues and the interplay between them. The hermeneutic approach is used in the interview with the participants, by making it more like a conversation with only one introductory question prepared. Moreover, the analysis of the gathering data is also based on a phenomenological hermeneutic approach.

7.1 Participants

The participants in this research were six adolescents aged from 16 to 18 years who were in mental crisis, seeking help from the mental health care system for the first time, and receiving network-oriented help. They were referred to the mental health care system by their general practitioners. The adolescents, members of their networks, and the therapists all voluntarily participated in this research. The adolescents also participated in a study entitled “Dialogue and the life world in mental health”, which explored their experiences of change in network therapy and other social arenas in their lives that were important to them Bøe et al., 2013, 2014, 2015). Both studies are a part of a research program entitled “Dialogical Collaboration in Southern Norway”.
In our study, the adolescents participated with one member chosen from their network. We investigated one network therapy session for each of the six adolescents who participated. Each of the participants had at least two therapy sessions before filming began for this study, meaning we were able to avoid much of the initial therapeutic work.

Table 1: Therapy session information for case study participants

Case Number	Reason for referral	Duration of the Therapy session	Number of significant moments	Participants in the therapy session
Adolescent 1	**Depression, anxiety and suspected psychoses**	**1 h 12 min**	**8**	**Two therapists, the adolescent, and mother**
Adolescent 2	**Depression, anxiety and suspected serious mental illness**	**54 min**	**2**	**Two therapists, the adolescent, and mother**
Adolescent 3	**Depression and complicated grief process**	**1h 15 min**	**6**	**Two therapists, the adolescent, and an aunt**
Adolescent 4	**Anxiety**	**45 min**	**4**	**One therapist, the adolescent, and father**
Adolescent 5	**Depression and suspected serious illness**	**1h 10 min**	**5**	**Two therapists, the adolescent, and mother**
Adolescent 6	**Trauma after rape**	**1h 10 min**	**4**	**Two therapists, the adolescent, and a friend**

The "Reason for referral" category refers to the network therapists' estimation after previous meetings and is not based on a diagnostic process.

Eight therapists participated in the study. Their ages ranged from 35 to 61 years, and they all had at least four years of practice in working with adolescents with mental health problems. Table 2 provides further information about the participating therapists.

Table 2: Current information about the therapists who participated in this study

Therapist nr	sex	Education	Worked with adolescents
1	Female	Master's degree in mental health	1 and 3
2	Male	Master's degree in psychology and educated as cognitive therapist	1, 3 and 5
3	Male	Nurse, family therapist and cognitive therapist	2
4	Female		2
5	Male	Nurse and family therapist	5
6	Female	Social worker, Master's degree in family therapy	6
7	Female	Psychologist, specialized in family therapy	6
8	Female	Social worker, family therapist	5
		Bachelor in psychology	

In the six network therapies, there were a total of 29 actual conversation sequences that all participants experienced as significant and meaningful. The distribution of these sequences between six different therapy sessions is shown in Table 1. Eleven sequences were found significant and meaningful by only the therapist.

7.2 Process of gathering and structuring data

To gather relevant data in this study we used a method developed from the tape - assisted recall procedure (Kagen, et al., 1963; Elliot and Shapiro, 1988; Rober et al., 2008), whereby the researcher videotaped the therapeutic conversation and interviewed the participants within the following four days.

The first stage was to video-record the session. None of the researchers participated in the actual network meeting. We presented our-selves, our research and welcomed the participants.

The second stage was to interview each participant separately within the four days following the therapy session. During this interview, each person watched the entire recorded therapy session on a computer screen without pausing. Immediately after the first viewing, and before viewing it for the second time, each participant was instructed to stop the video when they saw that something significant or meaningful happened. When they stopped the video, the researcher asked each of them the same initial question; "What went through your mind right there?" This question was intended to elicit some of the inner dialogues that had occurred during the chosen sequences. No other questions were prepared for these interviews. We attempted to make the interviews similar to a dialogical conversation, focusing on listening and responding to the participants' utterances. The interviews were video-recorded.

The third stage was to transcribe both the therapy session and the interviews, for analysis and interpretation.

In the fourth stage, the transcription of the therapy session and all of the interviews were combined in such a way as to provide an overview of the whole therapy session with all of the participant's inner dialogues. To do this, we developed our own schema, where the outer dialogue and the participant's inner dialogues were aligned with the relevant points where each participant had paused to indicate a significant and meaningful moment (examples of the actual schema and how they were used are presented in Table 3). From this we could identify the sequences during the meeting where all the participants had stopped, and sequences where only the therapists had stopped. Those sequences were then analyzed.

Table 3: An example of how our constructed schema capture sequences all the participants found significant and meaningful. This example is from the therapy with adolescent 3.

Table 3: Transcript of Conversation

Therapist		**The Adolescent**		**The Father**	
Inner D	**Outer D**	**Inner D**	**Outer D**	**Inner D**	**Outer D**
			No, absolutely not… I was just focused on the old regular things		
	Old regular… what's that?				
			Living life		
	Yes, living life… as you have done?				
			Mm		
	Have you had any challenges?	***This question comes every time, I was expecting it. Yesterday I was thinking through what I should answer when he asked, and here it comes.***	Yes indeed (laughing). It was on Thursday, and I had to stack some fruit in the fruit department.		
	Yes indeed (laughing)				
			On the left side of the pallet were the bananas and on the right side some fruit. And then I threw the bananas off and all the fruit rolled onto the floor,		
This is the contrast in meeting with John, there have always been challenges, but now I also	Yes (laughing)			***It's so easy. He (the therapist) finds the score points and then finds ways to move around them.***	

have to focus on the father, get the father involved.				***It's exactly what he is doing now.***	

(Both the participants inner dialogues and their utterances is placed in their own columns under the actual person. The participants inner dialogues are highlighted and written with cursive text).

7.3 Analyzing the gathered data

To analyze the content of the outer dialogues, the inner dialogues and the interplay between them, we relied on different methods within a hermeneutic and phenomenological frame. We used Systemic Text Condensation (Granheim and Lundman, 2004; Malterud, 1993, 2012), a method inspired by Giorgio's phenomenological analysis (Giorgi, 1985, 2009), and Grounded Theory (Glaser, 2001; Glaser and Strauss, 1967). This approach allowed us to re-contextualize the participants' experiences in a way that laid the foundation for new descriptions that could be useful for therapeutic knowledge, while remaining loyal to the participants' experiences. In addition, we also used an approach developed by Cresswell (2012). The approach is based on a combination of dialogism and phenomenology and gave us the opportunity to explore the dynamic interplay between the outer dialogue and the participants' inner dialogues. The outer dialogues were also analyzed using the "Dialogical Happening of Change" tool (Seikkula, et al., 2012). By using this tool for the sequences that the participants experienced as significant and meaningful, we could decide whether the outer dialogues were dialogical or monological. We also used some parts of the model developed by Rober et al., (2008) to categorize the different positions we could use for the inner dialogues. We did not use the entire model with four different positions, but we kept the distinction between voices speaking from a professional position and those speaking from a private position (Rober, 1999).

A preliminary analysis took place, first by the author and then through discussion with the research group. This mixture of group and individual work took place throughout the analysis process.

7.4 Reflections on being a researcher in my own professional field and environment

This research project is undertaken at the Department of Child and Adolescent Mental Health Soerlandet Hospital HF, Kristiansand. During the research period I was employed as a researcher in the actual department, and had temporary leave from my work as a clinician, but it implies that I was conducting research in an environment I have been a part of and should go back to. Within this context was it necessary to reflect on several topics.

The concept “the research-therapist” is used by a professional who has parallel roles and expertise as both researcher and therapist (Hansen and Karlsson, 2009; Sundet, 2014). In the field between the research- therapist and the participants may emerge some ethical and methodological dilemmas. Issues for reflection on this basis will be, sensitive themes, proximity and distance, and reflection.

The experience as a clinician can in several ways be an advantage but at the same time it may represent a danger that the research-therapist may initiate processes that he/she is not aware of (Malterud, 2008). Focusing on vulnerable themes or events in the participant’s life may have a positive therapeutic effect, but at the same time can it be experienced as he/she extradites him/herself to the research - therapist. This can initiate a process that the research–therapist cannot follow up. This places substantial demands on the research–therapist’s professional and ethical considerations (Hansen and Karlson, 2009).

The requirement that the researcher has a distance to the phenomena he/she is studying makes a difference between a research interview and a therapeutic conversation (Kvale and Brinkman, 2009). It is important to come close enough to get insight into and understanding of what is being explored, and at the same time have a distance that makes it possible to reflect and analyze relevant data (Fangen, 2004). Questions about proximity and distance are relevant both in therapy and qualitative research (Sundet, 2014). Within a research context is it important that the researcher does not move beyond the research project, and into a clinical context, a position that can become challenging for a research-therapist.

The two different roles as a researcher and a clinician may give a mutual enrichment, but at the same time it does require that the research–therapist reflects on how those two roles influence each other. Through reflection and raising awareness has it been possible to predict and integrate expected dilemmas in the planning work and the implementing of this study.

7.5 Some reflections over the used method

The process of tape-assisted recall as it was used in this research cannot be considered as a perfect way to gain access to the participants’ inner dialogues. This because of the time between the actual network meeting and the interview. We know from earlier research that it can be more difficult to remember exactly what happened the longer time passes after the actual episode. We also know from earlier research that people are selective in what they choose to utter, depending on how they like to be understood by others and how they see themselves (e.g. Carr, 1986, Rober et.al 2008). This may imply that the answer the participants gave when they were asked about their inner voices and dialogues differed from what they were in the actual moment they were referring to.

The method applied in this research also implies that what are essentially inner voices and dialogues becomes outer dialogues during the process of gathering data. This is a process that can affect the data we gathered. So how valid is our collected data of inner dialogues?

Andersen (1992, 1994) points out that there is a connection between our inner dialogues and the outer dialogue when we participate in a conversation. The words we use are in some way connected to the words we utter. He describes our inner voices and dialogues as crucial, they tell us how we can understand what is uttered, and in that way affect what our answer to the other utterances will be. We also know from earlier research that it is easier for us to remember situations where we are emotional activated (Monsen, 1996) And the sequences they choosed from the network meeting were sequences they experienced as significant and meaningful. We assume that those sequences are more emotionally activating than other sequences of the conversation, and by that more accessible for every participant.

With these considerations in mind are we aware that we were unable to "catch" the exact content of the participants' inner dialogues at the moment they occurred; however the above argumentation, a combination of direct observation, interviews, and analysis allowed us to come a little closer, so close that we could get a "glimpse" of the participants inner dialogues.

7.6 Ethical considerations

Because of the possibilities of participants reacting negatively to their therapy session being videorecorded, we informed all the participants of our intentions, and after a conversation in which they were informed of the implications of participating in the study, asked for their consent. All participants gave their informed consent. All cases in this paper have been de-identified. Hard disks with data and copies of transcribed text were stored securely. The present study was approved by the Norwegian National Committee for Medical Health Research Ethics.

8 Findings from the four substudies

This chapter presents an overview of the aims, methods, findings, and conclusions of each paper. The thesis contains four substudies within dialogism and dialogical practice. Three of the studies explore the interplay between outer and inner dialogues in significant and meaningful sequences of network meetings with varying perspectives. One article attempts to identify, and analyze change related to network meetings. Papers relating to substudies 1, 3 and 4 were published in the *Australian and New Zealand Journal of Family Therapy*, and paper 2 was published in *Contemporary Family Therapy.*

8.1 Substudy 1

The first study was based on one network meeting with two therapists, one adolescent, and the adolescent's mother. This is a qualitative study, with a multiperspective methodology combining video recordings of a network therapy session and the participants' interview with text analysis. The results were published in a paper entitled *"*A Study of a Network Meeting: Exploring the Interplay between Inner and Outer Dialogues in Significant and Meaningful Moments".

The interplay between the outer dialogue and the participants' inner dialogues seemed to have an important role in the emergence of significant and meaningful moments in network meetings. We know from dialogical theory that a polyphony of voices and dialogues plays an important role in the therapeutic conversation because it gives access to words and becomes a source of new perspectives, words, and meanings for the interlocutors in this context. The participants' different perspectives and understandings of the outer dialogue that interact with inner dialogues and voices contribute to an expansion of the polyphony. Through this process, the interlocutors obtain access to adopt new perspectives and meanings. By including the interlocutors' inner dialogues in the analysis of what happens in the therapeutic conversation, we also see that the number of utterances during the conversation is not in itself a measure of how significant or meaningful the experience of the conversations is.

The interplay between the outer dialogue and the participants' inner dialogues can be seen as a process whereby the outer dialogue contributes to the participants' inner dialogues through the words used, the way in which they are uttered and to whom they speak. The inner dialogues contribute to the outer dialogue by means of new perspectives, new words, and previously used words that have been given meanings. In other words, this research shows that we, as therapists should rely more on the therapeutic conversation being good enough in itself and less on specific interventions or interviews. The therapeutic conversation will take us to issues that are important

when it is important to talk about them, and when the participants are ready to talk about the actual issue.

8.2 Substudy 2

The second study is a qualitative exploration of how the participants' inner dialogues contribute to significant and meaningful moments in network therapy. The results were published in a paper entitled *"*How Participants' Inner Dialogues Contribute to Significant and Meaningful Moments in Network Therapy with Adolescents*"*.

We found that participants' inner dialogues are essential in the development of significant and meaningful moments. One of the main reasons that inner dialogues are essential in such moments is that they contain different movements, both in time and between positions. The most prominent movement between positions is between presence and reflection. This movement applied to all the participants in the network therapies. It gives the participants the opportunity to see utterances from different perspectives and thus allows access to experiences, thoughts, feelings, and words not yet said. In some way, the participants move from implicit knowledge to explicit knowledge. This movement seems necessary, as it enables the participants to listen to the stories of others and to understand what the other participants mean by their utterances and respond to them in an authentic, helpful way.

The participants' inner dialogues also move in time. The most common movement is that from the present to the past and back again. This movement seems natural because the adolescents and those in their network bring their narratives with them to the therapy session – narratives formed in the past that nonetheless influence the present. Retelling narratives in the therapeutic session involve this actual movement in time.

The interaction between movements in positions and in time consists of different voices and dialogues, which form a polyphony that is open to new perspectives, words, and understanding that seem important to allow experiences, memories, and feelings to be expressed in words.

This study also suggests that when the outer dialogue becomes mainly monologic, the participants move away from it and become more present in their inner dialogues. When all of these different voices, dialogues and movements take place at the same time, the dynamic of the conversation is formed and lives its own life within its own culture. This implies that no two therapeutic conversations are alike.

From this study we see the importance of the therapist in participating on an equal basis with other participants in many aspects, but at the same time is it the therapist who is the one responsible for allocating space and time for each participant.

8.3 Substudy 3

The third study was a qualitative study. The aim of this study was to explore the therapists' inner dialogues, the degree to which these inner dialogues consist of professional and personal voices, and what this means for the dialogical process. The findings were published in a paper entitled *"*Shared Sequences from Network Therapy with Adolescents Only the Therapist Finds Meaningful*"*.

We used a multiperspective methodology by video-recording six different network therapy sessions, interviewing all the participants, and analyzing text.

We found that the outer dialogue and the therapists' inner dialogues were strongly related to each other, and that both personal experiences and professional knowledge were present in an implicit way, which helped the therapists to be present in the dialogical process both as a person and a professional. We also found that when the outer dialogue was very emotional, the therapist moved away from the outer dialogue and became more present in their inner dialogues.

Therapists' professional knowledge and personal experiences are both essential influences on what they experience as significant or meaningful in the therapeutic conversation. We also found that therapists' inner dialogues were always related to the outer dialogue, and that the inner dialogues were more likely to be adapted to the outer dialogue than the other way around. All of this could be understood as "being present" in the conversation.

The contribution of professional knowledge appears to be more implicit than explicit, because it is transformed and adapted to the context, persons, themes, and the words in the outer dialogue.

8.4 Substudy 4

Substudy 4 was a qualitative study. The aim was to identify and analyze experiences of change related to the network meeting. The findings were published in a paper entitled "Through Speaking He Find Himself… a Bit; Dialogues Open for Moving and Living through Inviting Attentiveness, Expressive Vitality and New Meaning."

The study suggests a multidimensional understanding of the dynamics of the dialogical events of change. The findings are articulated in the following three themes: Dialogue enables movement and living through: 1) inviting attentiveness (ethics), 2) expressive vitality (expressivity), and 3) new meaning (hermeneutics).

The study relates these three dimensions of dialogue to three temporal dimensions: 4) dialogues open the past, 5) dialogues open the moment, and 6) dialogues open the future. The study suggests that these temporal dimensions operate across the first three dimensions of dialogue in the sense that through dialogues the participants may re-relate to the past ethically, expressively, and hermeneutically (dialogues open for the past).

Through dialogues, the participants move and sense the present moment in ethical, expressive and hermeneutical ways (dialogues open for the present moment). Finally, and perhaps most crucially, the dialogues open the future in ethical, expressive and hermeneutical ways. This means that dialogues create an anticipation in the participants of being valued in the future (even the immediate future in the meeting) (ethical aspect) and they can move, speak and express themselves into the future (expressive aspect), and understand their future and opportunities offered in new ways (hermeneutics). This study suggests that a multitude of aspects must be taken into account when describing the possibilities of change in dialogical practice. Practitioners should engage with help-seekers in ethical, expressive and hermeneutical ways. Attention to the future thus seems important.

9 Discussion

Through this research, with its focus on the interplay between the outer dialogue and the participants' inner dialogues in significant and meaningful sequences, we see how the diversity of voices and dialogues present in a therapeutic conversation make each of the network meetings unique. The meetings create moments of possibilities as the conversation develops from moment to moment. We also see how the same outer dialogue evokes different inner dialogues among the interlocutors, and that these inner dialogues have an impact both on what has been uttered and what has not, and therefore influence the development of the conversation. These different inner dialogues also contribute to the polyphony that is present at any time in the conversation and change as the conversation develops. Through these processes, the outer dialogue and the participants' inner dialogues form a circle of experiences, meaning and negotiations, which all contribute to the reactions of the participants in some way. The therapeutic conversation appears as a richness of voices, themes and different positions that the interlocutors experience in significant and meaningful moments of the conversation.
In this chapter of the thesis I will expand on the main findings in our research and discuss them in the light of earlier presented theory.

9.1 Polyphony: The phenomena that gives the interlocutors the opportunity to adopt new perspectives

One of our main findings in our research is the importance of the polyphony of voices that emerge in network meetings. We know from dialogical theory that the polyphony of voices and dialogues play an important role in the therapeutic conversation (Hermans and Dimaggio, 2004; Seikkula and Trimble, 2005; Rober,2017). In our research we find that the polyphony of voices and dialogues present in sequences the participants of the network meeting experienced as significant and meaningful is considerable, even if there is little said in the outer dialogue. By including the participants inner dialogues and exploring the interplay with the outer dialogue we gain insight into the polyphony present. An example of this is in the network meeting with adolescent 1. In the beginning of the conversation the outer dialogue is only between the adolescent and the two therapists. The mother of the adolescent says nothing in the actual sequence, a sequence that lasts for several minutes. But she has a rich inner dialogue where she experiences surprise, pleasure, and contentment when her son speaks about the school and how he dares to ask when there is something he is not sure of. The polyphony present in the conversation gives the mother access to a new understanding of her son, by actively adopting to the outer dialogue, without giving any utterances of what is happening to her. This process seems to influence both the image of her son, her relation to him, and her relation to herself in a positive way. The mother's movement

toward new knowledge can be understood in terms of what Shotter (1993; 2000) call "practical knowledge". The gained knowledge helps the mother to move further on in the dialogical process and to coordinate her actions with the others present in the network meeting (Shotter and Billig, 1994). At the end of the actual sequence the mother has an inner dialogue where she highlights the changes her son has gone through, and how good she feels about it. This is an example of how the mother gets to know her son and herself in a new way through dialogue (Markova, 2003), and by that go through the process of "becoming me" (Ingold, 2011; Shotter, 2016), a process that emerges by the presence of otherness represented in the polyphony by how her son talks of himself in the conversation with the two therapists.

The polyphony present in the actual sequences also shows how the same outer dialogue creates different inner voices and dialogues, a difference that can be connected to the uniqueness of each subject present. Different theoretical approaches explain subjective uniqueness in different ways depending on which theoretical approaches they rely upon (e.g. biology, psychology, etc.). Uniqueness from a dialogical approach is in many ways in agreement with a contextual and relational understanding of humans and emphasizes our unique position in our being in the world.

"It is in relation to the whole actual unity that my unique ought arises from my unique place in Being." (Bakhtin, 1993, p.41)

Within the concept of uniqueness we find phenomena such as "otherness" and "outsideness", phenomena that play an important role, both in the development of polyphony and how the conversation develops (Hermans and Salgado, 2010; Linell, 2009). As mentioned earlier our existence is linked to events shared with other persons, and at the same time the phenomena of otherness and outsideness will be present and create a process where we become persons (Linell, 2019). This process, where the participants become persons, is also a process that affects what is being uttered and not. (Rober 2005a, 2005b, 2017).

We also find that polyphony gives the participants an opportunity to listen to different voices speaking from different positions and thereby allows the individual participants to relate to different views, and in some cases adapt to new positions present in the polyphony. One of the therapists goes through this process in the network meeting with adolescent 5. In a sequence of the conversation when they talk about how it is for the adolescent to wake up by herself in the morning, and not be woken by her mother, the mother says she feels guilty when she leaves her daughter to wake up alone. The therapist's inner dialogue in this sequence is, *"The mother is feeling guilty when she lets her daughter wake up alone, what is this about? I feel I become curious about mom, but at the same time is it difficult for me to interrupt with a question right now"*. The therapist tries to see the actual situation from the mother's position and becomes curious, but at the same time she finds it difficult to a to utter the question she is asking

in her inner dialogue. In our research we found that in those kinds of processes, when the participant moves from their own position and tries to adapt to one of the other participants' position, they experience significant and meaningful moments in the conversation. This movement can be difficult to discover in the outer dialogue but is easier to detect in the participants' inner dialogues.

To adopt to the other's position is not the same as to fuse with the other. Dialogue entails to be involved but not fused (Linell, 2009; Markova, 2006; Sundet, 2014). Neither is it to be isolated or separated but to some degree to be distinct in our own selfhood, a selfhood that emerges in relation with others.

"*Selfhood is less a property of mind that it is a joint production, dialogue on the boundaries of selfhood and otherness".* (Bakhtin, 1986, p. 106).

9.2 Movements in time and between positions

As I have described above, the polyphony contains several important phenomena that play a significant part in the emergence of significant and meaningful moments. In our study we find that movement in time and between positions in the participants' inner dialogues plays an important role within the emergence of significant moments of the conversation. The main positions the participants' inner dialogues move between are: [1] Being present and [2] Reflection. The movements between those two positions applied to all the participants.

The position of being present give the participants the opportunity to be in the dialogue with the other participants. To be present in the dialogue means to hear, see, and notice the atmosphere in the meeting. In some way is it how we sense by using our body and less about what the uttered words in the outer dialogue mean. (Rober, 2015; Seikkula and Trimble, 2005). The position of reflection implies that he/she reflects on the atmosphere in the room, how things are said, and what is being said. Andersen (1997) describes a reflective process as a process that starts with an utterance and at the same time becomes an impression that may reminds the person of earlier experiences in his/her life. To understand this moment the person needs to search through his/her available words until a meaning is achieved. Depending on what the utterance reminds us about, we can be moved by the actual episode that comes to ours mind.

By the movement between these two positions the participants make sense of what is happening in the actual meeting. In some way, we can say that the participants move between implicit knowledge and explicit knowledge (Stern et al., 1999; Stern, 2004), a movement that is a kind of a loop that we always move in when we are in a conversation with others. Rober (2017) uses Kahneman's model (Kahneman, 2011) of fast and slow thinking to describe this movement. Rober describes fast thinking as a form of bodily knowledge and slow thinking as being more closely linked to brain

activity. Furthermore, he considers that fast thinking has much in common with being present, while reflection is more linked to slow thinking.
Several researchers and therapists have stressed the importance of being present as living persons when they are in therapeutic conversations with their clients (e.g. Rober, 2005, Seikkula, 2008, 2011; Shotter, 2012). What we find in our study (the movement between the positions being present and reflection) can be regarded as a nuance of being present. As humans we always interpret our surroundings and make sense out of them (Linell, 2009; Hermans and Dimaggio, 2004; Shotter, 2016). So being present is not to be in the conversation without "leaving it" for a moment and then returning. We leave the outer dialogue because we need to reflect and make sense out of the actual conversation. While we do this, we are in some way in the present, but at the same time more in our inner dialogues than being present in the outer dialogue.
In addition to the movement between positions, we also find that the participants' inner dialogues move in time. In our study the most common movement in time is the movement from present to past and back again. This movement seems natural within a therapeutic context because the adolescents and those in their network bring their narratives with them to the therapy session – narratives formed in the past but told in the present, and at the same time influencing the present (White, 1995; Rober, 1998). Retelling narratives in the therapy session implies movement from the present to the past and back again. (White and Epstone, 1990). Some of the therapeutic effects of doing that are achieved through the interaction of movements between positions (present and reflection) and time (from present to the past and back again), movements that both the outer dialogue and the participants' inner dialogues entail. We find that the interaction between those two movements consists of different voices and dialogues, which form a polyphony that opens up for insight into new perspectives, understandings, and words- a process that seem important for significant and meaningful moments to emerge in the therapeutic conversation.

9.3 The therapist

The movements described above occurred in all the participants, but the content of the therapists' inner dialogues differed from those of the other participants. In our study, we distinguished between the therapists' professional knowledge and their personal experiences (Rober, 1994; Jensen, 2008). We found that both had an essential influence on what the therapist experienced as significant and meaningful in the conversations. When professional knowledge and personal experience are both present in the inner dialogue, they give life and meaning to the other participants' utterances and thereby enable the therapists to make assumptions about what is going on in the outer dialogue. Those inner dialogues concern the ways in which they, as therapists, should relate to the other participants' utterances. None of those inner dialogues were uttered, but they

clearly had an impact on what was uttered, and how it was uttered. An example of that was in the network therapy with adolescent 1. In one of the sequences, the participants talked about the problems the adolescent had at school. In this sequence, one of the therapists had the inner dialogue " *... I have to ask a question so he doesn't feel pressure to tell us about all his failures at school, but I have a feeling that it is harder for him than he says". S*he then asked him what he did in some cases that made it easier for him to ask for help. From our observations, this is the way the conversation develops, the outer dialogue leads to themes and how these themes should be talked about. The conversation is not something the therapist has planned or prepared prior of the conversation, but it seems like the conversation take the participants to different themes when they are ready to talk about them (Seikkula and Arnkil, 2008).
In our opinion, this is connected to what Anderson and Goolishian (1992) call the "not knowing position". They describe this as a therapeutic attitude in which the therapist's actions communicate interest and curiosity. According to Anderson (1997, 2012), the therapist's mind is not empty; the author highlights the importance of the receptive aspect of the therapist's expertise. In that sense, the therapeutic task is not associated with specific interventions or methods (Seikkula, 2011). The therapist is understood as a participant on an equal basis with the other participants in many aspects, but at the same time is the one who has the responsibility for allocating space and time for each participant. This is consistent with those who think it is important that therapists are present as living persons in the therapeutic conversation (Anderson, 1997; Rober, 2005; Seikkula and Trimble, 2005). This may also be in accordance with the differentiation Ingold (2011) makes between attention and intention. He emphasizes that attention is the most natural way to be. In this context attention mean to make room for the other, and if necessary, wait for the other to take place in your world.
We also found that professional knowledge was present in the therapists' inner dialogues but in a way that was adapted to the outer dialogues. The way professional knowledge was present tended to be implicit (Stern et al., 1999; Seikkula, 2008). Very few of the therapists' inner dialogues were formed as theoretical or methodical statements. Almost all their inner dialogues used words that addressed the actual sequence in the outer dialogue. This indicates that the therapists' professional knowledge is not present in an explicit way in significant and meaningful moments; instead it is more implicit and used in a transformed way that is adapted to the specific context, persons present, and themes and words used in the outer dialogue (Stern et al., 1999; Seikkula, 2008; Rober, Larner and Pare', 2004). This also indicates that the therapists' inner dialogues are not entirely created in their minds; they are related to the outer dialogue and created by all the participants in the therapeutic meeting. According to Bakhtin (1984), the speaker does not own the words used in the conversation; a word is a joint creation half belonging to the speaker and half to the listener. Words and

utterances derive their meanings as much from the listener as they do from the speaker. From this perspective, we can see a strong relationship between the outer dialogue and the professional knowledge we find in the therapists' inner dialogues in sequences the therapist experiences as significant and meaningful.

Most of the sequences in which the therapists' inner dialogues had personal content were related to the here-and-now situation. From a dialogical perspective, Shotter (1993) uses the concept of "withness", which refers to being spontaneously responsive to another person during the unfolding moments of a therapeutic meeting. To be in a withness relationship means that the therapist is trying to be attuned to him or herself and to the other people in the conversation. This allows the therapist to access his/her own experiences in a way that is relevant to the sequences of the conversation (Rober, Larner and Parè, 2004; Errington, 2015). This can include incidents from the therapist's own narratives that are not necessarily explicitly present in his or her inner dialogues. In much of our research material we found that the narratives were not explicitly present, but the feelings evoked by their narratives became prominent. In this sense, the activation of the personal experiences of the therapist started with the outer dialogue and ended with a feeling the therapist experienced in the actual sequences.

We found that the therapists' professional knowledge and personal experiences were both essential influences to what they experienced as significant and meaningful in the network meeting. When professional knowledge and personal experiences are both present in their inner dialogues, they give life and meaning to the other participants' utterances, and thereby enable them to make assumptions about what is uttered and going on in the outer dialogue. Together, these professional and personal positions appear as implicit knowledge rather than explicit objects (Stern et al., 1998, 2004; Seikkula, 2008).

9.4 On the border: The interplay between the outer dialogue and the participants' inner dialogues

We found that in the interplay between the outer dialogue and the participants' inner dialogues, the polyphony of different voices and dialogues opened up different perspectives and understandings for those who participated in the network meeting. We found this interplay to be crucial for the emergence of significant and meaningful sequences. In that way the main source for continues changes that happens in a network meeting is neither as a result of only the inner dialogues nor the outer dialogue, but on the border where the outer dialogue come into touch with the participants' inner dialogues.

Our findings show that the interplay between the outer dialogue and the participants' inner dialogues is a process whereby the outer dialogue contributes to the participants'

inner dialogues with the words used, the ways these words are uttered and to whom they speak. The inner dialogues contribute to the outer dialogue by means of new perspectives, new words, and that previously used words are given a new meaning. When all those different voices, dialogues and movements take place at the same time, the dynamic of the conversation is formed and lives its own life within its own culture. This implies that no two therapeutic conversations are alike; they all have their own unique rhythm, language, and ways of speaking (Andersen, 1994; Boscolo and Bertrando, 1993). This uniqueness is formed by what Bateson calls the relational mind (Bateson, 1972). This is an active entity formed from all the participants. The relational mind changes along with the outer dialogue, the participants' inner dialogues, and their physical responses. With this perspective on dialogical network meetings is it not only the participants' that govern the conversation, but equally, the conversation that govern the participants.

9.5 When the outer dialogue becomes mainly monological or emotional strong

We also found that if the outer dialogue becomes mainly monological, there is a great danger that the participant' will move away from it and become more present in their inner dialogues. For example, in the network meeting with adolescent 2, one of the therapists became more psychoeducative and tried to explain to the adolescent what anxiety was and how it was affecting her life. The outer dialogue was primarely monologic with mainly the therapist speaking. At the end of this sequence, the adolescent reported the following inner dialogue: *"I feel uncomfortable because I can't hear and understand what he is saying. Maybe he expects that I shall give answers afterward, but I can't because I don't even understand the questions".* Both Bråten (1998) and Vygotsky (1978) describes this kind of phenomenon among children from the age of seven years. In situations they experience as difficult or problematic, they use inner dialogue to resolve problematic situations. In our study, this "frozen" position and lack of movement can be interpreted in the same way. It can be understood as an attempt to resolve or escape from a difficult situation without being psychologically hurt or violated. This movement toward becoming more present in their inner dialogues removes them from the outer dialogue, and the actual situation, and they become more absent from the outer dialogue.

We found the same movement phenomenon in the network meeting with adolescent 6. This adolescent had experienced a rape and she sought help to process the trauma. In one of the sequences of the network meeting, the therapists asked the adolescent detailed questions about the rape. During this sequence, one of the therapists became emotionally overcome, and she moved from the outer dialogue to her inner dialogue.

Her inner dialogue in this sequence was; *"Oh I feel so dizzy. I can barely hear what she is saying. I hope (name of the other therapist) takes over from here".*
These two examples may indicate that the participants in network therapy move their attention from the outer dialogue to their own inner dialogues when the outer dialogue becomes mainly monological, or emotionally strong.

10 Conclusion

This study has first of all showed us that network meetings contain a multitude of different processes and phenomena that are present at the same time. How we understand and relate to this multitude depends on which theoretical approach we base our observations, descriptions and conclusions. This thesis is based on dialogism, something that affects how we describe and understand the actual phenomena. We find this theoretical stance useful and, in some way, refreshing, because it brings another language, and with that new perspectives within the fields of psychotherapy, family therapy and network meetings. What we find interesting in our research is that the same outer dialogue evokes different inner dialogues and how each of the participants' inner dialogues are unique, uniqueness that seems important both in forming a polyphony and as a part of a developing process.

Another finding in our study is how the created polyphony of different voices and dialogues become an important dynamic factor in the development of the conversation. At the same time, it shows how, the polyphony give access for the participants to adopt to new perspectives and understandings of the themes in the outer dialogue. A process that involves becoming "me" in a new way in the conversation. This seems to happen without specific interventions, it's more about how the participants talk about the actual themes, and how each of the participants through their inner dialogues moves toward a new perspective and understanding that seems important for the individual. A necessary part of this process is the inner dialogues movements between different positions and in time. This illustrates how talking and language is much more than just words, it involves feelings, thoughts and bodily reactions, processes that is active and creative rather than static and representational.

From what is described above we can understand that being in dialogue is a developing process, a process created by the interplay between the outer dialogue and the participants inner dialogues. And furthermore, that this developing process can be disturbed, or in some way derailed if the outer dialogue is mainly monologic or arouses strong feelings in the individual. What happens in those situations is that the movement between the positions "being present" and "reflection" stops, and the individual gets locked into his/her own reflections. In situations like this the likelihood is high that the person misses what is being said in the outer dialogue.

In sequences only the therapists find meaningful and significant we find that the therapists inner dialogues contain both professional knowledge and personal experiences. They both have an essential influence on what the therapist experience as significant and meaningful in the conversations. The therapist's professional knowledge is implicitly present and adapted to the outer dialogue, and in that manner affects the therapist's response to what has been uttered. The therapist's personal experiences are

narratives that give life to the outer dialogue, and by that make it possible for the therapist to be alive as a person present in the conversation. Both professional knowledge and personal experiences have an impact on what is being uttered, how it is being uttered, and what is remaining as inner dialogues, and by that also becomes important factors in how the conversation develops.
This study has shown that that the interplay between the participants' inner dialogues and the outer dialogue plays an essential part in the development of significant and meaningful sequences in network meetings. By including the participants inner dialogues, we gain access to processes and themes that seems to be important in how a therapeutic conversation can become a healing and developing process for individuals with mental problems. Our experience through the work with this thesis is that dialogism has given a new language to familiar phenomena and by that opens up for new insight and understanding that can be helpful both within therapeutic practice in general and to dialogical practice in special. At the same time further research into this important topic is warranted.

10.1 Where do we go from here? Implications for practice and further research

This study has shed light on phenomena that we, for a long time, have known are present in some way within therapeutic conversations. By including the participants' inner dialogues and furthermore how their interplay with the outer dialogue is acting out, we have gained insight and knowledge into how a network meeting within dialogical practice becomes a developing process for Individuals with mental health problems and by that becomes a healing process. In a time where the focus on therapeutic methods and different therapeutic programs is growing within the mental health field, dialogical practice represents something different. Dialogical practice based on dialogism is a kind of practice that encourages open responsive relations. This kind of practice includes respect for the other's uniqueness, a uniqueness that is essential in the creation of the polyphony. This study has shown how the polyphony is essential in creating a developing process in the participants. If the uniqueness of the others is included in the network meetings the polyphony of the outer and inner dialogues will have a natural place in the meeting, and each of the participants will gain insight, knowledge, and experiences that they did not have before the actual meeting.
This study, has by including the participants inner dialogues, shown how a multitude of processes are taking place at the same time. With that in mind, dialogical practice will also be characterized by the rhythm of the conversation, that it has a rhythm that gives the participants the opportunity to listen to their inner dialogues.

When it comes to further research, I think it will it be important to conduct research that includes the participants' inner dialogues. It is not developed research methods that guarantees that the inner dialogues we get is exactly the ones that was present in the actual sequences. This should not prevent us from doing research that include the participants inner dialogues. We need this kind of knowledge, even if it is just a glimpse of the inner dialogues that we receive. With a focus on the interplay between the outer dialogue and the participants' inner dialogues the unseen, unheard, and the unsaid is placed within a context that includes the important those of those phenomena, and by that we obtain a better understanding of how to co-create therapeutic conversations that can be helpful for people that struggle with mental problems.

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Appendices

Appendices 1-4: Published papers.

Appendix 1

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A Study of a Network Meeting: Exploring the Interplay between Inner and Outer Dialogues in Significant and Meaningful Moments

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The present study is part of a series of qualitative studies focusing on dialogic practice in southern Norway. In this article, we present a qualitative study of a network meeting focusing on the interplay between the participants' inner and outer dialogues. The network meeting is between an adolescent boy, his mother and two network therapists, the same adolescent case discussed previously in this journal by Bøe et al. (2013). The aim of this study is to explore how the interplay between inner and outer dialogues contributes to significant and meaningful moments for the interlocutors. A multiperspective methodology is used that combines video recordings of a network meeting and participant interviews with text analysis. Our research found the interplay has an important role in understanding the emergence of significant and meaningful moments in therapy. A one-sided focus on participants' utterances or inner dialogues was insufficient to explain their significance and meaning to the interlocutors. A dialogical approach provides a theoretical frame and concepts that are useful in investigations of therapeutic conversations.

Keywords: dialogism, dialogical practice, inner and outer dialogues, polyphony, network meeting, family therapy, therapeutic conversations, significant and meaningful moments

Key Points

1. A dialogical framework is useful in the investigation of therapeutic conversations in a network meeting.
2. A multiperspective methodology combines video recordings of a network meeting and participant interviews with text analysis.
3. This research demonstrates the interplay between inner and outer dialogues and has an important role in understanding the emergence of significant and meaningful moments in therapy.
4. The therapeutic conversation and the participants' inner dialogues form a circle of meaning, experiences, and negotiations, which contribute to the reactions of the participants.
5. Significant and meaningful moments in therapeutic conversations are related more to the interplay between inner and outer dialogues and less to the number of utterances made by a participant.
6. Given the diversity of voices and dialogues present in a multipersonal therapeutic conversation it is important to ensure sufficient time to listen to our inner voices and dialogues in the therapeutic conversation.

The aim of this article is to explore the interplay between inner and outer dialogues of participants in a network meeting by focusing on moments that all experience as significant and meaningful. The network meeting is based on dialogism,

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dialogical practice and a relational understanding of humans, which has a theoretical basis similar to family therapy (Rober, 2005a; Olson, Laitila, Rober, & Seikkula, 2012; Seikkula, Laitila, & Rober, 2012).

Psychotherapy research tells us that not all the thoughts, feelings, and images of participants during a therapy session are articulated (Baxter & Wilmot, 1985; Faber & Sohn, 2007). Some thoughts, inner voices and inner dialogues are uttered during the conversation, while others are not but still have a significant influence on what is uttered and how (Rober, Seikkula, & Laitila, 2010; Seikkula & Arnkil, 2007). Describing conversations as an interplay between participants' inner and outer dialogues is not new. Both Bakhtin and Vygotsky devoted considerable attention to investigating the character of thinking as an inner dialogue and examined how inner and outer dialogues are related (Emerson, 1983). Today, those concepts are used both in research (Seikkula, 2002; Seltzer & Seltzer, 2004; Rober et al., 2008) and in theories within various therapeutic approaches, such as family therapy (Andersen, 1992; Rober, 2005b), individual dialogical self-therapy (Hermans & Dimaggio, 2004) and open dialogues (Seikkula & Arnkil, 2007).

One central concept in dialogism is the concept of *polyphony*. In our study, polyphony refers to the multiplicity of independent, distinct, and fully valid voices that emerge through the activity of dialogue, the coevolving process of listening and talking (Olson et al., 2012). In network meetings, there is a focus on this multiplicity of different voices, which occurs in the interplay between the outer dialogue and the participants' inner dialogues (Olson et al., 2012; Seikkula, 2002). The therapeutic process is understood as a process of finding words for those experiences in one's life that have not yet been expressed in words (Seikkula et al., 2012). The polyphony contributes to the progress of the therapeutic process in the way that every utterance, every new word, becomes a part of a joint effort to reach an adequate understanding that can describe the experience in words.

In network meetings, a richness of inner dialogues is recognized, with the understanding that each contributes and responds to what has been said. Words and experiences find their meaning through the interplay between inner and outer dialogues and in the context where this occurs. The therapeutic approach used in network meetings is in many ways similar to some of the postmodern family therapies, including where problems are seen as socially constructed. The therapist is not engaged in making interventions or structuring a special form of interview, rather the focus is listening and responsively responding to what been said (Seikkula, 2011).

Most of the research on the interplay between inner and outer dialogues concerns individual forms of therapy, especially the 'dialogical self' psychodynamic approach (Hermans & Dimaggio, 2004; Seltzer & Seltzer, 2004; Stiles, 1999). Little research has been conducted in contexts where more than two people are present. Guregård and Seikkula (2014) investigated therapeutic work with refugees, and the ways in which open dialogues could be useful to reduce the power and cultural differences between therapists and family members. In a study by Rober et al. (2008) on therapists' inner dialogue, family therapists role-played several couple therapy sessions and described four different positions adopted in their inner dialogues.[1] Ropstad (2010), focusing on adolescents, and Grosås (2010), focusing on one parent, studied differences in participants' inner voices in dialogical sequences from those in monological sequences.

All these studies, which focused on one person or a chosen sample in multiperson meetings, have provided valuable knowledge and insight into important aspects of

these meetings. This study is an attempt to advance this kind of research and knowledge one step further by including all participants and focusing on sequences in the conversation that they all perceive as significant and meaningful.

In so doing, this study attempts to answer the following questions:

> What characterizes the interplay between the participants' inner and outer dialogues in sequences that they experience as significant and meaningful?
>
> How do the participants' inner dialogues contribute to the outer dialogue, and how does the outer dialogue contribute to the participants' inner dialogues?

Method

The case example presented in this article is a part of a study entitled 'Network meetings: A meeting on the border between outer and inner dialogues'. This is a qualitative study of adolescents from 16 to 18 years old who are in mental crises, seeking help from the mental health care system for the first time and receiving network-oriented help. Those adolescents were referred to the mental health care system by their general practitioners (GP). The adolescents, members of their networks, and therapists all participated voluntarily in this study. The same adolescents are followed in another study entitled 'Dialogue and the life world in mental health' (Bøe et al., 2013). Both studies are part of a research program entitled 'Dialogical collaboration in southern Norway', focusing on different dialogical approaches and practices in the health care system in southern Norway.

We investigated one network meeting attended by an adolescent boy, his mother and two network therapists. The actual network meeting was conducted by the hospital and lasted for one hour and 12 minutes. There had been three network meetings before this one. The method of gathering data in this study was developed from a previous method used by Rober et al. (2008), whereby the researcher video recorded the therapeutic conversation and interviewed the participants afterward. To analyze the content of the outer dialogue, the inner dialogue, and the interplay between them, we relied on the methodology of Saldago and Clegg (2011), who developed a dialogical approach that emphasized the relational units of dynamic and multivoiced practice, and that of Cresswell (2012), who combines a dialogical approach with phenomenology.

The *first stage* was a video recording of one network meeting. The *second stage* was for the researcher, the first author, to interview each participant separately within four days following the network meeting. During this interview, each person watched the whole of the recorded network meeting on a data screen without pause. Before they viewed it a second time, immediately after the first time, they were instructed to stop the video when they saw something significant or meaningful happening. When they stopped, the researcher asked the same question, which was: *What went through your mind right there?* This question was intended to elicit some of their inner dialogues during the chosen sequences. There were no other questions prepared for the interviews; we attempted to make the interviews similar to a dialogical conversation, focusing on listening and responding to the participants' utterances. These interviews were video recorded.

The *third stage* was to transcribe both the network meeting and the interviews, which were recorded for analysis and interpretation. In the *fourth stage*, the transcriptions of the network meeting and all the interviews were combined in such a way as to provide an overview of the whole network meeting. The outer dialogue and the participants' inner dialogues were juxtaposed in the correct position in relation to the points where each participant had paused to indicate a significant and meaningful moment (see Figures 1 and 2). From this, we could identify several sequences during the meeting where all the participants had stopped. From those eight sequences, the authors met and selected the two sequences presented in this article. These two sequences were chosen because they reflected much of the content of the other six sequences and, at the same time, illuminated the questions that we initially raised.

In *stage five*, we informed the participants of the possibility of an adverse reaction to being video recorded, and they were asked for their approval after a conversation in which they were informed of the implications of participating in this study. The present study was approved by the *National Committee for Medical and Health Research Ethics.*

The case presented

Philip is a 16-year-old boy who has been struggling with anxiety and depression after a long history of being bullied in primary and secondary school. Philip was referred to mental health care by his GP and participated in network meetings with the adolescent and family team in a hospital in southern Norway. The family came as refugees to Norway when Philip was five and his brother John was eight years old.[2] At the time when the network meeting took place, Philip had just entered high school, and John had moved back home after a stay abroad. This meeting was the fourth with Philip and members from his family; both his father and brother had each previously participated in one meeting with Philip and his mother. Present at the video-recorded network meeting were Philip, his mother, and two network therapists from the family and adolescent team.

The chosen sequences and analysis

The network meeting lasted for one hour and 12 minutes, and had four main themes. Those four main themes were how Philip was mastering the challenges of high school, his relationship with his father, which bus he could take home from school and his suspicion that he was pursued by Asian men on his way to the bus after school. The two chosen sequences are in the first half of the conversation, in which the participants discussed Philip overcoming the challenges of high school.

The first sequence. The outer dialogue: The outer dialogue is mainly about how Philip copes at the new school, and particularly whether he dares to ask when he is unsure of something or does not understand. It also concerns how his new classmates appreciate him more than previous classmates. The only utterance from the mother in this sequence is 'Mm'.

The inner dialogues: Therapist 1 has an inner dialogue where he asks himself about the number of foreigners where Philip lives, remembers that Philip has been bullied over many years and wonders whether the others see him as special. The therapist views this as an important theme. He also doubts whether he can trust what Philip says.

Therapist 1		Therapist 2		Philip		Mother	
Inner D	**Outer D**	**Inner D**	**Outer D**	**Inner D**	**Outer D**	**Inner D**	**Outer D**
			What is it that makes you … feel better about yourself?		**Mm… no (almost whisper) I'm not so quiet. If I need something important I ask my friends**		
	Yes, so you can ask them if you need information on something that's important for you?	*He is talking more today. He is doing more to make friends. I have to ask in such a way that he does not feel pressure to tell us that he is failing in some way. I wonder whether he is doing what he says he does*	**Yes**	*I was shyer before and I never dared to ask my friends; I had to ask the teacher; but now I dare to ask my friends about information and stuff like that*	**Yes, I have become better at doing that**	*Oh, I'm pleased to hear him say this. He has become better at asking and speaking out. I have always wished he would dare to speak out. Oh this is good; this is progress.*	
	So what do you say that makes it easier for you?		**So it's easier for you to ask now?**		**(Nods)**		
			Yes		**Maybe my new friends like foreigners?**		
Maybe there are fewer foreigners where he lives. He has been bullied over many years; maybe others see him as special? This is an important theme. I'm not sure; Can I believe that it is getting better at school?	**Yes, so you can feel more appreciated now?**		**Yes**		**Mm**	*His problem is the Norwegians because they have bullied him so much; they do not like foreigners. I see he is struggling with a wound inside him.*	**Mm**
	Yes, it's very good		**That's good to hear**				

FIGURE 1

The first sequence (the participants' inner dialogues are in italics).

Therapist 1		Therapist 2		Philip		Mother	
Inner D	**Outer D**	**Inner D**	**Outer D**	**Inner D**	**Outer D**	**Inner D**	**Outer D**
	Can you do that… if you are unsure of where you shall meet or what you shall do?				**Yes**		
	Can you raise your hand and ask the teacher...or?				**Yes**	*This, what T1 is saying is important for me. I've wanted to talk with Philip about those issues, but he should take the initiative by himself so I do not take control over him. If there is something you do not understand, you have to ask, but I do not want to be the one who nags him. I want him to find out by himself. I like the way they do things here; I do not dare to ask those questions. It is good that T1 is pressuring him; it is very good.*	
	You do that?				**(Nods)**		
	That's good				**Yes**		
	Because I think it's important to find out where you shall be; especially now when you have just begun and you do not know the others.				**Yes**		
No we are touching the same theme again, but this time I feel what you think we want to hear, so I have to ask about the same issue over again to see whether you do what you say you do. I have an insecure feeling that it's not like you tell us.	**Yeah...so that's working out fine**			*It is always important to ask the teacher if you are not sure, but sometimes I do not ask the teacher even if I am not sure. I will wait so I can ask the others in the break. I have to ask the teacher if I am not sure.*	**Mm**		
	That's great (looks at the ORS schema), because that is the one you scored lowest. Are there other things that made you put it so low?				**Not really...there are so many I don't know...they are all unknown**		
					So I do not hang around with the others. I'm really mostly on my own		
	Yes						
		Here is something that is more painful for him. This is something that he is struggling with; he is often on his own. Maybe this hurts most. I am glad T1 asked those questions. This has been a theme before, but now Philip is telling this more openly, and this is			**But in the lessons I cooperate with the others, but not in the breaks**		
	Okay						
	Yes, in the breaks				**But sometimes I see those who pass me and then I say "Hi" to them.**		
	Yes…….		**Yes**				
			How is that for you?				

FIGURE 2

The second sequence (the participants' inner dialogues are in italics).

Therapist 1		Therapist 2		Philip		Mother	
Inner D	**Outer D**	**Inner D**	**Outer D**	**Inner D**	**Outer D**	**Inner D**	**Outer D**
It is fine for T2 to ask Philip how it is for him when he is alone. It is an important question. I am not sure how it is for him, but he says it does not make him sad. He is often "pleased"; most of us would become sad, but on the other hand, it is a new school, where he has been for 14 days, so this may change, but he can become the one who sits alone in the breaks, and that is not good.	**Yes** **Mm** **Is it difficult for you to make contact with the others after the lessons? So you could be with them in the breaks?** **Or are there a few that are together in the breaks because they don't know each other so well?**	*good. What he says is "I am on my own", and it costs him to say that. He calls the others "my friends", and that hurts me, because in reality they are new classmates.*	**So it's okay in the lessons then?**		**No… it's not really a crisis, or I don't feel sad or something like that… because we eat in the breaks.** **So when there is a new lesson, we start to cooperate again** **Yes** **Yes** **Um... it's like I don't know the others so well**	*This calms me down. I had always thought he could not be by himself. It is awful not to have anybody beside you... but he says it is not a crisis, but he may be hearing too much. It is hurtful to hear this.*	

FIGURE 2
(Continued)

The inner dialogue of Therapist 2, in relation to the outer dialogue, is about her noticing that Philip talks more in this meeting than before and seems to have done more to make friends at school. She then focuses on how she can ask in a way that will not put pressure on him to report failing at school. At the same time, she doubts that Philip copes with the school as well as he says.

Philip has an inner dialogue in which he compares how it was before, when he never dared to ask his classmates questions, with the situation at the new school where he can now do so.

The inner dialogue of the mother is initially about her pleasure when she hears what Philip says and how he is progressing at school. She has always wished that he could ask questions and speak out. Later, she has an inner dialogue about the Norwegians bullying him, and her perception of a wound inside of him.

Interplay between the participants' inner and outer dialogues: Sequence 1

This sequence, chosen by all four participants as significant or meaningful, mainly concerns how Philip manages at school in the outer dialogue, but when we examine the participants' inner dialogues, we find that the dialogical process involves a multitude of themes and voices, all of which are in some way interconnected.

In the beginning of this sequence, the topic of the outer dialogue is the progress Philip has made at his new school. In relation to that, Therapist 2, Philip and his mother all have inner dialogues about this progress, but view it from different perspectives. Therapist 2 focuses on Philip talking more in the network meeting, Philip focuses on how he now dares to ask his friends at school about things he needs to know, and the mother is pleased and reflects that she always wished he could speak out. Therefore, in relation to their inner dialogue they understand and experience the outer dialogue differently. This is a difference that remains unspoken, but at the same time may contribute to the dynamic in the conversation.

Their different perspectives on the outer dialogue move them in different directions. Therapist 2 focuses on what to ask Philip in the ongoing conversation and his mother sees the events described as progress. Therapist 2 moves from the present to the future and back again. The mother moves from the present to the past and back again. Philip has the same movement in time as the mother, a movement that allows them both to see and experience his progress.

At the end of this sequence, the outer dialogue is about being a foreigner in Norway and at the same time being appreciated as a person. When this becomes a theme, Therapist 1 in his inner dialogue seeks an explanation for Philip being bullied, and wonders whether others see him as special or different from themselves. He also sees the importance of this theme, and then he becomes unsure whether he can be confident that the situation at school is improving. In relation to the theme in the outer dialogue, the mother's second inner dialogue is about the Norwegians being Philip's problem because they bullied him so much. She then sees that Philip is struggling with a wound inside himself. In relation to the outer dialogue, this may be understood as a result of the bullying Philip has experienced.

In the last part of this sequence we can see how both Therapist 1 and the mother move back to the past, and how the theme of 'bullying' becomes important in their understanding of being appreciated. The bullying history is not a theme in the conversation but becomes important in the understanding and experience of the conversation.

As we see in the interplay between the outer and the inner dialogues, there are a multitude of voices and themes. Even if most of them are not expressed during this sequence, they are important because they contribute to new understandings, both regarding the outer dialogue and for the individual participant. Several times during this sequence, we find that the inner dialogues go beyond the outer dialogue in a reflective way, and we seek explanations of the outer dialogue that make sense for the individuals. The mother makes one utterance during this sequence and conducts several inner dialogues and voices in which she reflects on her own and Philip's situation, today and previously. In relation to the outer dialogue, her inner dialogue changes in time, space, and theme. From this, we can infer that the number of utterances is not crucial in terms of whether the participants find the conversation meaningful.

Another finding in the sequence presented is how the participants' inner dialogues affect what may become the next utterance and how the content of it will be articulated. We also find the same outer dialogue activating various experiences and understandings and move the interlocutors between different positions.

The second sequence. The outer dialogue: The outer dialogue in this second sequence has two main themes – whether Philip can raise his hand and ask questions in the class if he is unsure of something, and that he is on his own in the breaks. It begins with Therapist 1 asking Philip whether he can raise his hand and ask the teacher if he is unsure of something. Then Therapist 1 connects Philip's answer to his responses on the ORS schema,[3] and Philip states that he is on his own in the breaks at school. The mother has non-utterances during this sequence.

The inner dialogues: In the beginning of this sequence, the mother has an inner dialogue about how important it is for her that Therapist 1 asks Philip questions in the way that he does, and how she has wanted to ask the questions of Philip. Then she explains to herself why she has not done so – she does not want to start this conversation because she is reluctant to take control over Philip. The next topic in her inner dialogue is that she tells Philip directly how important it is that he asks questions, if he does not understand. At the same time, she does not want to be the one who nags Philip about this; she wants him to discover this on his own. She ends her inner dialogue by appreciating the way in which they discuss this in the network meeting and sees that she would never dare to ask the same questions as Therapist 1 does.

Therapist 1 has an inner dialogue about the way in which the outer dialogue returns to a theme that they had discussed earlier. Then he has a feeling that Philip is giving answers that he thinks the therapist wants to hear, so he has to repeat the questions. He ends his inner dialogue by questioning Philip's answers.

Philip has an inner dialogue about the importance of asking the teacher when he is unsure and admits in his inner dialogue that he does not always do that. He ends his inner dialogue by reflecting on the need to ask the teacher questions when he is in doubt.

Therapist 2 considers how painful it must be for Philip that he is so often on his own during the breaks at school and how he struggles with this. She appreciates that Therapist 1 is questioning Philip in this manner and finds that Philip is discussing his experiences at school more openly, reporting that he is lonely. She ends her inner dialogue by reflecting how it hurts her to hear Philip calling his new classmates his new friends.

Interplay between the participants' inner and outer dialogues: Sequence 2

In this second sequence, as in the first sequence, we find that the interplay between the outer dialogue and the participants' inner dialogues consists of a multitude of themes and voices. Most of these are not expressed during the sequence, but they all contribute to the polyphony in the network meeting and thus to the constructions of new meanings.

In the first part of this sequence, the outer theme concerns whether Philip can raise his hand and ask if he is unsure of something at school. With access to the mother's inner dialogue, we can see that she realizes the importance of the theme in the outer dialogue and how this theme has been on her mind on various occasions. In the same part of the sequence, Therapist 1 has an inner dialogue about his reasons for asking Philip the same questions again. He is not sure if Philip is telling the truth, and his next utterance may be understood in relation to both Philip's answer and his own inner dialogue. During this part of the sequence, Philip acknowledges the importance of asking when he is unsure of something, but in addition he admits to himself that he does not always do that, so he concludes that he has to improve that in the future.

In this part of the sequence, we can see how the outer dialogue is understood from different perspectives. Both the mother and Philip see the theme of the outer dialogue as important, but from there they move in different directions. The mother moves from present to the past and back again, by remembering her own desire to speak with Philip about this issue. Philip moves from the present to the past and then to the future, by admitting to himself that he does not always ask the teacher when he is unsure of something and that he has to do that in the future. In the same part of this sequence, Philip's answers make Therapist 1 uncertain if he is telling the truth. Therapist 1 moves from present to the future and back again by focusing on how to ask Philip in a way that can reduce his own uncertainty.

In relation to Philip's remarks that all the other students are unfamiliar to him and that he is alone in the breaks, which becomes a theme in the second part of this sequence, Therapist 2 has an inner dialogue on how painful this must be for Philip and how he can now tell them more about this than previously. At the same time, it hurts Therapist 2 to hear him call his new classmates his new friends. Therapist 1 also has an inner dialogue on how difficult it must be for Philip to be on his own in the breaks, and how he has become the one who sits alone. In the same part, the mother also feels that is painful to hear that Philip is alone, but at the same time she hears that Philip does not experience this as a crisis, which calms her.

In the second half of this sequence, there is a common experience of being hurt in some way for Therapist 1, Therapist 2 and the mother. This reflects their presence in the conversation and their feeling of empathy for Philip. All three are strongly grounded in the present, but at the same time in the past in the story that Philip is telling.

During this second sequence, we can see how the outer dialogue activates different understandings and experiences for the participants. As in the first sequence, we find that the participants' inner dialogues go beyond the outer dialogue in the quest to understand it. We also find that there are a multitude of voices and themes, most of which are not expressed during the chosen sequence, but all of which contribute to a polyphony in the conversation. This becomes important in the process of finding new

words and understandings of the themes in the outer dialogue. Finally, we find that the participants' movements in time are different, and those different movements interact with the participants' different perspectives on the outer dialogue.

Discussion

Through this research, we can see how the therapeutic conversation and the participants' inner dialogues form a circle of meaning, experiences, and negotiations in which all in some way contribute to the reactions of the participants evoked by the conversation. The first phenomenon that emerges from the research data is the richness of voices, themes, and different positions that the interlocutors experience in the significant and meaningful moments.

We know from dialogical theory that polyphony of voices and dialogues plays an important role in the therapeutic conversation because it gives access to words and becomes a source of new perspectives, words, and meaning for the interlocutors in this context (Bakhtin, 1986; Seikkula, 2002). The participants' different perspectives and understandings of the outer dialogue interact with the participants' different movements in time.

Another finding is that the same outer dialogue evokes different voices and inner dialogues among the participants, differences that contribute to the expansion of the polyphony and permit the interlocutors to adopt new perspectives and meanings in the outer dialogue (Rober et al., 2008; Seikkula & Trimble, 2005). According to Bakhtin (1984), the speaker does not own the words that he or she uses: a word is a joint creation belonging half to the speaker and half to the listener. Words and utterances derive their meanings as much from the listener as from the speaker (Seikkula & Trimble, 2005). This may explain why the outer dialogue is perceived differently among the interlocutors.

This research also shows that the number of utterances of each interlocutor during the therapeutic conversation is not in itself a measure of how significant or meaningful the experience of the conversation is. In both sequences, the mother hardly speaks; her only utterance in those two sequences is 'Mm'. However, she has many inner dialogues in relation to the outer dialogue, during which she achieves new understandings and experiences. This may show that a main factor in dialogical process is the interplay between the outer dialogue and the participants' inner dialogues, which through polyphony contributes to a new common language in the actual situation and context (Seikkula & Arnkil, 2007).

All our knowledge is gained in specific situations and conversations where everything that is discussed is given new meanings (Bakhtin, 1984). This may lead us to conclude that significant and meaningful moments in therapeutic conversations are related more to the interplay between the outer dialogue and the participants' inner dialogues and less to the number of utterances.

The interplay between the outer dialogue and the participants' inner dialogues can be seen as a process whereby the outer dialogue contributes to the participants' inner dialogues through the words used, the way in which they are uttered and to whom they speak. The inner dialogues contribute to the outer dialogue by means of new perspectives, new words, and previously used words that have been given new meanings. The interplay between the outer dialogue and the interlocutors' inner dialogues

can be understood as a dynamic process and one basic factor in the richness of voices and dialogues in the polyphony at any time.

It is important to bear in mind that the type of direct observation used in this study, with video recording, interviews and analysis, does not reveal the exact content of the participants' inner dialogues at the actual moment, but in this way we come as close as possible in an attempt to address our specific concern. In this context it may be relevant to apply Bakhtin's principle of the *unfinalizable* (Bakhtin, 1981, 1984): namely that there is no fixed or final interpretation, and no one has, or ought to have, the final word.

Conclusion

This research shows the diversity of voices and dialogues present in a multipersonal therapeutic conversation. Perhaps this should be reflected in our therapeutic practice by ensuring that we and our interlocutors have sufficient time to listen to our inner voices and dialogues in the therapeutic conversation (Andersen, 2005). The present research also shows the significance of the interplay between the outer dialogue and the interlocutors' inner dialogues, both in relation to the polyphony in the conversation and as a basic dynamic element in developing the therapeutic conversation. It also shows that the number of utterances in itself does not indicate the significance and meaning of the conversational experience.

In other words, this research confirms some of the main theoretical assumptions in dialogical theories. That we as therapists should rely more on the therapeutic conversation as good enough in itself and less on specific interventions or interviews. The therapeutic conversation will take us to issues that are important when it is important to talk about them. This is a movement that arises in the interplay between all the different forms of dialogues that take place at the same time in the therapeutic conversation.

Some therapists may find a therapeutic attitude of having less control over the conversation challenging, while others may find it liberating in terms of responsibility. It is in accordance with a 'not knowing position' (Anderson & Goolishian, 1988), which is also reflexive (Rober, 2005b). This reflexive position take place as inner dialogue and sometimes will be uttered as a part of the outer dialogue. In this way words and new meanings seem to find their natural place in the therapeutic conversation as it evolves.

More research and knowledge is needed to gain greater insight and knowledge into multiperson conversations as they manifest in family therapy, couple therapy and network meetings, and how different forms of dialogues work in those contexts. This would allow us to confirm, disprove, renew, or expand existing theories and practices in dialogical and family therapy.

Endnotes

[1] Each of the four positions represents a concern of the therapist and is described as: (1) Attending to the client process. (2) Processing the client's story. (3) Focusing on the therapist's own experience. (4) Managing the therapeutic process.

[2] The name and the identifying information of the boy and his family have been altered to protect their confidentiality. The boy, his family, and the therapists agreed to participate in the study.

[3] The ORS (Outcome Rating Scale) is a feedback schema developed by Miller and Duncan (2000). It is administered at the beginning of each session and provides the clinician with information that can help to determine whether the therapy is on track.

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Appendix 2

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ORIGINAL PAPER

How Participants' Inner Dialogues Contribute to Significant and Meaningful Moments in Network Therapy with Adolescents

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Abstract As a part of a larger research project, this qualitative study explores the interplay between an outer dialogue and participants' inner dialogues in network therapy with adolescents in the mental healthcare system for children and adolescents. The aim of this study is to explore how the participants' inner dialogues contribute to significant and meaningful moments in the therapeutic meeting. A multiperspective methodology is used that combines video recordings of network therapy sessions and participants' interviews with text analysis. Our research found that the participants' inner dialogues are essential in the development of significant and meaningful moments during a therapeutic conversation. We also found that one of the main reasons that inner dialogues are essential in the emergence of such moments is that they contain many different movements, both in time and between positions.

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Keywords Network therapy · Inner dialogues · The outer dialogue · Significant and meaningful moments · Dialogism

Introduction

This qualitative study is a part of a series focusing on dialogic practices in southern Norway. The aim of this article is to explore how the participants' inner dialogues in network therapy contribute to the dialogical process when significant and meaningful moments emerge. The network therapy sessions are based on dialogism, dialogic practice, and a relational understanding of humans, which has a theoretical basis similar to that of family therapy in that it includes important relations in the therapeutic conversation (Anderson and Goolishian 1992, Rober 2005a; Olson et al. 2012).

The overt aspect of dialogue, especially spoken exchanges, is the focus of most of the interventions and research within family and network therapy (Paré and Lysack 2006; Farber and Sohn, 2007). In addition to the visible and audible aspects of therapeutic conversations, we know that family and network therapy feature covert dimensions that have an important role in the therapeutic process (Anderson and Goolishian 1992; Andersen 1991; Rober 2002). In our study, we investigate the experiences, feelings, and thoughts of individuals in terms of inner dialogues that are not necessarily shared in the actual conversation and their contribution to the emergence of significant and meaningful moments. In this way we want to illustrate the importance of including participants' inner dialogues, not only the outer dialogue, in investigating multipersonal therapeutic practices.

In recent years, the dialogic perspective has emerged within family and network therapy (Rober 1999, 2005a; Olson et al. 2012; Ulland et al. 2014). Understanding

family and network therapy as dialogic activity has led to research and therapeutic practices that have provided a deeper understanding of the dialogic qualities of therapeutic conversations (Rober et al. 2008, Olson, et al. 2012; Bøe et al. 2013; Lidbom et al. 2014). Therapeutic meetings based on a dialogic approach see a therapeutic conversation as a process of finding words for those experiences not yet worded (Anderson 1997; Seikkula and Trimble 2005). An important pillar of this process is the interplay between the outer dialogue and participants' inner dialogues (Andersen 1991; Anderson 1997; Rober 2005a). When we include the participants' inner dialogues with the outer dialogue, a multitude of voices and dialogues are present at the same time. The polyphony of independent, unmerged, and fully valid voices that emerge through the activity of dialogue, the coevolving process of listening and talking, facilitate the therapeutic process (Olson et al. 2012; Lidbom et al. 2014).

Inner Dialogues

Vygotsky (1978) considers that the development of language is socially oriented and starts in the interplay with others. As children develop, they speak loudly to themselves in situations experienced as difficult or where they need to solve a problem. Vygotsky considers this kind of speech to be helpful for a child, and suggests that it is the link to inner dialogues. As the child develops, he/she will have the same kinds of conversations, but they take place within the child as inner dialogues. Some family therapists have described our consciousness as inner dialogues (e.g. Penn and Frankfurt, 1994; Andersen 1995; Anderson 1997). In our study, "inner dialogues" refers to what the individual experiences, feels, and thinks, but does not yet necessarily share in actual conversation. In family and network therapy, is there a richness of inner dialogues present, each of which contributes to speech that is uttered and at the same time responds to it.

The polyphony of the participants' inner dialogues and the outer dialogue contribute to the therapeutic process that every utterance, or new word becomes a part of a joint effort to reach a sufficiently good understanding and thereby allows access to experiences not yet worded (Olson et al. 2012; Lidbom et al. 2014).

Significant and Meaningful Moments in a Therapeutic Conversation

The types of family and network therapies that focus on generating dialogues entail not only focusing on the content of narratives but also including unfolding feelings and experiences in moments when narratives are told (Seikkula 2008). Through this process, an intersubjective consciousness will emerge with a real contact between the people participating in the dialogue. In every meeting two histories occur. The first is generated by our presence; we adapt ourselves to each other and create a multivoiced polyphonic experience of the shared incident, and most of this adaption happens almost without words. The second history in the same situation occurs in the stories that the participants tell from their lives. These stories that refer to the past can never reach the present moment, because when a word is formulated, and when it is heard, the situation to which it refers has already passed (Seikkula et al. 2012). With those two histories in the same moment, the therapists shift their position from being interventionists with preplanned actions to focusing on their response to the clients' utterances, as their answers are generators for mobilizing the client's own resources (Seikkula et al. 2012). Therefore, significant and meaningful moments in the conversation cannot be preplanned. They will emerge in the conversation at various times with different content for the participants, but both timing and content will play an important role in what is and is not uttered in the conversation. Through this process, experiences not yet worded will find their expression in the therapeutic conversation (Lidbom et al. 2014).

In dialogic theory and practice, our knowledge of the interplay between the outer dialogue and the participants' inner dialogues plays an important role in our understanding of therapeutic conversations and processes (Seikkula 2002; Rober et al. 2008; Olson et al. 2012). With that in mind, we attempt to answer the following questions in this article:

- How do participants' inner dialogues in network therapy contribute to significant and meaningful sequences in the conversation?
- Is there any difference between the participants' inner dialogues when the outer dialogue is monologic or dialogic?
- How can these findings be applied within a therapeutic context?

Method

This study and the cases presented in this article are a part of a study entitled "Network meetings: A meeting on the border between outer and inner dialogues." This is a qualitative study of adolescents aged from 16 to 18 years who are in mental crisis, seeking help from the mental health care system for the first time, and receiving network—oriented help. These adolescents were referred to the mental health care system by their general practitioners. The adolescents, members of their networks, and therapists

all voluntarily participated in this research. This study is a part of a research program entitled "Dialogical collaboration in southern Norway," which focuses on a variety of dialogic approaches and practices in the health care system in southern Norway. Another study followed the same adolescents and explored their experiences of change related to both the network therapy and their lives in other social arenas important to them (Bøe et al. 2013, 2014).

In this study, we investigated one network therapy session for each of the six adolescents at which members of the adolescents' networks and one or two network therapists were present. In all cases there had been a minimum of two sessions before the one we videotaped. The method of gathering data in this study was developed from a previous method used by Rober et al. (2008), whereby the researcher videotaped the therapeutic conversation and interviewed the participants within four days afterward. The first stage was a video recording of one therapy session. The second stage was for the researcher to interview each participant separately within four days following the therapy session. During this interview, each person watched the entire recorded therapy session on a computer screen without pausing. Before he/she viewed it a second time, immediately after the first time each of them was instructed to stop the video when they saw something significant or meaningful happening. When they stopped the video, the researcher asked each of them the same initial question, which was "What went through your mind right there?" This question was intended to elicit some of the inner dialogues that they had conducted during the chosen sequences. No other questions were prepared for these interviews. We attempted to make the interviews similar to a dialogic conversation, focusing on listening and responding to the participants' utterances. The interviews were video recorded. The third stage was to transcribe both the therapy session and the interviews, which were recorded for analysis and interpretation. In the fourth stage, the transcriptions of the therapy session and all the interviews were combined in such a way as to provide an overview of the whole therapy session. The outer dialogue and the participants' inner dialogues were juxtaposed in the correct position in relation to the points where each participant had paused to indicate a significant and meaningful moment (see Table 2). From this we could identify the sequences during the meeting where all the participants had stopped. Those sequences were then analyzed.

To analyze the content of the outer dialogues, the inner dialogues, and the interplay between them, we relied on the methodology of Cresswell (2012), who combined a dialogic approach with phenomenology (Cresswell and Smith 2012). In this way we were able to interpret the experiences of the participants in terms of inner dialogues in interplay with the dynamics of the outer dialogues. The outer dialogues were also analyzed using the Dialogical Happening of Change tool (DIHC) (Seikkula et al. 2012) to determine whether it was dialogic or monologic. Through this type of direct observation, interviews and analysis, we did not obtain the exact content of the participants' inner dialogues at the actual moment, but we came as close as possible in an attempt to address our specific concerns.

Aware of the possibility of an adverse reaction to their being video recorded, we informed the participants of this, and they were asked for their approval after a conversation in which they were informed of the implications of participating in this study. The present study was approved by the National Committee for Medical and Health Research Ethics.

The Cases

In this study, six adolescents participated with chosen members of their networks. Two of the adolescent were boys and four were girls. For an overview of current information, see Table 1.

Results of Analysis and the Chosen Sequences

In the six network therapies, there were a total of 26 actual conversation sequences that all the participants experienced as significant and meaningful (for the distribution of these sequences between six different therapy sessions see Table 1). In this context, a significant and meaningful moment does not necessarily indicate a purely positive or good moment. In seven of the 26 chosen sequences, one or more of the of the participants in the therapy session experienced the chosen sequence to a certain extent as a negative experience, but still defined it as significant and important.

One of our main findings is that every network therapy session had sequences that every participant experienced as significant and meaningful. Moreover the number of sequences (26) was somewhat surprising, because all of the participants had to agree that the actual sequence was significant and meaningful (for the distribution of these sequences between the six therapy sessions, see Table 1). What became quite evident in the analyses of those 26 sequences was the proliferation of voices, inner dialogues, utterances, and movements in time and position that took place in all of the chosen sequences. Even if there seems to be little to note in the outer dialogue, and few words were uttered, the actual sequences had many inner voices and dialogues that created movements in time and between positions. This may be seen as an indication of the intersubjective character of such moments.

Table 1 Current information about the cases in this study

Case number	Reason for referral	Duration of the therapy session	Number of significant, meaningful moments	Participants in the therapy session
Adolescent 1	Depression, anxiety, and suspected psychoses	1 h 15 min	5	Two therapists, the adolescent, and mother
Adolescent 2	Depression, anxiety and suspected serious mental illness	54 min	2	Two therapists, the adolescent, and mother
Adolescent 3	Depression and complicated grief process	1 h 15 min	6	Two therapists, the adolescent, and an aunt
Adolescent 4	Anxiety	45 min	4	One therapist, the adolescent, and father
Adolescent 5	Depression and suspected serious mental illness	1 h 10 min	5	Two therapists, the adolescent, and mother
Adolescent 6	Trauma after rape	1 h 10 min	4	Two therapists, the adolescent, and a friend

The category of "reason for referral" refers to the network therapists' estimations after the previous meetings and is not based on a diagnostic process

Inner Dialogues and Their Movements Between Positions

The major portion of the participants' inner dialogues is a movement between the two positions of presence and reflection. These two contrasting positions enable the participants to adopt different viewpoints on the same phenomena. The presence position often focuses on the participants' physical experiences or inner state of mind, whereas the reflective position often consists of reflections on lived experiences and/or the present meeting. Table 2 shows an example of how inner dialogues can move between a presence position and a reflective position, while the outer dialogue can be seen as a "locked" conversation.

In this sequence, Isabelle's inner dialogue starts in the present, and she becomes annoyed. Then it moves to the past when she remembers that her aunt always defends herself in situations like this, and then moves back to the present when she has the impression that the therapists may believe her aunt. We found it to be typical of those inner dialogues in a presence position that very few of them were uttered during the conversation. However, they seem to have a significant influence on the ways in which utterances should be interpreted, and the expression of other themes or opinions later in the conversation. When the inner dialogues were in a reflective position, they were expressed in more words, and some of those words and their meanings were repeated in the person's utterances later in the conversation. Others were reframed and adapted to the outer dialogue and the people present in the therapy session. This applies to the therapists, the adolescents, and the invitees from their networks. None of the participants' inner dialogues contained only one position—they all moved between the presence and reflective positions, a movement that continued as the outer dialogues progressed.

Movements in Time in the Outer Dialogue and the Participants' Inner Dialogues

The participants' inner dialogues not only moved between positions, but also in time. Some inner dialogues focused on the present moment, others moved from the present to the past, still others from the present to the past and back again, and a few from the present to the future. The inner

Table 2 The case of Isabelle: An example of the movement of inner dialogues between the two positions of presence and reflection (inner dialogues are in italic font)

Therapist 1		Therapist 2		Isabelle		Aunt	
Inner D	Outer D	Inner D	Outer D	Inner D	Outer D	Inner D	Outer D
					So it's nothing new, everybody thinks it happens because I'm the one who knows least.		
	Mmm.			*I get annoyed. She will always defend herself.*	Yes, you do.		No, I don't.
				It seems like the therapists believe in her			That's not what I think.

dialogues' movements in time to a large extent reflect the movements in time that we found in the outer dialogue. Most of the outer dialogues in the chosen sequences were about events that had already taken place and the participants' interpretations of those events in the conversation. This implies that most of the movements in time were from the present to the past and back again (Table 3).

In this sequence, which occurs at the beginning of the conversation, the outer dialogue starts in the present with John's utterance "No absolutely not…" followed by the therapist's question "old regular… what's that?" Then it moves between the present and the past, and ends in the past. All the participants inner dialogues start in the present, move to the past and end in the present.

How Outer Dialogues May Lead to Uncertainty and on the Other Hand Can Open Up for New Voices and Movements

In most of the sequences by participants', the outer dialogues were characterized by being dialogic with a few monologic elements. However, in two sequences the opposite was true; those two sequences were largely monoligic in the outer dialogue and the participants' inner dialogues were characterized by uncertainty. As we see it, this uncertainty did not open the conversation to multiple voices, but on the contrary, closed the conversation in that the participants were unaware of the outer dialogue and preoccupied with their own inner dialogues as the example in Table 4 shows.

This sequence is a part of the conversation where therapist 1 speaks for a long time, and explains to Katherine how her situation in school has become a negative circle. In the first part of this sequence, the outer dialogue of therapist 1 is characterized by being monologic, and the participants' inner dialogues indicate their insecurity relative to the outer dialogue. At the end of this sequence, therapist 2 invites Katherine into the conversation by asking her a question. In this way, the outer dialogue becomes more dialogic and the mother's inner dialogue moves from present to the past and back again.

Discussion

In this study, we find that the movement between the two positions of reflection and presence is essential in the emergence of significant meaningful moments. This

Table 3 The case of John: an example of how the participants inner dialogues move in time and the corresponding movement in the outer dialogue

Therapist		John		Father	
Inner D	Outer D	Inner D	Outer D	Inner D	Outer D
			No, absolutely not, … I was just focused on the old, regular things.		
	Old regular… what's that?				
			Living life.		
	Yes, living life…as you have done.				
			Mmm.		
	Have you had any challenges?				
			Yes indeed (laughing).		
This is the contrast in the meetings with John. There have always been challenges. But now I also have to focus on the father, and get the father involved.	Yes indeed (laughing).	*This question comes every time, I was expecting it. Yesterday I was thinking through what I should answer when he asked. And here it comes.*	It was on Thursday, and I had to fill some fruit in the fruit department.	*Right there he is doing something that he has done before. It's amazing that it works because it's so easy. He finds the sore points and then finds ways to move around them. It's exactly what he is doing now.*	
	Yes.		On the left side of the pallet were the bananas and on the right side some fruit. And then I threw the bananas off and all the fruit rolled onto the floor.		

Table 4 The case of Katherine: an example of how monologic outer dialogues lead to uncertainty, and permit new voices and inner dialogues when they become dialogic

Therapist 1		Therapist 2		Katherine		Mom	
Inner D	Outer D	Inner D	Outer D	Inner D	Outer D	Inner D	Outer D
	It becomes difficult to be in the classroom. It becomes difficult to be with someone you're unsecure with and then you miss stuff in the lecture and someone you can get to know, someone that could make you feel more secure	*There can be too much talking and I feel this is becoming difficult. It's important to give Katherine and her mother space, and let their voices speak. We can ask open questions, but I'm afraid it may become a struggle between therapist 1 and me.*		*I feel uncomfortable. I've lost track of what he's talking about and what he is trying to say.* *I'm afraid that he may ask me questions that he expects me to answer but I can't, because I don't understand what he's saying.*		*Do you understand this Katherine? So it can become something useful in your world? He knows a lot I know a lot, but what do you know? How much of this are you getting?*	
			Hmm… I want to hear how it has been for you, Sarah, since our last meeting—how has it been?				
					Hmm… I've had a nice time since then.	*Here it comes, what I've been missing and preoccupied with; someone asking Katherine how she's doing.*	
			You've had a nice time?				
					Most of the time has been nice.		

movement applies to all the participants in network therapy. It gives them the opportunity to see utterances from different perspectives and thus allows access to experiences, thoughts, feelings, and words not yet said. In some way, the participants move from implicit knowledge to explicit knowledge (Stern 2004). This movement seems necessary, as it makes the participants able to listen to the others' stories and understand what the other participants mean by their utterances and respond to them in an authentic, helpful way. The movement between positions takes place for all the participants, but the content of some of the therapist's inner dialogues is different from that of the other participants. Those inner dialogues concern the ways in which they as therapists should relate to the other participants' utterances. None of those inner dialogues were uttered, but they clearly have an impact on what was uttered and how it was expressed. In our opinion, this is connected to what Anderson and Goolishian (1992) call the "not knowing position," and thus to the therapeutic process. Anderson and Goolishian describe this as a therapeutic attitude in which the therapist's actions communicate a genuine curiosity. According to Anderson (1997), the therapist's mind is not empty. She highlights the importance of the receptive aspect of the therapist's expertise. In that sense, the therapeutic task is not associated with specific interventions or methods. The therapist is understood as a participant on an equal basis with the other participants in many aspects, but at the same time is the one who has the responsibility for allocating space and time for each participant. This is consistent with those who think it

is important that therapists are present as living people in the therapeutic conversation (Anderson 1997; Rober 2005b; Seikkula and Trimble 2005).

The participants' inner dialogues also move in time. This movement, as we interpret it, seems to be necessary to create security and confidence between those present in the therapeutic session. The most common movement in time is that from present to past and back again. In all the sequences where the outer dialogue and the participants' inner dialogues followed each other in terms of movements in time, the pattern was movement from present to past and back again. This movement may seem natural because the adolescents and those in their networks bring their narratives with them to the therapy session—narratives formed in the past that nonetheless influence present (White and Epston 1990; Rober 1999). Retelling narratives in the therapy sessions implies movement from present to past and back again (White and Epston 1990). Some of the therapeutic effects of doing this are achieved through the interaction of movements between positions and times that both the outer dialogue and the participants' inner dialogues entail. The interaction between those two movements consists of different voices and dialogues, which form a polyphony that is open to new perspectives, words, and understandings that seem important to allow experiences, memories, and feelings to be expressed in words.

This study also suggests that when an outer dialogue becomes mainly monologic, the participants move away from it and become more present in their inner dialogues. Braaten (1998) describes this phenomenon among children from the age of seven years in problem-solving situations and understands the development of those kinds of inner dialogues as a means to resolve a problematic situation. In our study, this "frozen" position and lack of movement can be interpreted in the same way. It can be understood as an attempt to resolve or come out of a difficult situation without being psychologically hurt or violated. This movement toward becoming more present in their inner dialogues removes them from the outer dialogue and they become more absent from the conversation.

This study shows that the polyphony of voices and dialogues present in the participants' inner dialogues plays an important role in the therapeutic conversations. Those inner dialogues entail movement, both in time and between positions, by which they allow access to old and new experiences. For the participants, those processes are a source of a new understanding and new perspectives. When all those different voices, dialogues, and movements take place at the same time, the dynamic of the conversation is formed and lives its own life within its own culture. This implies that no two therapeutic conversations are alike; they all have their own rhythm, language, and ways of speaking that are unique (Boscolo and Bertrando 1993; Andersen 2006). This uniqueness is formed by what Bateson calls the relational mind (Bateson 1972). This is an active entity formed from all the participants. The relational mind changes along with the outer dialogue, the participants' inner dialogues, and their physical responses (Bateson 1972, 1979). This multitude of dialogues, voices, and different movements that take place in the therapeutic conversation seem to form an important dynamic. This dynamic is the force that develops the conversation in various directions and forms. On this basis it seems that the participants not only govern the conversation, but equally, governs participants.

Conclusion

In the introduction to this article, we mention the visual/audible and covert aspects of a therapeutic conversation. This study shows that the visual/audible dimension is not sufficient to understand how significant and meaningful moments emerge. By including the participants' inner dialogues, we show that they contribute just as much as the outer dialogue to the emergence of significant meaningful moments. The participants' inner dialogues are important because they entail different forms of movements that are important for reaching both new perspectives and meanings, and thus provide words that relate to the outer dialogue. These movements between positions and in time enable the participants' both to relate utterances in the present and understand those utterances in their own distinctive way. Regardless of whether an experience, understanding, or opinion are uttered, we see that the participants' inner dialogues affects the choice of what is uttered, and most of all, the ways in which sentences and words are expressed.

This study also shows that the outer dialogue can affect the participants' inner dialogues in a number of ways. If the outer dialogue mainly is dialogic, it permits the participants to move between being present in the outer dialogue and in their inner dialogues, but if the outer dialogue mainly is monologic it seems that the interlocutors' moves away from the outer dialogue and become more present in their inner dialogues, and in this way withdraw from the therapeutic conversation.

Regarding therapeutic practices, our study shows the importance of the movements in time and between positions that take place in both the outer dialogue and the participants' inner dialogues. Significant and meaningful moments emerge in the wake of this interplay. In this sense, a therapeutic conversation can be compared to a piece of music. The notes represent utterances, and the pauses between the notes represent the participants' inner dialogues. Not only are the notes we hear crucial to our

experience, but also the pauses between them. Likewise, both the words uttered and our inner dialogues are crucial in forming our experiences that emerge through the therapeutic conversation. Through that process, they both play important roles in the emergence of significant and meaningful moments. The themes and phenomena of different dialogues are in some way universal, but at the same time it is important to highlight that each conversation, through the interplay between words uttered and the participants' inner dialogues, lives its own life within its own culture and rules.

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Appendix 3

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Shared Sequences from Network Therapy with Adolescents Only the therapist Finds Meaningful

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As part of a larger research project, this qualitative study explores sequences from six network therapy sessions. We focused on these sequences because only the therapists found them to be meaningful; the other participants did not think they were significant. The aim of this study was to explore the therapists' inner dialogues, the degree to which these inner dialogues consist of professional and personal voices, and what this means for the dialogical process. We used a multi-perspective methodology that combines video recordings of network therapy sessions, participants' interviews, and text analysis. We found that the outer dialogue and the therapists' inner dialogues are strongly related to each other and that both personal experiences and professional knowledge are present in an implicit way, which helps the therapist to be present in the dialogical process both as a person and as a professional. We also found that when the outer dialogue is very emotional, the therapist moves away from the outer dialogue and becomes more present in their inner dialogues.

Keywords: network therapy, dialogical practice, inner and outer dialogues, dialogical process

Key Points

1. The interplay between inner and outer dialogues is central when meaningful sequences of the therapeutic conversation emerge.
2. The therapists' inner professional dialogues are present in an implicit way, adapted to the outer dialogue.
3. The presence of both professional and personal voices gives life to the outer dialogue and helps the therapist to be present in the dialogical process.
4. When the outer dialogue is highly emotional, the therapists' inner dialogues are dominated by personal voices and the professional voices recede.
5. The relationship between the therapists' inner professional and personal dialogues helps the therapist to achieve a professional understanding of and give life to the outer dialogue by being present in the actual conversation.

This study is part of a research program titled 'Dialogical collaboration in southern Norway,' which focuses on a variety of dialogical approaches and practices in health care systems in southern Norway. The aim of this study was to use a dialogic perspective to explore what happens when therapists find sequences in therapy sessions to be meaningful but do not say anything about it in the session. By including the

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therapists' inner dialogues from those sequences, we hoped to gain more knowledge about (and insight into) what occurs in these situations and how they emerge.

Any form of psychotherapy consists of a multitude of overt and covert processes. In addition to the visible and audible aspects of therapeutic conversations, we know that therapeutic meetings feature covert dimensions that have an important role in the therapeutic process (Andersen, 1994; Anderson & Goolishian, 1992; Lidbom et al., 2014, 2015; Rober et al., 2008). We know that clients and therapists differ with respect to which aspects of therapeutic conversations they find to be significant or meaningful (Gerhart-Brooks & Lyle, 1999; Llewelyn, 1988; Timulak, 2010). From one point of view, we may say that clients are focused on receiving help with their problems and hope that therapy will give them a feeling of support and relief (Llewelyn, 1988; Timulak, 2010), whereas therapists emphasise qualities such as insight, self-awareness, and other professional concepts.

A dialogical approach to family and network therapy focuses on both the overt and covert processes in the therapeutic meeting. Therapy is seen as involving a multiplicity of voices, speaking to the addressee from different positions and often in dialogue with each other (Bakhtin, 1984; Olson, Laitila, Rober, & Seikkula, 2012). This is true of both the outer dialogue and the various participants' inner dialogues. From a dialogical perspective, we can ask whether the healing element in the coevolving therapeutic process can be found in the articulation of experiences that have yet to be voiced. (Anderson, 1997; Seikkula & Trimble, 2005). This is a process that makes the presence of a polyphony of inner and outer dialogues essential, because it gives access to new perspectives, words, and meanings (Lidbom et al., 2014, 2015).

The therapists' inner dialogues

In therapeutic conversations, therapists often ask themselves, 'What shall I say?,' 'What words can I use here?,' 'What do they expect from me?,' and so on. Usually these and similar questions are not asked from an explicit theoretical or professional position; they are voiced from a personal position (Rober, Larner, & Paré, 2004). Co-evolving therapeutic conversations involve an interplay between several different dialogues occurring at the same time. In this therapeutic context, we can ask whether there are similarities and differences between the therapist and the other participants. One of the major similarities between the therapist, the client, and his/her network of family and significant others is that they are all present as living persons, with their own personal histories and experiences. One of the major differences is that the therapist is a professional who uses theories and methods as a guiding framework for how he/she understands the co-evolving process of talking together. Rober et al. (2008) describe therapists' inner dialogues as inner 'positions' embodied as voices in dialogue with each other. They suggest that a therapist's inner dialogues move between four positions, each of which is a concern of the therapist. (1) *Attending to the client's process* refers to the therapist's effort to connect with and focus on the client's personal process in the here and now of the session. The attention is on the client. (2) *Processing the client's story* refers to the therapist's internal processing of the content of the client's story about 'there and then,' the world outside the session. (3) *Focusing on the therapist's own experience* concerns the therapist as a living, experiencing human being and refers to his/her reflections and self-talk in the 'here and now' of the session. (4) *Managing the therapeutic process*

concerns the therapist's managing the process given his/her responsibility as a therapist: taking care of the therapeutic context, assisting the client in the telling of his/her story, and reflecting on the therapeutic attitude. The therapist is focused on what he/she can do to help the client.

The main focus in three of Rober et al. (2008) positions is on the professional voices and dialogues (*Attending to the client's process, Processing the client's story,* and *Managing the therapeutic process),* with the fourth position focused on personal voices (*Focusing on the therapist's own experience).*

Significant and meaningful moments in a therapeutic conversation

Research on significant and meaningful moments in therapy explores and analyses shorter episodes of the therapeutic process (Greenberg, 2007; Timulak, 2010). The underlying rationale is that these events are the most helpful sequences (or problematic points) in the therapeutic process (Timulak, 2010). Most of this research has been done in individual therapy; research on family and network therapy is very limited. The types of family and network therapies that focus on generating dialogues entail not only focusing on the content of narratives, but also unfolding feelings and experiences in the moments when the narratives are told (Seikkula, 2008, 2011). Through this process, an intersubjective consciousness emerges that involves real contact between the people participating in the dialogue. In every meeting, two histories occur. The first history is generated by our presence. We adapt ourselves to each other and create a multi-voiced, polyphonic experience of the shared event, and most of this adaption happens almost without words. The second history occurs in the participants' stories from their lives. These stories refer to the past; they can never reach the present moment, because when a word is formulated, and when it is heard, the situation to which it refers has already passed (Seikkula, Laitila, & Rober, 2012). With these two histories in the same moment, the therapists shift their position from being interventionists with planned actions to focusing on their response to the clients' utterances, as their answers are the 'generators' for mobilising the client's own resources (Seikkula et al., 2012).

Therefore, significant and meaningful moments in the conversation cannot be planned. They will emerge in the conversation at various times and with different content for the respective participants, and both the timing and content of these occurrences will play an important role in what is and is not uttered in the conversation. Through this process, experiences that have not been articulated nevertheless find their expression in the therapeutic conversation (Lidbom et al., 2014). In earlier research (Lidbom et al., 2014, 2015), we have shown that significant and meaningful sequences shared between the therapists and the other participants in therapy are strongly related to the interplay between the outer dialogue and the participants' inner dialogues. In those sequences, the inner dialogues contribute to a diversity of perspectives, experiences, and meanings by their movements in time and between the two positions of reflection and presence. This diversity represented by the polyphony, makes it possible for the participants to place themselves in the ongoing conversation as living persons. As an example of those movements and the emerging polyphony, we can imagine a situation where the adolescent starts to weep in the middle of the network meeting. The therapist becomes unsecure of how he/she shall handle this, and starts to reflect upon different possibilities: *Shall*

I act like a professional, a parent, or just as a fellow human? The therapist ends up comforting the adolescent.

In dialogical theory and practice, our knowledge of the interplay between the outer dialogue and the participants' inner dialogues play an important role in our understanding of therapeutic conversations and processes (Olson et al., 2012; Rober et al., 2008; Seikkula, 2002). As the professional and in many ways the party responsible for the therapeutic process, the therapist plays an important role, and because of that he/she may have a different perspective with different themes compared with the other participants. With that in mind, we attempt to answer the following questions in this article:

- What is the relationship between professional and personal knowledge in the therapists' inner dialogues?
- What is the meaning of those inner dialogues for the dialogical process?

Method

This study and the cases presented in this article are part of a larger research project titled 'Network meetings: A meeting on the border between outer and inner dialogues.' This is a qualitative study of adolescents aged from 16 to 18 years of age who are in mental health crisis, seeking help from the mental health care system for the first time, and receiving network–oriented help. These adolescents were referred to the mental health care system by their general practitioners. The adolescents, members of their networks, and the therapists all voluntarily participated in this research. Another study followed the same adolescents and explored their experiences of change related to both the network therapy and their lives in other social arenas important to them (Bøe et al., 2013, 2014, 2015).

In this study, we investigated one network therapy session for each of the six adolescents who participated. Members of the adolescents' networks attended these sessions, as did one (one case) or two (five cases) network therapists. Each of the participants had at least two therapy sessions before we filmed for this study. We developed the data collection method based on a method used by Rober et al. (2008), in which the researcher filmed the therapeutic conversation and then interviewed the participants within 4 days of the session. By filming the interviews we obtained access both to the facial expressions and gesticulations of those who were interviewed. The first stage was taking a video recording of one therapy session. In the second stage, the researcher interviewed each participant separately within 4 days of the therapy session. During this interview, each person watched the entire recorded therapy session on a computer screen without pausing. Immediately thereafter, they watched the session again with the instruction to stop the video when they saw something significant or meaningful happening. When they stopped the video, the researcher asked each of them the same initial question: 'What went through your mind right there?' This question was intended to elicit some of the inner dialogues he/she had during the highlighted sequences. No other questions were prepared for these interviews. We attempted to make the interviews similar to a dialogical conversation, in which the researcher focused on listening and responding to the participants' utterances.

The interviews were filmed, and the third stage of the method was to transcribe the therapy sessions and the interviews for analysis and interpretation. In the fourth stage, we combined the transcriptions of each participant's therapy session and the associated interviews to provide an overview of the whole therapy session. The content of the outer dialogue was juxtaposed with that of each participant's inner dialogues at the points in the outer dialogue at which each participant indicated a significant or meaningful moment. Based on this information, we were able to identify those sequences during the sessions that the therapist found significant but the other participants did not. Those sequences were then analysed.

We used a hermeneutic phenomenological approach, Systematic Text Condensation (STC), to analyze the content of the outer and inner dialogues and the interplay between them (Graneheim & Lundman, 2004; Malterud, 1993, 2013). Systematic Text Condensation is a method inspired by Giorgio's phenomenological analysis (Giorgio, 2009, 1985), and Grounded Theory (Glaser, 2001; Glaser & Strauss, 1967). This approach allowed us to interpret and recontextualise the participants' experiences in a way that laid the foundation for new descriptions that could be useful for therapeutic knowledge, while remaining loyal to the participants' voices and dialogues. In this analysing process we also used the model of Rober et al. (2008). A preliminary analysis took place, first by the first author and then discussed in the research group. This mixture of group and individual work took place through the whole analysis process. We were unable to obtain the exact content of the participants' inner dialogues at the moment they occurred; however, a combination of direct observation, interviews, and analysis allowed us to come as close as possible to describing them relevant to our specific concerns.

We informed the participants of the potential for adverse reactions to being filmed, and we solicited their consent after we informed them about the implications of participating in this study. This study was approved by the National Committee for Medical and Health Research Ethics.

The cases

Six adolescents (and the chosen members of their network) participated in this study. Two of the adolescents were boys and four were girls. Table 1 presents an overview of the study.

Results of Analysis and the Chosen Sequences

In the six network therapy sessions, there were 35 conversation sequences that one or both therapists experienced as significant or meaningful (for the distribution of these sequences between six different therapy sessions, see Table 1). In this context, a significant or meaningful moment does not necessarily indicate a purely positive or good moment; it only indicates that the therapist experienced what was happening in the outer dialogue as significant and/or meaningful in one way or another.

The most common positions in the therapists' inner dialogues were, *Processing the clients story* and *Focusing on the therapist's own experience*. In every sequence except one, the therapists' inner dialogues exhibited two or more positions. The outer dialogue in the sequence with one position was actually a therapist's monologue, and the same therapist recalled an inner voice that was speaking from a single position (*managing the therapeutic process*). Generally, we also found that when the outer

TABLE 1
Current Information about the Cases in This Study

Case number	Reason for referral	Duration of the therapy session	Number of significant, meaningful sequences	Participants in the therapy session
Adolescent 1	Depression, anxiety, and suspected psychosis	1 hour 15 minutes	4	Two therapists (male and female), the adolescent, and his mother
Adolescent 2	Depression, anxiety and suspected serious mental illness	54 minutes	2	Two therapists (male and female), the adolescent, and her mother
Adolescent 3	Depression and complicated grief process	1 hour 15 minutes	9	Two therapists (two females), the adolescent, and her aunt
Adolescent 4	Anxiety	45 minutes	5	One therapist (male), the adolescent, and his father
Adolescent 5	Depression and suspected serious mental illness	1 hour 10 minutes	9	Two therapists (male and female), the adolescent, and her mother
Adolescent 6	Trauma after rape	1 hour 10 minutes	6	Two therapists (two females), the adolescent, and her friend

The reason for referral column refers to the network therapists' estimations after the previous meetings and is not based on a diagnostic process.

dialogue becomes emotional, the therapists' inner dialogues were dominated by the *Focusing on the therapist's own experience* position. Examples of this occurred in the conversation with adolescent 6, in which the outer dialogue was strongly focused on the different traumatic experiences of the participant when she was raped, and the conversation became very emotional.

Of the two positions that dominated the therapists' inner dialogues, *Processing the clients story* was represented 38 times and in 25 of the 35 sequences, and *Focusing on the therapist's own experience* was represented 37 times and in 24 of the 35 sequences. In the two examples below, you can see some of the therapists' inner dialogues. In the first example, the therapists' inner dialogues are dominated by the *Attending to the client's process* position, and in the second example, the therapist's inner dialogue is dominated by the *Focusing on the therapist's own experience* position.

Example 1 (Attending to the client's process): With adolescent 3, where the outer dialogue is about how the adolescent coped with her life after her mother died.

Therapist 1		Therapist 2		The adolescent		The aunt	
Inner D	Outer D	Inner D	Outer D	Inner D	Outer D	Inner D	Outer D
What the aunt is saying is important, and it's different from what she said before. She confirms that the girl has it difficult. I hope she understands June better now.	Yes.	*The aunt is giving an aptly good description how June is doing. The aunt described it better than how she described it earlier; a more balanced description. I hope that June is noticing this.*	Mmm. Mmm.				When adults go through the same difficulties they will go on sick leave, but adolescents can't do that. But adolescents have to handle school, friends, and things like that. What has become better for her is that she is closer to her friends.

In this example, both of the therapists had an inner dialogue on how the aunt was describing the adolescent's situation, and they both regarded the description as balanced and apt, in that it confirmed the difficulty in the adolescent's life.

Example 2 (Processing the therapist's own experience): With adolescent 6. The outer dialogue is focusing on what happened just before she got raped.

Therapist 1		Therapist 2		The adolescent		Female friend	
Inner D	Outer D	Inner D	Outer D	Inner D	Outer D	Inner D	Outer D
Now (the name of therapist 2) is active. It's good for the conversation.			Mmm. Mmm. Yes. You tried to check it out and		I noticed after I inhaled a few times that I got dizzy. I asked if they would have		Mmm.

(continued)

Example 2 *(continued)*

Therapist 1		Therapist 2		The adolescent		Female friend	
Inner D	Outer D	Inner D	Outer D	Inner D	Outer D	Inner D	Outer D
I've got this feeling of running empty, a feeling of emptiness and paralysis.			then you were received? Yes.		some, but they said they already had been smoking. And that told me there was something in that joint that they wouldn't smoke. Yes. Yes . . . mmm. I thought it was common hashish.		

In this example, the therapist's inner dialogue is between voices from two positions. It begins with a voice speaking from the *Managing the therapeutic process* position, and then it is dominated by a voice speaking from the position of *Focusing on the therapist's own experiences.*

We also found that we could identify professional voices in professional positions (*Attending to the client's process, Managing the therapeutic context*, and *Processing the client's story*) that were not necessarily explicit in their professionalism. In these instances, the voices did not express professional concepts; instead, they were more directed to the situation and the themes in the outer dialogues. In the therapists' inner dialogues that were dominated by professional positions (especially the positions of *Attending to client's Process* and *Processing the client's story*), the inner dialogue often began with a question and ended with a presumed answer to the question, as in the next example. The following example occurred in the conversation with adolescent 4, and the therapist's inner dialogue emerged while they were talking about the adolescent's high score on the ORS - schema[1]:

> *He has a need to come here and talk with me, but what is it he wants? I think we are together here because he dreads autumn and school.*

Most of the questions the therapists asked themselves in their inner dialogues remained as inner dialogues and were not articulated during the session. Rather than asking the adolescent these questions, the therapists answered most of their questions with assumptions, as in the example above.

The two positions that were represented the fewest times in the therapists' inner dialogues were *Managing the therapeutic process* (represented 27 times in 23 of 35 sequences) and *Attending to the client's process* (represented 27 times in 20 of 35 sequences). Both of these positions are professional positions.

In many ways, these results are similar to what we found in our earlier studies (Lidbom et al., 2014, 2015), with a strong connection between the outer and inner dialogues representing different positions that yield useful perspectives on the themes in the outer dialogue, and the importance of the polyphony of voices present in both the outer and inner dialogues. What is new in this study is how implicit the presence of personal experiences and professional knowledge appear to be, and how adapted the words and the phrases applied in the therapists inner dialogues are to the outer dialogue. The therapists' professional and personal inner dialogues become a part of the emerging polyphony, not in the sense that they are uttered, but in that they still have an important impact on what is being uttered and not.

Discussion

All of the inner dialogues but one in this study involved two or more voices speaking from two or more positions. We know that inner dialogues consist of different positions in which each voice expresses something relevant and significant from its perspective (Rober, 2005a; Rober et al., 2008; Seikkula, 2008). One or several professional voices were present in the therapists' inner dialogues in all of the 35 sequences we studied, whereas only 24 of the 35 sequences had voices speaking from a personal position.

We found it interesting to observe how professional knowledge was present in the therapists' inner dialogues and how this knowledge was adapted to the outer dialogues. Professional knowledge tended to be implicitly represented in the therapists' inner dialogues. Very few of the therapists' inner dialogues were formed as theoretical statements, and they contained very few explicit words or phrases taken from the theoretical world. Almost all of the inner dialogues used words that addressed the actual sequence of the outer dialogue. This can be seen to indicate that professional knowledge is not necessarily explicit in meaningful, significant moments; instead, it is more implicit, used in a transformed way by the therapist and adapted to the specific context, persons present, themes, and words of the outer dialogue (Rober et al., 2004; Seikkula, 2008; Stern et al., 1998). When therapists adapt and transform professional knowledge in this way, even when they are unaware of what they are doing, the other participants in the therapy session are likely to regard their utterances as a natural part of the conversation.

This view of professional knowledge can be compared to how knowledge is understood in the concept of the 'not knowing' position (Goolishian & Anderson, 1992; Rober, 2005b; Anderson, 2012), in which knowledge refers to 'knowing with' the client, a type of knowledge that is crucial to the dialogical process (Anderson, 2012). When a therapist is in a therapeutic conversation with clients, the therapist's inner dialogues are understood to emerge from the interplay between all the participants in the network therapy session. Thus, the therapist's inner dialogues do not belong solely to the therapist; they belong to each participant in the therapeutic session (Bakhtin, 1986; Rober et al., 2004). The therapist's inner dialogues are not entirely created in the therapist's mind; they are related to the outer dialogue and created by all of the participants

in the therapeutic meeting. From this perspective, we can see that there is a strong relationship between the outer dialogue and the therapist's inner dialogue and professional knowledge during sequences that the therapist experiences as significant or meaningful. The outer and inner dialogues seem to represent several different viewpoints of the ongoing interaction during significant meaningful moments (Lidbom et al., 2014).

The *Focusing on the therapist's own experiences* position was represented 37 times and in 24 of the 35 sequences we studied. The majority of these sequences were related to the here and now situation, as shown in Example 2, while at the same time being in some way related to the therapist's narratives that were not explicitly uttered. From a dialogical perspective, Shotter (1993) uses the concept of 'withness,' which refers to being spontaneously responsive to another person during the unfolding events of a therapeutic meeting. To be in a 'withness' relationship means that the therapist is trying to be attuned to her/himself and to the other people in the conversation. This allows the therapist to access his/her own experiences in a way that is relevant to the sequence of the conversation (Errington, 2015; Rober et al., 2004). This can include incidents from the therapist's own narratives that are not necessarily explicit or present in his/her inner dialogues.

In much of the material from our research, the feelings that are evoked by the outer dialogue become prominent and the narratives related to these feelings remains in the shadows. Which narratives and experiences are activated in the conversation is related to the people who are present, the themes and words uttered in the outer dialogue, and the context in which the conversation takes place. In this sense, much of what happens in the outer dialogue and the therapist's inner dialogues is strongly related, albeit not necessarily in an explicit way with respect to the therapist's own experiences; what are explicit are the feelings evoked by the outer dialogue.

Therapists' professional knowledge and personal experiences are both essential influences on what they experience as significant or meaningful in therapeutic conversations. When professional knowledge and personal experiences are both present in inner dialogues, they give life and meaning to the other participants' utterances and thereby enable us as therapists to derive meaning and make assumptions about what is going on in the outer dialogue. Together, these professional and personal positions appear more as implicit knowledge and experiences than as explicit objects (Stern et al., 1998; Stern, 2004; Seikkula, 2008). We also found that the therapists' inner dialogues were always related to the outer dialogue, and that the inner dialogues were more likely to be adapted to the outer dialogue than the other way around. All of this can be understood by the term 'being present' in the conversation (Stern et al., 1998; Rober, 2005a,b; Seikkula, 2008). As therapists, the presence of both professional and personal voices in dialogue with each other helps us give life to our own and the other participants' utterances, which, in turn, enables us to find meaning and make assumptions about the outer dialogue – from both personal and professional positions. Our tentative hypothesis is that the inner dialogues between the personal and professional positions and voices have an impact on what has been described as the therapist's 'personal style' of doing therapy. By emphasising the therapist's inner dialogues, we focus on the therapist's personal history and the theoretical references evoked by the actual therapy session and its emerging outer dialogue. Thus, by focusing on the outer dialogue that way, the inner dialogue of the other participants present in the actual meeting has an impact on the therapist's inner dialogues through their relation to the outer dialogue.

Bateson (1972) described what he called the relational mind as an active entity that is formed from all of the participants; a mind that changes along with the outer dialogue, the interlocutors' inner dialogues, and their physical responses (Bateson, 1972, 1979). Our study shows how this happens when we are in a dialogical process, a process that is never complete or fully under our control because it emerges in a spontaneous, subjective, and implicit way (Cunliffe, 2002; Shotter, 1993, 1997). This can be related to what Shotter (1993) calls 'knowing from within,' in which we are continually being re-constructed and updated in unique relational moments and acts of being; it is a way of being present that differs from a disembodied, professional-knowledge way of being. In all of our sequences except one (with adolescent 2), we found that the therapists' inner dialogues were strongly related to the outer dialogue, and to the therapists' implicit knowledge, and this relationship helped the therapists to be present in the conversation; in other words, to be in the dialogical process. What the therapist should be aware of is when the outer dialogue contains themes with high emotional intensity, like rape or bullying, it is more likely that the personal voices become dominating in the therapists' inner dialogues. This may influence the therapist to leave the outer dialogue to stay in his/her inner dialogues and thereby fail to be present sufficiently to respond to the other participants' utterances (Lidbom et al., 2015). We have no basis to say whether this affects the dialogical process in a positive or negative way, because in some way the polyphony of the outer dialogue and the inner dialogues may be helpful. At the same time, however it can divert the therapist's attention away from the outer dialogue and prevent him/her from responding appropriately to utterances in the outer dialogue.

Conclusion

This study has shown that the sequence of therapeutic conversations that therapists find significant or meaningful are mainly about the outer dialogue, the therapist's inner dialogues, and the different positions their inner voices speak from, and the interplay between those different units. The therapists' inner dialogues consist of voices speaking both from professional and personal positions. The contribution of professional knowledge appears to be more implicit than explicit, because it is transformed and adapted to the context, persons, themes, and words in the outer dialogue. This transformation of knowledge seems to be important because it helps the therapist to give meaning to what is being said and to make assumptions about how the different utterances can be understood from different professional positions. Most of the sequences the therapists identified as meaningful were dominated by the professional voice, and by this we can assume that there is a strong connection between the therapists' experience of significant/meaningful moments and their disciplinarity. In addition, the personal voices in the therapists' inner dialogues were important because they helped the therapists be attuned to their experiences while at the same time remaining present both as a person and as a professional in the dialogical process. This helps the therapist give life and a personal meaning to what is being said. We also found that when the outer dialogue is emotionally intense therapists should realise how this moves the therapist away from the outer dialogue into his/her inner dialogues, which may come at the expense of being present and sufficiently responsive to what is being said in the outer dialogue.

This study also shows that the relation between the therapist's professional and personal inner dialogues helps him/her to create a professional understanding of the

outer dialogue while maintaining the personal voices and dialogues needed to remain present in the conversation and thereby give life to the outer dialogue.

Note

[1] The ORS (Outcome Rating Scale) is a feedback schema developed by Scott Miller and Barry Duncan (Miller and Duncan, 2000). It is administered at the beginning of each session and provides the clinician with information that can help to determine whether the therapy is on track.

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Appendix 4

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'Through speaking, he finds himself . . . a bit': Dialogues Open for Moving and Living through Inviting Attentiveness, Expressive Vitality and New Meaning

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Studies exploring the experiences of recovering from mental health difficulties show the significance of social and relational aspects. Dialogical practices operate within the realm of social relations; individual perspectives are not the primary focus of attention. The present study is part of a series of qualitative studies from southern Norway, exploring dialogical practices and change from the perspective of lived experience and in relationship with network meetings. Two co-researchers, who themselves had experienced mental health difficulties, were part of the research team. Material from qualitative interviews was analysed through a dialogical hermeneutical process where ideas from Emmanuel Lévinas and Mikhail Bakhtin were used as analytical lenses. Six interdependent dimensions emerged from our interpretative analysis, comprising three *temporal dimensions* (1. Dialogues open the moment, 2. Dialogues open the past, and 3. Dialogues open the future) and three *dimensions of speaking*, which operated across the three temporal dimensions (4. Ethical: Dialogues open through inviting attentiveness and valuing, 5. Expressive: Dialogues open for new vitality, and 6. Hermeneutical: Dialogues open for new meaning). These dimensions were incorporated into one main theme: Dialogues – beginning by others being invitingly attentive – open for moving and living. The way the findings point to change events as an opening for movement – 'moving *in*' as if from the outside, and 'moving *on*' as opposed to being stuck – are discussed in relation to other studies. We conclude by suggesting that the salient point of change-generating conversations is in the ethics of being invitingly attentive, and such conversations should take into account multidimensionality, that relates to the past and the future.

Keywords: mental health, dialogical practice, lived experience, change, Bakhtin, Lévinas

Key Points

1. When mental health initiatives generate change the *lived experience* of those involved is core to the process. Consequently, investigations into change should also consider how mental health difficulties, and the encounters that help, are experienced.
2. The lived experiences of the participants in *dialogical practices* reveal the way network meetings are complex and multi-dimensional events in which change occurs.
3. Three dimensions of *Speaking* seem to be involved in the dialogical event of change: Beginning with *ethics* (others being invitingly attentive to us), that allow *expressivity* (the interplay of body and senses), which create *meaning* (new ways of perceiving and understanding one's possibilities).
4. Another three dimensions of *Time* seem to be involved in the dialogical event of change: Dialogues open the *past*, dialogues open the *present* and dialogues open the *future*. The dialogue of the present makes it possible to re-relate to past and future, which in turn changes ways of existing in the dialogue of the present.
5. When describing and understanding change, attention to the *ethical* and *expressive* dimensions of dialogue seems to be just as important, or even more important than attention to the dimension of *meaning*.

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> He must speak. . . . He must put things into words, he must . . .'cause through speaking he finds himself . . . a bit. (Mona, Phillip's sister[1])

In this way, the sister of a struggling boy shows the significance of what takes place in the network meetings. 'Finding oneself through speaking' seems to characterise the respondents' descriptions of the dialogues in the network meetings. So what then were the dynamics and aspects of these speaking events, and in what ways could speaking bring about change in the lives of those involved? This article explores these questions.

Change related to mental health has been widely investigated from various perspectives. In a previous study (Bøe et al., 2013) we suggested that what we refer to as mental health difficulties, and ways out of such difficulties, could be explored in terms of the conditions existing in the ongoing events and encounters of life. Using the ideas of both Bakhtin and Lévinas to explore a single case, we argued that change could be seen as an *ongoing ethical event.* In another study (Bøe et al., 2014) based on the same empirical data as this present paper, we investigated change through focusing on adolescent experiences of a number of important social arenas. We found that the experience of being able to move – or not – in relation to others seemed to be a significant aspect.

Such approaches to the question of change in mental health may differ from what we might refer to as causality models. Shotter's ideas on change can highlight the inherent problems with causality models. He points to the way change may be approached from two opposite points of departure: either we take 'what is invariant as . . . primary subject matter' and this makes change problematic or we take 'activity and flux as primary' and this makes stability problematic (Shotter cited in Jaworski & Coupland, 1999, p. 22). Causality-models of change seem to take invariance and stability as primary and consequently understand change in terms of how identifiable and stable objects or states are changed through manipulation by some specific force. With the alternative starting point, where movement and flux is primary, change is always already 'there' and the challenge lies in finding ways to describe and understand this constantly changing reality of living, which may be 'vague, fluid, unspecific, diffuse, slippery, ephemeral, elusive or indistinct, . . . changing like a kaleidoscope, or the intra-mingling streams of hot and cold air in the atmosphere' (Shotter, 2014, p. 112).

In this article we adhere to such ways of exploring human living. We investigate the lived experiences of the participants in network meetings and explore these experiences through some ideas from the dialogical philosophy of Emmanuel Lévinas and Mikhail Bakhtin.

Network dialogues initiated by mental health services to help adolescents with psychosocial difficulties in the southern part of Norway have been explored. In southern Norway dialogical and network-oriented practices have been implemented, developed and explored over the last two decades (Bjørnstad, 2013; Bøe et al., 2013; Grosås, 2010; Hauan, 2010; Holmesland, Seikkula & Hopfenbeck, 2014; Holmesland et al., 2010; Lidbom et al., 2014; Ropstad, 2010; Ulland, Andersen, Larsen, & Seikkula, 2013). Dialogical practices, in this context, refer to initiatives that include persons in the social network of the help-seeker through network meetings, where the aim is to facilitate change-generating dialogues. In other words, it is something more than identifying and solving problems.

PREVIOUS RESEARCH

Recent studies exploring the experiences of people engaged in the process of recovery from mental health difficulties show the significance of relational, social and contextual factors in the processes of change and recovery (Tew et al., 2012; Topor, Borg, Di Girolamo & Davidson, 2009; Topor & Denhov, 2012). Reviews (Leamy et al., 2011; Tew et al., 2012) found that connectedness, both social and interpersonal, was one of the significant factors in recovery, common to all the included studies. They further indicated that 'hope and optimism about the future' that emerge from 'hope-inspiring relationships' characterised the experiences of recovery (Leamy et al., 2011, p. 448). These 'hope-inspiring relationships' are found both inside and outside mental health services.

Studies within family and couple therapy challenge the belief that the method is the main component in change, and point to the need for qualitative studies that can help to identify the multitude of factors involved in the processes of change (e.g., Blow et al., 2009; Blow, Sprenkle & Davis, 2007; Pinsof & Wynne, 2000; Sprenkle & Blow, 2007). Inquiry into dialogical practices offers a way forward for such studies. Dialogical practices operate in the domain of social relations and are theoretically based on the assumption that human existence itself is relational and that the dynamics of the subjective coincide with – or even are preceded by – the dynamics of the intersubjective (Seikkula, 2011b; see also Erdinast-Vulcan, 2008). Responsiveness is understood as the core of our existence and this displaces the 'locus' of interest from the subjects and privileges the *interplay between* subjects (Bøe et al., 2013).

Dialogical practices have been widely described from theoretical perspectives (e.g., Rober, 2005; Seikkula, 2011a, 2011b; Shotter, 2010, 2012) and their clinical application to couple and family therapy (Brown, 2012; Rober, 2008, 2010). The effectiveness of dialogical approaches has also been documented, in particular the *Open Dialogue Approach* developed in Finland (e.g., Aaltonen, Seikkula & Lehtinen, 2011; Seikkula et al., 2006; Seikkula, Alakare & Aaltonen, 2011). The dialogical aspects of change in family therapy and network meetings have been explored through analysis of the dynamics and qualities of the actual dialogue. Seikkula (2002), through sequence analyses of conversations, found that in good outcome cases the clients seemed to have both interactional and semantic dominance (as opposed to therapists having dominance), the dialogue took place in a symbolic language (as opposed to indicative language) and in a dialogical form. Seikkula, Laitila and Rober (2012) used the concepts *voice*, *words/action*, *position* and *sequentiality* as analytical tools in exploring a family therapy session. Their findings included the suggestion that the voices in the investigated sequence created room, not only for a new story but also for new positionings between the interlocutors.

Fewer studies have explored such practices from the perspective of the lived experiences of the participants involved; both in terms of the experience of the meetings specifically and how such initiatives are influencing their lives. Piippo and his colleagues used qualitative interviews to explore the '*Integrated Network and Family Oriented Model*,' which includes mental health services with both municipal social services and relatives in multidisciplinary treatment (Piippo & Aaltonen, 2004, 2008, 2009). Patients reported that the facilitated collaboration created an atmosphere where one felt free to say what one 'wanted and needed to say,' and this led to an experience of release from a 'single, inevitable interpretation' and opened up a variety of possible views (Piippo & Aaltonen, 2004). The participation of relatives led to mutual

trust, increased a mutual feeling of safety and opened the way for new kinds of good, supportive, relationships in which fears for the future diminished, and worries and burdens decreased (Piippo & Aaltonen, 2009).

Another study of a dialogical, network-oriented approach, *Open Dialogue*, confirmed the significance of including social networks (Brottveit, 2013). Based on observations and interviews with clients, persons from private networks and practitioners, Brottveit suggested that the significance of the meetings is not found by asking 'What was *said*?' but rather by asking 'What *happened*?' He proposed that what *happened* was not a matter of 'speaking *about* life' but a matter of 'speaking *in* life.' What *happened* was experienced as real and felt in the body in terms of physical and emotional responses. Brottveit's study posited that change did not require a detour via insight or understanding because what happened in the meetings had a direct impact on the 'social reality' of the participants' lives (ibid). The aspects facilitating change were 'direct and dynamic' and not 'reflective and representational' (p. 246) because the significant others were present.

Holmesland and her colleagues (Holmesland et al., 2010, 2014) also explored the *Open Dialogue* approach through interviews with professionals and observations of the network meetings. They found that this transdisciplinary approach called for a process of role transformation by the professional; a release of role by reducing the impact of therapeutic skills and allowing the help-seeker to guide the communication with the aim of increasing their activity. The professionals pointed to the way that self-disclosure of their own thoughts, feelings and physical reactions seemed to promote the dialogue and personal growth of the participants (Holmesland et al., 2014).

Lived experiences related to participation in network meetings were explored in terms of inner dialogues in some recent studies in southern Norway (Grosås, 2010; Lidbom et al., 2014; Ropstad, 2010). Lidbom et al. (2014) showed how the dynamics of the interplay between inner and outer dialogues contain a richness of different experiences that opened the way for new meanings to emerge in the conversation.

These studies, exploring change through the way in which it is experienced, show how therapeutic network dialogues operate within the social reality of the participants, and call for further investigation of the complexities of the dialogical and social dimensions of mental health initiatives. This is the aim of this article.

THEORETICAL PERSPECTIVES

Dialogical philosophy is important in the evolution of dialogical practices, including ideas from Mikhail Bakhtin and Emmanuel Lévinas. The influence of such perspectives on the present study was somewhat ambiguous. On the one side the researchers were inspired by dialogical theory from the outset and this consequently formed and informed the explorative process.[2] On the other side, the aim was to explore the lived experience of those involved in such practices without any predefined theoretical or conceptual 'lens.' In the course of our exploration and analysis (see Method section below), we discovered that some specific ideas from Emmanuel Lévinas (1906–1995) and Mikhail Bakhtin (1895–1975) could shed a useful light in our further exploration of the material. These ideas we want to briefly outline.

Lévinas: speaking—an ethical, expressive and hermeneutical event

Lévinas, in his essay 'Sense and meaning' (1996) describes the way that contemporary philosophy seems to analyse language and speaking by using two aspects: the *hermeneutical* structure, which gives meaning to what we perceive, and the *expressiveness* of the subject, which find its forms through the gestures, signs and words of language. 'Has a third dimension not been forgotten?' Lévinas asks, and he introduces a dimension that he suggests is most fundamental, the *ethical*: 'the direction toward the other ... whose presence is already required for my cultural gesture of expression' (p. 52). This ethical directedness, prior to expressivity and hermeneutics, is responsibility for the other; responsibility as a 'saying prior to anything said' (Lévinas, 1974, p. 43, cited in Peperzak, 2013, p. 46; see also Bøe et al., 2013).

Human expressions take on forms within a culture, whereas the ethical responsibility is pre-cultural – evoked by a primordial vulnerability revealed in the face of the other. For Lévinas ethics precedes and is a precondition for language, and ethics precedes and is a precondition for the subject. He thus breaks with a Kantian ethics where the free and rational subject comes first and where human freedom and rationality, in turn, makes the subject a *moral* subject. In other words, Lévinas claims that subjectivity is not prior to responsibility, it is responsibility that evokes subjectivity, or, as he puts it, 'I find myself facing the Other' (p. 52). For Lévinas, subjectivity is an ethical event (Biesta, 2014). This event makes us *express* ourselves to the other in dialogue, and through this we give meaning to the world, in the *hermeneutical* dimension of speaking. This means that the way that the world appears to us as meaningful is not an intuition prior to the language of dialogues but is, from the very beginning, a 'narrative, verbal, linguistic intentionality' (Lévinas, 1987, p. 110). Only through dialogue – speaking – does the world become meaningful to us.

These three dimensions of speaking (ethical, expressive and hermeneutical) seemed to reveal significant and relevant aspects in the respondents' descriptions and offered a way to conceptualise and understand the many aspects of their experiences.

Bakhtin: speaking—words answering the past and waiting for future answers

In his essay 'Discourse in the novel,' Bakhtin (1981) explores the dynamics of human existence through the dynamics of the spoken word. He describes the way that the spoken word is a response to what has already been said, *the past*. Yet, it is also formed for, and in anticipation of, answers that are yet to come, *the future*. Bakhtin (1981) writes, the word is 'forming itself in an atmosphere of the already spoken' (p. 279) and has the 'taste' (p. 293) of previous uses. At the same time, the spoken word positions itself in relation to past uses, as an answer. Furthermore, he writes, the word is 'oriented toward a future answer-word' and is, in fact, 'determined by that which has not yet been said.' The word is formed by the future answering word that it 'needs, ... anticipates and structures itself towards' (p. 279). Thus human existence is found in expressivity within the event of speaking. This expressivity is a responsive leap between past and future: we borrow our words from others (*past*), adding on our own 'emotional-volitional tone' (Bakhtin, 1993, p. 36) (*moment*), and this tone is determined by anticipation of future answers (*future*).

Bakhtin (1981) goes on to write about the word as *a path*; going from the speaking subject to the objects of the world. This path goes through a 'complex play of

light and shadow' found in dialogues where the objects of the world are both 'highlighted' and 'dimmed' (p. 277). This path to the world goes through a 'dialogical agitated and tension-filled environment of alien words, value judgements and accents, weaves in and out of complex interrelationships' (p. 276). This means that words found in dialogue are our path to the world, but this path both reveals (dialogue *opens*) and conceals (dialogue *closes*) the world from us.

This offers three temporal dimensions of dialogue: Through the spoken word in 1) the *moment*, we relate to 2) the *past* and 3) the *future*. We found this framework helpful as it seemed to reveal significant aspects that characterised the respondents' experiences.

AIM OF STUDY AND RESEARCH QUESTIONS

The aim of this study was to explore change from the perspective of lived experience and its relationship with network meetings within dialogical practices in mental health. To do this, we formed the following research questions:

1. How do the participants in dialogical practices describe their network meeting experiences?
2. On the basis of these descriptions, how can the dynamics of change in dialogical practices be described and understood?

METHODOLOGY

The study is exploratory in nature and based on a dialogical research design (Borg, Karlsson, Kim & McCormack, 2012; Cresswell, 2012; Shotter, 2014; Sullivan, 2012; Sullivan & McCarthy, 2005). Our exploration was *phenomenological*-dialogical, following Cresswell (2012) who proposes that phenomenological experience is 'linguistically constituted'; that experience emerges in and through dialogue. Furthermore, our exploration was *hermeneutical*-dialogical in the sense that possible ways of understanding emerged through dialogues and an ongoing back-and-forth process with the material (Shotter, 2014).

In this process theoretical ideas influenced our perception of the material, and the material influenced our ways of including theoretical ideas. In qualitative analysis, data do not speak for themselves, rather they are mixed with theory in unpredictable ways (Sullivan, 2012, p. 65). Themes related to the research questions emerged from this phenomenological-hermeneutical-dialogical explorative process and these themes were further developed using certain ideas from Bakhtin and Lévinas (presented above).

Participatory research

This study created dialogues between many participants. Data originated in the dialogues with the respondents in interviews. The following reading and analyses of data included a multitude of additional dialogues and participants. Throughout the study, two of the co-researchers (Ruud Lindvig and Zachariassen) participated on the basis of their own experiences with mental health difficulties, and together with the first author they formed a core-group in the planning and implementation of data collection, follow up readings and analysing the material. The involvement of persons with experiential competence provides a means to add new perspectives and to make

research more relevant, valid and useful (Beresford, 2007; Telford & Faulkner, 2004; Trivedi & Wykes, 2002; Wallcraft, 2012; Wallcraft, Schrank & Amering, 2009).

A participatory, dialogical research design (Borg et al., 2012; Shotter, 2014) provided the opportunity for ongoing interactional influence between research and practice. The research team shared and discussed ideas and impressions from our reading of the material in regular meetings with practitioners and also with a group of adolescents with experience related to mental health difficulties.

Respondents

Respondents were selected among all referrals to a child and adolescent mental health care unit at a hospital in Southern Norway over a limited period. Inclusion criteria were: 1) aged 16–18 years of age; 2) not in receipt of prior specialised mental health care; 3) those who were offered help through network-meetings. The included adolescents selected one or two additional respondents from their social networks, and the practitioners involved were included as respondents in the final interview in each case. In total, we interviewed 22 respondents: eight adolescents, four mothers, one father, two friends, one sister, and six practitioners (Table 1).

Creating data

Twenty-eight interviews, individually or together with the person from the adolescent's network, were carried out. In six cases, a series of interviews was carried out over periods ranging from 7 to 12 months. In the interviews we asked about concrete and significant events and experiences – both difficult and good – related to family, friends, school, work, being alone and the network-meeting. Interviewers specifically were encouraged to pursue what seemed to matter most to the adolescent. The interviews were videotaped, and this gave the opportunity to take bodily expressivity into account.

From a dialogical perspective, experience is not 'something' prior to dialogue which is already 'there' to be communicated. Rather it is through the expressions that happen in dialogues that experiences emerge and take form (Cresswell, 2012). Our interviews with the respondents could be seen as such experience-forming dialogues.[3] This implies that when we ask about the experiences of the network meetings, these experiences are (re)formed and created by the dialogue of the interview. Nevertheless, our focus is on the network meetings as changing events rather than the interviews.

Interviews were conducted in Norwegian and all interviews were transcribed in Norwegian by the first author, with the inclusion of descriptions of bodily expressivity where considered relevant. For the purpose of this paper, quotes were translated into English by the first author in co-operation with a Norwegian speaking colleague with a masters degree in English.

Ethical considerations

This study invited respondents to be interviewed about sensitive aspects of their lives and it was emphasised, in writing and verbally, that respondents should not feel compelled to speak about themes with which they were uncomfortable. Any emotional difficulties experienced as a result of the interviews were able to be followed up by practitioners in their existing clinical teams. All participants gave their qualified informed consent. In this paper all cases are de-identified. Hard-disks with data and copies of transcribed text were securely stored. The study was approved by the *Norwegian National Committee for Medical and Health Research Ethics* (2010/2973-1).

TABLE 1
Overview Respondents and Interviews

Case	Number of respondents	Number of interviews	Time from first to last interview	Remarks
1	3 (adolescent, sister, one practitioner)	5	8 months	
2	4 (adolescent, mother, two practitioners)	6	12 months	
3	2 (adolescent, one practitioner)	3	10 months	The adolescent did not want us to interview persons in social network
4	4 (adolescent, father, mother, one practitioner).	5	12 months	
5	4 (adolescent, mother, two practitioners)	4	6 months	
6	1 (adolescent)	1		Contact with the service was closed soon after first interview
7	3 (adolescent, friend, one practitioner)	3	7 months	
8	2 (adolescent, friend)	1		Contact with the service was closed soon after first interview
Total: 8 cases	Total of 22 respondents (same practitioner in case 1 and 3)	Total of 28 interviews		

Analyses

The first author and the two co-researchers read all the transcripts in a thematic and affect-sensitive exploration. Shotter (2014) suggests that feelings be included when exploring data, 'beginning with *feelings* rather than calculations ... the sense of a 'something' of importance and value here.' Sensitivity to feelings was directed both toward the researchers own feelings and feelings noticed in the respondents.

In a first step we read through the texts with 'deliberate naiveté' (Kvale & Brinkmann, 2009) to get a sense and first impression of the material. We then, in a second step, re-read the material, identifying and using *key moments*, in accord with Sullivan's (2012) dialogical approach to qualitative data analysis. Key moments were chosen not only on judgements about the thematic relevance of what was said to research questions, but also affective, bodily and interactional aspects observed in the interviews, such as tone of voice, bodily gestures, and pace of speech, which were included as relevant.

According to Sullivan (2012), such dialogical qualities should be taken into account when exploring lived experience because in discourse, the '*intonation* is the

sound that value makes' (italics added), and this intonation gives the feeling of 'heaviness,' 'lightness' and 'colour' in which 'discourse becomes lived experiences' (p. 44). Bodily aspects could be tone of voice, laughter, crying, facial mimic, look, ways of breathing, shift of position, posture or movements of hands, arms, head and so on. Attention to lived experience is not only about 'what' is in the content of experience, it is also about 'how' this matters to, and affects, the one experiencing – this includes the way the body and feelings are involved in the saying and the said.

In a third step the key moments were re-read by the first author, and possible themes related to the research questions were identified. Ideas about themes found in the key moments and the ways of conceptualising these themes were discussed by the core group and the research team in regular meetings. Guided by these emerging themes we, in a fourth step, (re)turned to Bakhtin and Lévinas, using some of their theoretical ideas to shed new light on the material. This helped us in our further search for important aspects, and revealed possible ways of organising and understanding the material.

FINDINGS

Six interdependent dimensions emerged. Bakhtin's ideas provided an analytical tool that gave us three temporal dimensions:

1. Dialogues open the moment,
2. Dialogues open the past, and
3. Dialogues open the future.

Lévinas' ideas provided an analytical tool that differentiated speaking into three dimensions:

4. Dialogues open through inviting attentiveness and valuing (ethical dimension).
5. Dialogues open for new vitality (expressive dimension), and
6. Dialogues open for new meaning (hermeneutical dimension).

These latter dimensions of speaking appeared to operate across the three first temporal dimensions.

We incorporated these six dimensions in a main theme: *Dialogues – beginning by others being invitingly attentive – open for moving and living.*

These findings represent a possible way to describe and understand the dynamics of change within dialogical practices. We now present these findings through the three-first temporal dimensions and show how the three latter dimensions of speaking (ethical, expressive, hermeneutic) operated across these. These findings are displayed as interrelated in the following table, which includes selected quotes[4] (Table 2).

The respondents seemed to describe the dialogues in the network meetings as helpful when they had an experience of daring to speak and an experience of having their utterances answered and valued. The phrase 'dialogues ... open for moving and living' in our main finding captures the way difficulties were described as difficulties of *moving* in relation to others (both literally and metaphorically) and described as *not feeling alive* or *not wanting to live* (see also Bøe et al., 2014).

The findings suggest that in the network dialogues, the participants responded to each other ethically, expressively and hermeneutically. The findings suggest that 'all this' began in the responsiveness of the moment (second column, Table 2) and even more precisely in the ethical dimension of this responsiveness of the moment, which

TABLE 2
The Multidimensionality of the Dialogical Event of Change

Main theme:	**Dialogues—beginning by others being invitingly attentive—open for moving and living**		
Temporal Dimensions / Dimensions of speaking	**Dialogues—open the past**	**Dialogues—open the moment**	**Dialogues—open the future**
Inviting attentiveness and valuing (ethics of speaking)	Valuing past events in new ways 'Now I can relate to Dad again'	Speaking, beginning by others being invitingly attentive 'I feel she is met in those meetings'	Anticipate valuing responses 'I know they will be there for me'
New vitality (expressivity of speaking)	Speaking, moving, feeling in new ways related to past 'First it was hard to speak about, then it turned into good feelings'	Sense–move–feel–speak. Vitality in interplay 'He spoke like I've never heard him speak'	Anticipate space given for one's expressions 'Now I dare say what I want'
New meaning (hermeneutics of speaking)	Understanding and finding new meaning to past events 'The words made it more real'	Movements, gestures and voices as meaningful 'The therapist cried. That means she really cares'	Anticipate and imagine the future in new ways 'I now see what I have to go through'

we have named *the inviting attentiveness* (first row). At the same time, the responses of the moment could be seen as responses to the past (first column) and to an anticipated future (third column).

We now present and explore each of the three temporal dimensions through a particular case and its associated key moments, and show how the three dimensions of speaking operate across the temporal dimensions.

Dialogues open the moment

> She fell out of the conversation; the practitioner noticed and invited her to speak.[5]
>
> (Katherine's mother)

This first dimension articulates the way that the network dialogues seemed to be experienced as, in our conceptualisation, *opening the moment* for them to move into (second column, Table 2). Bakhtin (1981) indicated that utterances are formed in the movement of the moment and are still profoundly determined by both past and future. Utterances of the moment are about such things as corporeal and situated voices, gestures, gazes, and facial expressions. The respondents described how, when

they experienced the dialogue as good and helpful, they sensed that the others appreciated their speaking and therefore they dared to speak.

Katherine and Her Mother. Katherine described her experiences of being rejected and bullied in her early school years. She told us how she was met by mocking faces, gazes, and voices. She described her difficulties in terms of not daring to show herself to others and living in her inner, imaginative world. She had stopped believing that she could manage school, or cope with a future job or family life.

She described the network meetings, together with the help from her mother and her own efforts, as very important for her. In the last interview, she described how she now felt that she was part of the social life at school.

In one of our chosen key moments, Katherine's mother, who had participated in several of the network meetings, told us about a specific meeting that they had the day before and how she experienced it as 'a breakthrough.' Her descriptions were about what happened from moment to moment in the conversation. Seen through the dimensions of speaking as described by Lévinas (1996), a multidimensional view of the sequence as a changing event may be revealed (suggested in brackets).[6]

> **Mother:** Uh, yesterday I at least felt ... uh ... I felt there was like a small breakthrough. Yes, I felt (*expressive vitality*) it ... it was about ... it escapes me [laughs]. Looking back I see ....
>
> **Int1:** [Laughs and interrupts] Yes, what do you see?
>
> **Mother:** I can see how one of the practitioners turned specifically towards Katherine and asked her (*ethical attentiveness*) .... At first the practitioners spoke a lot. But then one of the practitioners turned specifically towards Katherine and asked, kind of, if Katherine had a solution (*hermeneutical*). No ... anyway, we then came to the understanding that the main thing, it was not school, really. It is people that are the problem for her (*hermeneutical—new meaning*). She doesn't know how to relate. So, yesterday something happened. I was very touched, tears ran (*expressive vitality*) when I heard her talking about what she, kind of, had felt and experienced regarding these things. I felt, 'Aahh ... this may actually turn out well.'

We noticed that when Katherine's mother described the meeting as a breakthrough she referred to *a feeling*. The content was not clear to her: 'I felt... No, now it escapes me ....' This indicates that the breakthrough was perhaps not primarily about understanding (*hermeneutics*), nor about something being solved, but about something outside the *content* of the conversation; an atmosphere, a feeling or a happening that reverberated in her that she tried to recapture in order to tell us.

The ideas introduced by Lévinas may reveal the breakthrough that the mother describes as a speech event in which the moment opens ethically, expressively and hermeneutically. It is *ethical* in the sense that the practitioner sensed that Katherine had fallen out of the conversation and through her attentiveness invited her back in. Katherine herself, in another interview, articulates her experience of this particular practitioner in a similar way: 'It's just as if she always notices and makes a comment if she senses that I ... detach.' We may suggest that this is about opening the moment in an ethical sense through the way the practitioner was *invitingly attentive*

towards Katherine as well as the way that Katherine responded to this invitation. It is *expressive* in the sense that Katherine was invited to express herself and that she filled the space offered to her with her speech and her *expressive vitality.* It is *hermeneutical* in the sense that Katherine, after being asked by the practitioner, now said something that was an 'eye opener' to them all and changed the understanding of her difficulties. *New meaning* evolved from her utterances: 'People are the difficulty . . . not school.'

Dialogues open the past

> We talked about what had happened. At first it was hard . . . then it turned into kind of a good feeling.[7]
>
> (Isabelle, 17)

The second dimension articulates the way that the dialogues in the network meetings seemed to be experienced, in our conceptualisation, as *opening the past,* allowing participants to respond and move in relation to the past in new ways (first column, Table 2). As Bakhtin (1981) showed, we relate to the past through dialogue in two ways. Firstly in the sense that the words of dialogue are a 'path' that put us in a thematic, emotional and valuing relationship with the past. Secondly in the sense that the words that we use are passed on from the past and have the 'taste' of past uses. The possibility of opening up the past still seems to lie in the ethical aspect of the present, the *others inviting attentiveness* that allowed the participants to speak and to find words for the past. By being attentive to the other, the therapist, or indeed the participants, invited the other to express themselves, allowing him or her to find words for the past.

The adolescents all seemed to have experiences of past events that were difficult for them to relate to. Their relationship to those experiences of the past were described as changed by the network dialogues.

Isabelle and Her Father. Isabelle's mother died one year before the network meetings started. This was a loss of 'someone to fall back upon,' as she put it. She now felt that she did not 'fit in anywhere.' She had stopped going to school, she could not 'bear talking to people,' and she could not 'bear all the gazes . . . and expectations of everyone.'

She said that the network meetings were helpful because they let her 'speak about things.'

> Before, I didn't use to speak about anything, it was just spinning in my head, and it became worse, and I didn't understand what happened or what to do. The therapists do everything to make me explain, and we can look at things both from the outside and from my point of view.

Isabelle told us about a meeting in which she, her father and the practitioners participated. Both she and her father talked about their experiences at the time that Isabelle's mother died. Again, reading the excerpt through the prism of Lévinas' dimensions of speaking (suggested in brackets), we discovered multidimensionality in the way that they (re)related to the past through this dialogue. Isabelle told us about how her father spoke about his experiences and her responses to this.

Isabelle: Yes, I had ... I had more sympathy with him (ethics), and I got a better understanding of what he was saying (*hermeneutics*).

Int1: Can you remember what your father spoke about?

Isabelle: I don't remember very much. He spoke about how his relationship with me and my sister had been. I hadn't actually heard how he had felt about this and how he had experienced it (*Isabelle's ethical inviting attentiveness and her father's new expressive vitality*).

Int1: Can you tell me something about the feelings at work?

Isabelle: A lot of different feelings. It was hard to hear some of the things he said, and old feelings appeared, many of them hurtful. I don't know ... gradually it turned into kind of a good feeling (*expressivity—new vitality*).

Int1: Did you experience your relationship with your father differently after that meeting?

Isabelle: Yes, I did. Very differently. Even if our relationship still is not so good, I feel I understand him better, I can relate to him, in a way (*ethics—new value*).

It seemed there was a quality to the dialogue of the network meeting that allowed (*ethics*) her father to tell how he felt and experienced events at this time (*expressivity*), and from what he said, his daughter discovered and understood what had happened in new ways, with *new meaning* (*hermeneutics*).

Furthermore, we noticed that Isabelle told us how this meeting began with difficult feelings, 'hard to hear,' 'old, bad, feelings.' This shifted during the conversation to 'kind of a good feeling.' Through speaking about the past, she (and her father) responded affectively to the past in new ways (*expressive—new vitality*).[8]

When we ask Isabelle what her father spoke about, she started by saying that she did not remember much. This, again, may indicate that the impact of the dialogue is found in dimensions outside the thematic content (*hermeneutical*). There was an *ethical* side to it – she felt 'compassion' for him. Through her *inviting attentiveness* towards her father, which allowed him to speak about the past, her relationship with him changed; it is now 'very different,' she says. Through this opening of the past, which allowed new ways of responding to the past, they could now relate to each other again.

Dialogues open the future

> He is the best therapist in the world; you have to see him, you have to hear him laugh.[9]
>
> (John, 17)

The third dimension articulates the way that the network dialogues seemed to be experienced, in our conceptualisation, as *opening the future*, to move into (third column, Table 2). The difficulties of the adolescents seemed to be described in terms of a future that appears difficult to enter, closed, and with no possibilities for them. This experience of a seemingly closed future was changed to one that was more open, through speaking in the dialogues.

John and the Practitioner. John, 17, told us about the difficulties that he experienced in entering various social arenas.

> Then, you only see such warning signs. They are very small, but almost at the same time, they are very big. The most I can withstand is perhaps one hundred warning signs. At school, it was like one million, nine hundred and seventy-four.

Going to school was an everyday struggle. He was afraid that he might be 'booed at' and that he might break down and cry. His ongoing sense of the future seemed to be permeated by fear and doubt, which appeared as 'signs of danger' to him.

John, his mother and his father all told us that the meetings facilitated by the practitioner made an important difference to John. His mother and father participated in many meetings, but sometimes John met the practitioner alone.

In a sequence that caught our attention, John told us that the practitioner meant a lot to him and had helped him to manage to continue at school. He said that this practitioner must be the 'best therapist in the world,' and he searched for words to describe what it was that made this practitioner so good:

> **Int2:** He is quirky you said?
>
> **John:** Yes. It's something about him. He is quirky [smiles broadly, twisting his body]. He is ... he is like ... sometimes I have said that he is ... he is like ... he is quirky actually [laughs loudly] (*expressive vitality*). He is weird. He is a real ... No, everyone should have one like him. So he is ... he must be .... No, he is simply the best therapist in the world, insanely good.
>
> **Int1:** What is it that makes him the best therapist in the world then?
>
> **John:** Well, it is ... the way he ... just to see him, the way he looks [smiles broadly and twists his body].

When we met him some months later, we told him that we were curious about the way that he described the practitioner as 'quirky.'

> **John:** Simply quirky. Unfortunately, I cannot describe him with any other words than that. Uh ... [smiles, shakes his head]. The first thing he does in the conversation is kid about something and laugh completely wildly. Ha, ha, ha [he presumably imitates the practitioner].

In this excerpt, Lévinas' three dimensions of speaking are perhaps not self-evident. What struck us perhaps were not the words that he found but the way that he struggled to find words for this 'something about him' and the fact that the words that he found emerged from an experience that really seemed to matter to him. He ends up by pointing to 'quirky' to describe the way that the practitioner appears – his demeanour and the way that he laughs.

We have interpreted this, with the help of Lévinas, as an attempt to describe a primordial *ethical* event in the encounter: the corporeal appearance of the practitioner that says 'welcome' to this boy – an *inviting attentiveness* in his expressiveness (*ethical*). In what way was this a dialogue that opened the future to the boy? It was as if the boy was both *in* what was there before him in the moment – the inviting, attentive appearance of this practitioner – *and* at the same time he was *in the continuance of it*, in what was to come – an even more appreciative demeanour. It's not the quirkiness per se that is important, but the therapist's way of being that is invitingly attentive

toward John. This allowed *expressivity*, a *new vitality* for John as he spoke back. And this might have been a necessary precondition for a joint search for *new meaning* (*hermeneutics*) in the network meetings.

From John's further descriptions it seemed that he brought with him into his everyday life the anticipation of being responded to in a valuing way. Hope and belief that, in future encounters with this practitioner, he will be welcomed and liked reverberates in him. In a way, we saw this directly before us in the interview, revealed in his corporeal expressivity: when John told us about the practitioner, he smiled, and his whole body seemed to show pride and joy. His body – expressively, affectively – was in a kind of positive anticipation of, or directedness towards, this practitioner.

DISCUSSION

This paper opened with the utterance of a sister – 'He must speak,' cause through speaking he finds himself ... a bit.' The multidimensionality involved in this changing event of speaking has now been suggested through the findings presented in this paper. We have suggested that speaking seemed to be about so much more than just finding words *to understand* (*hermeneutics*). Speaking was as much an ethical and expressive event.

We now briefly focus on the aspect of *movement* because implicit in our findings there is the notion that *speaking is moving*. This is evident both in the main theme: *Dialogues ... open for moving and living*, and in the three temporal dimensions: '*Dialogues open the moment, the past, the future.*' The 'helpfulness' of the dialogues seemed to be experienced and expressed in terms of *movement* in two senses. First we suggest that dialogue offered an opening through which the participants in the network meeting could, through their act of expressive speaking, *move into* the moment, as from an *outside* position. Secondly we suggest that dialogue offered a way *to move on*, as from a position of being stuck or hindered. In short, dialogues seemed to offer an *opening for moving into* life and *a way of moving forward* in that life. Descriptions related to movement seemed to have both a metaphorical and a literal meaning.[10]

This way of describing both difficulties and recovery related to mental health in terms of movement seems to correspond with the results of other studies exploring experiences of change. In another study related to the same material (Bøe et al., 2014) there was a focus on experiences at various social arenas. Based on how the respondents described their experiences, we suggested that change seemed closely related to *movement*. Further we suggested that *time*, in terms of the future they moved into, and *space*, in terms of a place to move, could be conceptualised as *ethical* time and space because it was experienced as a feeling of whether others offered them a place and a future.

In fact the vocabularies found in recovery research based on people's own experiences seem to be permeated by concepts and metaphors related to movement. We find the metaphorical dimension of *inside–outside* – for example, in the description '*simply to be let in*' (Davidson et al., 2001) – and the opposite experience of being an *outsider* (Biong et al., 2008, p. 38) or *frozen out* (Biong, 2009, p. 327). These experiences of being *inside* or *outside* may refer to personal relations (Topor et al., 2006) or to community or society (Andersen & Svensson, 2012; Mezzina et al., 2006; Tew et al., 2012). Difficulties are expressed in terms of being *outside* or excluded (from

relations, society, the world, the good life), while recovery is expressed in terms of entering, to come inside, or to be included.

In our findings we perhaps capture such aspects through the way we describe dialogues as opening up the moment for moving and living. We also find that a metaphor for *living* is *moving ahead*: The difficulties of living may be described as 'not knowing how to make their way in the world,' 'being stuck' or being at an 'impasse' (Davidson et al.,2010, p. 101, 105), like 'living in a maze' or 'being in a fog' (Biong & Ravndal, 2009, p. 8), or 'hitting the wall' (Borg, Karlsson, Lofthus & Davidson, 2011). Difficulties are expressed in terms of not being able to move on or find a way, and conversely, recovery is expressed in terms of *moving on*, and *finding a way*. In our findings we perhaps capture such aspects through the way we describe dialogues as opening up the future in a way that include ethical, expressive and hermeneutical dimensions.

This present paper may offer both a way of describing and understanding the multi-dimensionality involved in such changing and 'movement-facilitating' events *and* a way to conceptualise such events as *dialogical* events.

Strengths and limitations

The participatory design and, in particular, the contribution of the co-researchers allowed both the generation of data through interviews and the analytical exploration to be thorough and to have multiple perspectives. A variety of impressions, associations and interpretations emerged from the analysis by the three of us. In our view, this diversity of readings helped us to reveal the multidimensionality and complexity of change in dialogical practice.

The exploration was integrated with ongoing practice and in dialogue with the respondents made possible by a series of interviews. As a result, proximity to lived experience was maintained, and the relevance and validity of the findings were strengthened. A challenge was that this explorative process included so many voices, perspectives and judgements that it could be difficult to maintain an overview, and perhaps even more importantly, to do justice to the many voices involved.

This study sets out to explore change and we do this through exploring the way participants *experience* and *speak about* change. The question then should be posed – and it is a difficult one – to what extent is the *experience* of change or the *articulation* of this experience about '*actual*' change? We, of course, have no full answer to this. However, we have tried to show how experience emerges through expressiveness in dialogues. This dialogical experience cannot be discounted from the process of change, as though 'actual change' only occurred outside or independent of this expressiveness.

The theoretical ideas of Lévinas and Bakhtin helped us to reveal some dimensions of the respondents' experiences, however other ideas could certainly have revealed different aspects. We would like to emphasise that our findings and the diagram of the dialogical event of change (Table 2) should be read as open to a variety of possible understandings and seen as an invitation to explore further.

CONCLUSION

Approaches in contemporary family therapy and dialogical practice seem to emphasise the significance of being present in the moment. Our study indicates that what hap-

pens in the dialogues cannot be accounted for solely by pointing to the ways in which the participants are present and responsive in *the moment*. It seems essential to include relations to the *past* and *future* to understand the change-generating aspects that are at play. The movement in the moment is conditioned by past and future. Consequently, practitioners are encouraged to create space for participants to speak about what has passed and what is coming in their lives, and through this, new vitality and movement in the present may emerge.

The findings show the significance of the ethical aspects of the encounters. This may imply that in order to 'open up' for the moving and living of those involved, being invitingly attentive to the speaking of the other may be crucial. The unconditional welcome of this inviting attentiveness is perhaps what it takes to initiate change in ways that enhance the vitality of those who struggle.

The study calls for further exploration of the ways that dialogues facilitated by the services may open the future. After all, one might say that living is about our continuous movement into a future, and opening this future is opening life.

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Endnotes

[1] All names of respondents are pseudonyms. The experiences of Phillip and his family are explored in three previous articles (Bøe et al., 2013, 2014; Lidbom et al., 2014).

[2] The two co-researchers were not influenced in the same way by such perspectives and consequently offered other point of views together with an interest for what dialogical perspectives offer.

[3] The words and the expressiveness that give form to experience may be both the outer dialogue, the uttered words, and the richness of the inner dialogues, not uttered, that the dialogue evokes in the participants (see Lidbom et al., 2014).

[4] Condensed quotes.

[5] Condensed quote.

[6] In line with the dialogical perspective of our methodological approach, we include the dialogue between the interviewers and respondents in the excerpts. However, the focus is not the dialogue of the interview but the dialogues of the network meetings in which they have participated.

[7] Condensed quote.

[8] We might add that it seems that within the way the dialogue of the interview allowed Isabelle to express herself, her experiences of this particular network meeting took on new forms. For example, she says 'I hadn't actually heard how he had felt about this ...' which may suggest that she became aware of this aspect of the network meeting as she described it to us.

[9] Summarised.

[10] When describing and understanding change, and even in our experience of change, metaphors seem to play a crucial role (see, e.g., Bøe et al., 2013; Lakoff & Johnson, 1999).

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Appendix 5

Forespørsel om deltakelse i forskningsprosjekt

Til:
Ungdom som får tilbud av Avdeling for barn og unges psykiske helse, og deres foresatte.

Bakgrunn og hensikt
Vi spør deg med dette om å delta i et forskningsprosjekt der hensikten er å utvikle kunnskap om hjelp til unge i krise. Dine tanker og opplevelser rundt den hjelpen du får ved Avdeling for barn og unges psykisk helse (ABUP) og hvordan denne hjelpen påvirker livet ditt vil være av stor interesse for dette forskningsprosjektet. Forskningsprosjektet består av to studier som gjennomføres av Tore Dag Bøe og Per Arne Lidbom, begge ansatt ved ABUP.

Hva innebærer deltagelse i forskningsprosjektet?
Om du sier ja til å delta vil en vanlig terapisamtale bli filmet og du vil i etterkant bli intervjuet om noen av de tanker og følelser du hadde i denne samtalen.

Senere vil du bli intervjuet igjen to, kanskje tre, ganger. Her vil du bli spurt om dine tanker og opplevelser rundt den hjelp du har fått og den vanskelige tiden du har vært gjennom.

Intervjuene kan avtales på sted og tidspunkt som passer for deg. Vi ønsker å gjennomføre disse intervjuene med ca en måneds mellomrom og så kanskje et siste intervju om et halvt år. Alle intervjuene vil trolig vare rundt 1 – 1 ½ time og vil bli filmet. Det er hele tiden frivillig og opp til deg om du vil trekke deg eller være med videre.

Du vil også bli bedt om å fylle ut et par enkle skjema hver gang du har samtale ved ABUP. I tillegg vil også andre fra ditt nettverk som er deltagere i samtalene bli intervjuet.

Mulige fordeler og ulemper
De som deltar i studien får samme behandlingstilbud som de ellers ville fått.

Noen kan oppleve det å bli filmet eller å bli intervjuet om personlige tema som ubehagelig. Du kan la være å svare på spørsmål om du synes der er vanskelig eller ubehagelige. Din terapeut i ABUP vil være tilgjengelig om du skulle oppleve noe som vanskelig og du har behov for noen å prate med. Samtidig er det slik at personer som lar seg intervjue ofte opplever dette som positivt og meningsfullt. Gjennom å bidra med dine tanker og opplevelser kan du i denne studien være med på å bedre den hjelpen ABUP gir til ungdom.

Hva skjer med informasjonen fra deg?
Intervjuene, video-filmene og de utfylte skjemaene vil bare være tilgjengelige for autoriserte forskere, veiledere og personell som alle har taushetsplikt. Den ene studien har med to medforskere i forskningsprosessen. De to medforskerne er Gunnhild Ruud Lindvig, erfaringskoordinator, og Karianne Zachariassen, erfaringskonsulent, begge tilknyttet Sørlandet Sykehus HF. Medforskere er engasjert på bakgrunn av sine egen erfaring med psykiske vansker. De vil med sin erfaring kunne hjelpe oss med å stille gode spørsmål og tolke det vi finner. Medforskerne vil være med i gjennomføringen av noen av intervjuene.

Filmer, intervjuer og utfylte skjema vil bli oppbevart uten ditt navn og fødselsnummer. En kode knytter deg til dine opplysninger gjennom en navneliste som oppbevares et annet sted.

Om sitater fra det du har sagt til oss i intervju blir brukt i artikler eller andre former for publisering vil dette, så langt det mulig, gjøres uten at det er mulig å gjenkjenne deg.

Sluttdato for forskningsprosjektet er satt til 2018. Data vil da bli avidentifisert slik at du ikke kan gjenkjennes. Data gitt gjennom utfylte skjema vil bli anonymisert.

Frivillig deltakelse
Det er frivillig å delta i studien. Du kan når som helst og uten å oppgi noen grunn trekke ditt samtykke til å delta i studien. Dette vil ikke få konsekvenser for din videre behandling. Dersom du ønsker å delta, undertegner du samtykkeerklæringen nedenfor. Dersom du senere ønsker å trekke deg eller har spørsmål til studien, kan du kontakte Tore Dag Bøe, på tlf: 41 23 61 10/ epost tore.dag.boe@sshf.no eller Per Arne Lidbom på tlf: 38 07 62 51 eller 99 58 29 11/ epost per.lidbom@sshf.no.

Vi ber om at du og en av dine foresatte svarer inne 10 dager fra du har mottatt dette skrivet. Dere kan levere det til ABUPs terapeut i saken eller sende det til: Per Arne Lidbom, Forskningsenheten ABUP, Sørlandet sykehus HF, Postboks 416, 4604 KRISTIANSAND.

Kristiansand, dato

Vennlig hilsen

Tore Dag Bøe
Forsker, ABUP, SSHF

Per Arne Lidbom
Forsker, ABUP, SSHF

Samtykke til deltakelse i studien

Siden du er under 18 år skal en av dine foresatt også informeres og godta din deltagelse i studien.

Ja, jeg er villig til å delta i studien.

(Underskrift av deltager, dato)

Jeg er informert og gir mitt samtykke til deltagelse i studien

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(Underskrift av forelder eller foresatt, dato)

Appendix 6

Forespørsel om deltagelse i en undersøkelse om familie / nettverksterapi.

"Nettverksdialoger: På grensen mellom indre og ytre dialog."

Bakgrunn og hensikt.

Dette er et spørsmål til deg som terapeut om å delta i en forskningsstudie hvor vi skal se på sammenhengen mellom innholdet i den terapeutiske samtalen og de tanker, følelser og opplevelser som skjer i den enkelte deltager under den aktuelle samtalen.

Hva innebærer studien?

Denne studien innebærer at det vil bli tatt opp en video av en familie / nettverkssamtale med en familie / nettverk hvor du er terapeut. Når dette er gjort vil det så kort tid som mulig etter samtalen blir foretatt et intervju hvor du som terapeut først ser igjennom hele samtalen med en forsker, deretter vil du se igjennom opptaket av samtalen på nytt, men denne gangen vil du bli bedt om å stoppe opptaket når det skjer noe i samtalen som du mener er viktig eller betydningsfullt. Når du har stoppet opptaket vil bli spurt om de tanker, følelser og opplevelser du hadde under denne sekvensen. Dette gjentas til vi har gått gjennom hele opptaket. Dette intervjuet vil også bli tatt opp på video. Om du får spørsmål du ikke vil eller kan svare på, vil dette bli respektert og tatt hensyn til.

I tillegg vil det medføre at du må fylle ut et SRS skjema etter hver samtale som blir en kort vurdering av hvordan den aktuelle samtalen har vært slik du ser det.

Mulige fordeler og ulemper.

Dette er en undersøkelse som tar utgangspunkt i den behandlingen som er lagt opp etter de prosedyrer og retningslinjer som er utformet ved Avdeling for barn og unges psykiske helse Sørlandet sykehus. Det som avviker fra dette er at en samtale vil bli tatt opp på video og at du som terapeut blir intervjuet om de tanker, følelser og opplevelser du hadde under denne samtalen.

For den enkelte terapeut vil dette kunne bidra til en bedre forståelse av det som skjer og hvilken innflytelse dine tanker, følelser og opplevelser har i forhold til den terapeutiske samtalen. På den måten vil det også kunne gi deg en bedre forståelse av deg selv som terapeut. Vi er klar over at vi med den valgte tilnærmingen kan bevege oss inn i den enkeltes personlige rom og at det kan aktivere vanskelige og vonde temaer. Dersom dette skulle skje er det fullt mulig å ta dette opp med oss forskere som vil sette deg i kontakt med en person hvor dette kan bearbeides.

Hva skjer med informasjonen om deg?

Den informasjonen som registreres om deg skal kun brukes som beskrevet i hensikten med studien. Alle opplysninger vil bli behandlet uten navn og fødselsnummer eller andre direkte gjenkjennende opplysninger. En kode knytter deg til dine opplysninger og den informasjonen du gir i dette studiet. Det er kun autorisert personell knyttet til prosjektet som har tilgang til informasjon som gjør at en kan knytte den informasjon du gir til ditt navn.

Vi vil så langt som det er mulig forsøke å presentere resultatene av dette studiet på en måte som gjør at din identitet ikke kommer fram. Vi vil på samme måte, så langt som mulig forhindre at din identitet kommer fram i fagartikler som vil bli publisert om dette prosjektet.

Frivillig deltagelse.

Det er frivillig å delta i studien. Du kan når som helst og uten å oppgi noen grunn trekke ditt samtykke om å delta studien. Dette vil ikke få konsekvenser for deg som terapeut i ditt daglige arbeid ved Avdeling for barn og unges psykiske helse, Sørlandet Sykehus. Dersom du ønsker å delta, undertegner du samtykkeerklæringen nederst på siden. Dersom du har spørsmål til denne studien kan du kontakte Per Arne Lidbom på tel: 99 58 29 11.

Rett til innsyn og sletting av opplysninger om deg.

Dersom du sier ja til å delta i studien, har du rett til innsyn i hvilke opplysninger som er registrert om deg. Du har videre rett til å få korrigert eventuelle feil i de opplysninger vi har registrert. Dersom du trekker deg fra studien, kan du kreve å få slettet innsamlede opplysninger, med mindre opplysningen allerede har inngått i analyser eller brukt i vitenskaplige publikasjoner.

Samtykke til deltagelse i studien:

Jeg er villig til å delta i denne studien.

.....

(Dato, sted, rolle i terapien og underskrift)

Appendix 7

Fra: Regional komite for medisinsk og helsefaglig forskningsetikk REK sør-øst

Til:
per.lidbom@sshf.no

Dokumentreferanse: 2010/706-5
Dokumentdato: 28.06.2010

NETTVERKSDIALOGER - PÅ GRENSEN MELLOM DET SAGTE OG DET USAGTE. REK SØR-ØST NETTVERKSDIALOGER PÅ GRENSEN MELLOM DET SAGTE OG DET USAGTE.

Kjære Per Arne Lidbom

Vedlagt følger vedtak i REK-sak 2010/706. Signert vedtaksbrev sendes per vanlig post.

Beste hilsen,
Ingrid Middelthon
seniorrådgiver REK Sør-Øst D

REK
REGIONALE KOMITEER FOR MEDISINSK OG HELSEFAGLIG FORSKNINGSETIKK

Region:	Saksbehandler:	Telefon:	Vår dato:	Vår referanse:
REK sør-øst	Ingrid Middelthon	22845515	07.04.2011	2010/706/REK sør-øst D
			Deres dato:	Deres referanse:
			31.03.2011	

Vår referanse må oppgis ved alle henvendelser

Cand. psychol. Per Arne Lidbom
Avdeling for barn og unges psykiske helse, Sørlandet sykehus
Serviceboks 416
4604 Kristiansand

2010/706 D Nettverksdialoger. På grensen mellom det sagte og det usagte.

Vi viser til endringssøknad av 31.03.11 for det ovenfor nevnte forskningsprosjekt.

Forskningsansvarlig: Kristiansand sykehus ved øverste dministrative ledelse.

Prosjektleder: Cand. psychol. Per Arne Lidbom.

Endringene er beskrevet slik:
Man søker om å få benytte skjemaene Session rating scale (SRS) og Outcome rating scale (ORS) i studien.

Vedtak:
Komiteen har vurdert endringssøknaden og godkjenner prosjektet slik det nå foreligger med hjemmel i helseforskningsloven § 11.

Tillatelsen er gitt under forutsetning av at prosjektet gjennomføres slik det er beskrevet i endringssøknaden, oppdatert protokoll og de bestemmelser som følger av helseforskningsloven med forskrifter.

Dersom det skal gjøres endringer i prosjektet i forhold til de opplysninger som er gitt i søknaden må prosjektleder sende endringsmelding til REK. Vi gjør oppmerksom på at hvis endringene er vesentlige må prosjektleder sende ny søknad, eller REK kan pålegge at dette gjøres.

For øvrig gjelder de vilkår som er satt i forbindelse med tidligere godkjenning av prosjektet.

Vi ber om at alle henvendelser sendes inn via vår saksportal: http://helseforskning.etikkom.no eller på e-post til: post@helseforskning.etikkom.no.

Vennligst oppgi vårt referansenummer i korrespondansen.

Med vennlig hilsen,

Stein A. Evensen (sign.)
professor dr. med.
leder REK SØR-Øst D

Besøksadresse:
Postboks 1130 Blindern 0318 Oslo

Telefon: 22850548
E-post: rek-sorost@medisin.uio.no
Web: http://helseforskning.etikkom.no/