# Harlene Anderson in conversation with Ged Smith

**Ged Smith**
*at Barnardos Family Therapy Service, Liverpool, 26th November 1996*

GED SMITH: So Harlene, we're now two days into our 3 days schedule together. How would you describe what kinds of things you are up to now and how has that evolved particularly over the last few years?

HARLENE ANDERSON: Well, I've been occupied within the last few years with the client's voice but more so lately, paying attention to what clients say about their therapy experiences, what we can learn from them about being better therapists. I think that clients have a lot to offer us and this connects with a thing that is important to me that I call reflecting on our work. Research is part of everyday practice. **Don Schön** a Social Scientist at MIT University in Massachusetts talks about it, he has a book called "The Reflective Practitioner" and he talks about professional knowledge and about the importance of lifelong learning which is something I talked about today and yesterday and is a bias I happen to share. I consider myself always as a lifelong learner. He talks about the importance of continually reflecting on your work internally with yourself, giving some thought to it, reflecting with your clients and reflecting with your colleagues as part of, in my language, of inviting in voices and learning from other voices . So I really do think that as therapists that most of what we know or learn about of how to be therapists we learn from doing it, and from reflecting with others about our doing, being in a dialogical process with them.

GS: And the reflecting on our work he talks about and you think about, what kind of form would that reflecting take?

HA: Well, for example with clients I always tell them I want to try to be helpful to them, but that I have to depend a lot on their help. I would like them to let me know if I'm not asking the kinds of questions that they think I should be asking or if they think that I am not understanding something. I want to make sure that that I haven't missed anything or misunderstood something. So I think in terms of talking with my clients, on an ongoing basis, from the beginning to end of therapy, evaluating our work together. One of the things that I found really useful that just happened by circumstance was when visitors would come to the Institute and sit in with me on therapy, sometimes they would just naturally gravitate towards asking the client what the experience was like being in therapy with Harlene or whoever. So I became very curious and started listening to the visitors and my clients talk.

GS: I guess that's a rare thing for us, something most of us weren't trained to do or an idea we wouldn't even entertain.

HA: Well most of us weren't trained to do that. I was at a conference in last summer in Norway that Tom Andersen organised and one of the themes around research was "insider or outsider" research. In psychotherapy we've all been trained that research is done by an academic, an outsider who comes in as the expert researcher and evaluates your work and its outcome. It's a retrospective way of looking at work, whereas as a clinician, if you think of research as part of your everyday practice, then it's "insider" research. You're trying to learn about your work in order to use that learning to improve so it's more aimed towards the future.

GS: I heard you say, I think yesterday when you were working with us that research and evaluation of our work should be an everyday practice, is that the same kind of idea, that we should be asking people who seek our help, questions about the process of therapy and how it is. Would that include questions like "what kind of things did I not ask today that you would have liked me to ask about?" Or, "did anything surprise you in this session?"

HA: Yes, or are there some things you had on your mind that you wanted to talk about today, that you didn't have a chance to. Make sure you remind me and see if there are some things for next time like that.

GS: So, questions that will shape our future work with those people and potentially with others? So, If I can make this distinction, would you describe your therapy more as therapy of aesthetics than pragmatics?

HA: I think others might have those descriptions of it and I would agree. One of the reasons I say this is because I approach my work differently from the way most others, or at least from the way most westerners, think of therapy. That is, a person with a problem in search of a solution goes to a therapist who is an expert on problems and solutions. Each has an expectation that the therapist will fix or solve the problem. So, in that pragmatic sense that's not what I do. In this vein, therapists do have skills and techniques but not in the usual sense of across-the-board ones. They develop ones that are more natural to the individual and the situation. That is, the ways that we use ourselves as persons who facilitate conversations, come from within that particular conversational circumstance and relationship. These so-called skills and techniques will be unique to and vary from client to client, session to session. My expertise is in creating a conversational space and process in which a client and I join collaboratively in a shared inquiry about a problem and a shared construction of the outcome. This is in contrast to being an expert on how other people should lead their lives.

GS: So this is to do with "use of self" ideas which you talked about today and which seems very much in your mind.

HA: Very much in my mind, with the whole notion of the therapist as a person and a human being, In our professional training we are trained to have the idea that there

is some way that we ought to be in therapy, and somehow we forget all the things we've learned over the years about how to be with people, how to be in conversation with people, and how to be more present as a human being.

GS: There are others in the field saying similar things to this, and I wondered how you think this has happened. What sense do you make of these changes happening in the world of psychotherapy at this time?

HA: I think maybe it has to do with some of the things going on in philosophy and literature. In those areas they are much more in tune with, so to speak, with the kinds of social and cultural transformations in our world, while psychotherapy is more behind the times perhaps.

GS: And family therapy is famous for how it borrows ideas from other fields, or other people. Are there particular influences from other fields which have had an impact on you?

HA: Well I think in the past certainly some people from biology and physics who my colleagues and myself have met. For instance, we were intrigued with some of Prigogene and his colleague's ideas about order out of chaos, non-equilibrium theory, and randomness. We became captivated by Maturana and Varela's ideas about living systems and how we co-ordinate our behaviour in language. They offered a different way of thinking about language. I think I've probably been more interested in the last few years in what literature, art and film have to offer. I try to encourage therapists that I work with to pay attention to those kinds of things, to pay attention to what attracts or interests them, to wonder what that might be about.

GS: As I consider social constructionist ideas more I too become captivated by language, particularly the idea that language creates rather than reflects reality. In the past you have referred to problems as being "linguistic events", which I part agree with and part want to know more about. Could you say more about this idea?

HA: Okay, so we attribute meaning to the events of our lives. People have, for instance, an experience of an event or a composite of experiences that they organise into something they call a problem. In other words, influenced by our culture, they have decided that this thing is a problem and this thing is not. It is not about whether the thing is or is not about whether an event did take place in such a manner or did not, but that in someone's mind it took place or is happening and if they believe that it is problematic, then it is problematic. It is our language, however, that permits particular meanings and understandings, that permits us to attribute *problematic* meanings and understandings. Conceptualizing problems as being created in and existing in a language that is generative rather than representational allows me to think of problems as fluid and dynamic rather than static and concrete.

GS: Would there be a limit then to how much language gives life to problems? Can problems exist without language giving them an existence ?

HA: I might think of it that way in the future but that's not the way I conceptualise of things right now. I think in terms of problems existing in terms of language. That's an idea that works for me. It's freeing for me and gives me a self agency to think in terms of the socially created realities and how we develop shared meanings with each other over time, and determine whether or not something is a problem. Again, thinking in terms of things being created in and existing in language, language that is active and generative permits infinite and yet-to-be-known possibilities. When language is used as representative, possibilities are limited and known ahead of time.

GS: And sometimes it could be that the very fact of there being disagreement within a family about the definition of a problem could in a sense contribute to the problem, or even be the problem itself.

HA: Well I think sometimes it becomes more problematic than the problem itself. I've found that although we used to talk about the family belief or the family problem, when you talk to the individuals in the family there are differences. There will be similarities, but when people are struggling with things and we really get into how they describe it, how they understand it and how they experience it then it becomes clear that there are important differences. An idea that may sound naive is that if everybody agreed about what the problem was and what should be done, then they might be able to accomplish its resolution on their own, and they wouldn't need to be in my office.

GS: They might not need to come in the first place.

HA: Yes, they could handle it on their own. I think about it in terms of monologic and dialogic conversation. Somehow people have developed ideas about things that are distinct and different from each others. And, for any number of reasons, there is no room in the relationship for these variations. They become engaged in parallel or monologic conversations with themselves and each other, with each person embedded within their own view. As each tries to convince the other of their view or protect it, back-and-forth attempts to understand each other vanish. There is no opportunity for criss-crossing of views. A Norwegian psychiatrist has likened this to being in side-by-side skyscrapers without windows or doors. There is no way out or to cross-over. In contrast, I think when people are in dialogue with each other, when they are talking *with* each other rather than *to* each other, there is attempt to understand the other, to explore with the other. This kind of process holds possibilities for something new to emerge. People engaged in dialogic conversations with themselves and with each other do not end up in my office.

GS: And the kind of conversation, as John Shotter says, that we feel we belong in, as you were saying yesterday.

HA: Yes, I really resonated with that idea of conversations we feel we belong in. With that description you feel like you're inside the conversation rather than outside of it; you feel like you are a participant with.

GS: And this word "conversation" is one I know that some people have difficulties with, that is, the idea of therapy as conversation. Today again it came up, with many people saying that they couldn't reconcile the idea of therapy being a conversation, which suggests that it is between equals, where there is no hierarchy, where it is a mutual thing, with power shared.

HA: I know it sounds too simplistic, particularly when I talk of therapy conversation being like an ordinary conversation. But I'm talking about the similarity between the two in terms of those ordinary conversations and those therapy conversations that are more dialogical in nature. It connects to what I was saying about our western, pragmatic thought in terms of how someone goes to see a therapist as an expert, and the therapist's job, traditionally, is to collect information, and view it in the light of the therapist's map. The map then tells you what the problem is and therefore what should be done about it. What I'm talking about is how the therapist and the client create the map together. But it is hard. There is a Japanese psychologist currently studying at the Institute in Houston. She was talking to some of the other learners about her observations of a therapy session in which it seemed that the therapist and client were *just talking*. She couldn't see or understand that anything was happening. Then she said that slowly over time she realised that something was happening, at it seemed so subtle and so different from what she thought should be happening. She said much of the experience was difficult to put into words. Lynn Hoffman has referred to my work and work similar to it as imperceptible.

GS: And what is the imperceptible thing about it?

HA: It's to do with the ideas that we have about what therapy should look like, what a therapist should be doing, and what a client should be doing. When we don't see what we expect to see it may look like the kind of therapist that I am talking about is not doing anything or it may look like they're doing it wrong. Like the Japanese psychologist, her preconceived idea about what should be happening influenced what she saw and did not see. In other words, it influenced her experience, description, and explanation of the therapy. So when you ask are there other people thinking and working like this, I think of people like Lynn Hoffman, Tom Andersen, Peggy Penn and Marilyn Frankfurt and how their work, like mine, looks different.

GS: Looks different from others in the field, or from each other?

HA: Looks different from others in the field who might be placed or place themselves under a post-modern or social constructionist umbrella.

GS: It seems a fascinating place to be at now Harlene. Looking back, do you recollect a time when you started thinking that therapy didn't have to be like it was, but could be more conversational. Or has it been more of a slow evolution?

HA: I think it's been more of a slow evolution. There wasn't any one kind of ah-ha experience. A lot of my experience of my work, in developing different explanations and descriptions of it came from hearing clients' descriptions of their experiences, and from students asking questions about the work. Students would ask me why I did something or what I was thinking during a clinical situation. Or they had their own descriptions. For example concerning the use of non-professional, non-pathologizing language they would tell us that when we talked about clients at case conferences that it was as if people really came alive. It wasn't like hearing about another schizophrenic or borderline. Somehow they could visualize the person. So we decided that this was probably because we were using the clients' phrases, their stories, their language. We were bringing the client and his or her uniqueness more into the room rather than starting off saying, for instance, this is a 42 year old male who has a history of etc, etc. Rather we were informal, using more ordinary, everyday language. Jan Smudsland, a Norwegian psychologist has written a lot on the use of ordinary, everyday language, versus professional language, which can create a barrier between us and clients, and sometimes between us and other colleagues.

GS: And this relates to another criticism that has been levelled at family therapy, that the language we use is sometimes esoteric.

HA: That's a really tough one. How do you talk with people, how do you develop a shared language, and how do you develop ways of talking about things so people can access the meaning that you really want to share? So think of words like systems or systemic, and the meanings that they have. I was talking yesterday about the use of the word "collaborative" and how that word was purposely chosen because of the connotations that the word "co-operative" has. In the medical system in the United States it means to comply with, to be a compliant patient, or to make the doctor happy.

GS: Or, to go along with.

HA: Yeah, to go along with, rather than to do with, or be in sync with, or to be in a partnership, which I think "collaborate" captures better. To me, the word "co-operate" is embedded with hierarchy, or expert knowledge.

GS: And yet in another culture, say France or perhaps Norway, the word collaboration has a pejorative connotation, from the wartime.

HA: Yes, a totally different meaning which was so vividly pointed out to me at a workshop in Norway. So we do need to consider how people in different contexts or different countries hear or read our words.

GS: In the end we only have the language we have, and what it means to all people we can never predict.

HA: That's right. It's like when Harry Goolishian and I started using the word "languaging" people would say, specially journal editors, that's not a word, you can't just make up a word. We were simply trying to use a word that conveys something in motion, something active.

GS: And when you think about languaging, or when you coined the phrase, was it to do with words only, or can we language in ways other than verbally?

HA: Yes I think we can language in ways other than verbally; all those things which are non-verbal including gestures. I think we really risk operating on assumptions more when we are dealing with non-verbal behaviour. When we assume we know what a particular gesture or body movement means, or we might be less likely to check that out with the person we're talking to, to make sure we're not misunderstanding something.

GS: And connected to this is the whole notion of power, which you have said something about in your days with us. In terms of the power relationships that might exist between ourselves and the people who seek our help, what position do you take?

HA: Yes, that was a question that seemed to be bothering people today, particularly the idea of how a therapist can say that they are not in a position of power. I guess my response to that is that we are in a culturally deemed position of power and authority, and one can assume that position in many ways. One can take advantage of and misuse that position. I think that it is an individual responsibility. One thing I don't want to do is to assume that position in a way that I end up being arrogant, blaming or controlling. I have a choice.

GS: So you would say that there is a power imbalance, that we have the balance of power, but it is a question of how we use that?

HA: I think that there can be a power imbalance, and that that is socially and culturally attributed to us, in terms of "being a professional." This is so with being a professional in any arena but particularly in the human arena.

GS: So the socially constructed meanings of us that people have and people make, of the contexts we work in, is what creates that power imbalance more than anything else, more than what we do?

HA: That's my current bias about it, yes. We operate in a larger context that bestows that upon us.

GS: And where do the notions of "expert" and "expertise", perhaps as two distinct things, connect to this?

HA: Well I think that each person in the therapy system, including clients and therapists, brings a particular set of experiences, opinions, and expertise. The therapy domain is a pooling of these expertises and these resources. When I talk about myself as being non-expert and the client being the expert what I'm trying to highlight is that the client is the expert on his or her life. I'm not the expert on it, and I do not know any better that anyone else how another person should lead their lives. But I do have some experiences that have been helpful, which I think of as having an expertise in the process rather than content. I do have experiences and ideas about things in terms of creating a particular kind of space and environment, and facilitating a particular kind of process which I call a "conversational space". In my experience, and from the feedback I get from clients, this is a kind of process in which transformations do take place. So I do have an expertise in creating this particular type of setting. This doesn't mean that my expertise in that process is better than another therapist's expertise, or that the way I think about therapy is better than what somebody else does. All I'm saying is that this works very well for me, and is something that I'm comfortable with in my life right now. I think we're all drawn, as therapists, to ways of working that fit with us in terms of ourselves as persons, how we are in the world and our styles. I don't think that it's accidental that we're drawn to different theories. So what may work for me might not work for someone else, and vice versa.

GS: Which may connect then to something which has been called by yourself and others a "philosophical stance" or "a way of being."?

HA: I think of this more as a philosophy than a theory; it's a philosophy about life and what I value, and how I would like to see myself in relationships with other people, whether professional or personal. It's a way of being with people, of being in relationships with them of interacting with them, and of thinking about them. That is, a way of thinking about other human beings and their problems or their life situations. I am influenced by John Shotter's talk about philosophy versus theory, distinguishing between theory as formulating, structuring, or systematizing knowledge about human nature and systems that explains or predicts something that is. Whereas philosophy allows for the ambiguous, unpredictable, and spontaneous. Shotter believes that things that have to do with human beings come under the philosophical realm. He expands on this philosophy and what he calls conversational practices in his books "Conversational Realities" and "Cultural Politics of Everyday Life".

GS: I'm wondering about some of these things in the context of training, and how "a way of being" might fit into training programmes. Can it be learned, and can it be taught?

HA: I think it can be learned, but I don't think it can be taught. Harry Goolishian used to say he couldn't teach people how to be therapists but he could provide an environment in which they could learn to be therapists. And again that has to do with the whole notion of knowledge, and the modernist idea that knowledge is something out there to be discovered and is cumulative. Or that knowledge is something that is socially constructed and happens between people, and that teacher and student, if you use those labels, each bring particular kinds of knowledge that become intertwined. So for example, I can be here these three days and I can share myself, my ideas, and my work with you, and you can experience that, but you could never have the same experience of it that I do. And I would not think that I could share it in a way so that you could do it exactly like I do. There isn't only one way that I do it. You can't duplicate. There may be some of my ideas that you like but you take them on in your way, in the way that you understand them, and you incorporate that with what you bring. I don't have an agenda that people should necessarily like my work or take it on. For some people it just doesn't fit. But I hope that through these days together people will at least reflect on their work, and have a better understanding of how they do value some opinions, and not others.

GS: And there will be different reasons for the ideas not fitting for some people. Do you think other people's different ways of being would be one reason for some of your ideas not fitting for them?

HA: I think of it in terms of certainty and uncertainty. The way that I work requires that one be able to live with uncertainty. For some people it is very difficult to not know the outcome ahead of time. Outcome is an evolving process and it's totally unpredictable. This uncertainty can make for a kind of comfortableness.

GS: I find uncertainty a liberating position to be in, of not needing to know certain things. It makes the job easier!

HA: I think so too. A lot of our students talk about this and say it's such a relief not to know, to be able to sit and talk with people and begin to have some certainty that something will come from that conversation that is useful or freeing for the client. This allows the students to use themselves more fully, and allows them to be more creative because they're not trying to do something in a particular way that they think they should. There's no right or wrong way that they should be doing it. We had one student who said that one of the most liberating things about being at the Institute was that there wasn't any right or wrong way to do something.

GS: All of which makes me mindful of perhaps the most controversial and most misunderstood phrase of them all . . .

HA: Now what would that be? (Laughs)

GS: Well would you believe, it's the idea of "not-knowing"?

HA: That's probably the hardest concept for people to digest, even more so than expert and non-expert. When Harry Goolishian and I started talking about not-knowing some of our colleagues said we shouldn't use that phrase, you're going to drive people crazy, it's much too controversial. But for us it really fit. It was a way of highlighting what we were talking about.

GS: I think finally I've got the idea of what not knowing is about, and I feel like inviting you to nail it once and for all.

HA: Oh well you tell me then! (Laughter)

GS: Well, I suppose what helps me is to be clear about what it isn't. I know some, like me in the past, have thought of it as being a blank sheet, and acting as if you literally know nothing; shedding all your experience, your expertise, your lived knowledges. And of course this is impossible.

HA: Absolutely, it's totally impossible.

GS: So let's lay that ghost to rest.

HA: It is amazing when we've written something, and felt like we've been very clear about what not knowing is, and is not, then people come away with those same ideas. I think, gosh, I'll have to find a different way to articulate the meaning that I'm trying to convey. I certainly take responsibility for not conveying it in a way that allows people to understand that I believe it's impossible not to go into the work with pre-assumptions and pre-understandings. Tom Andersen has a very good chapter about that in Steven Friedman's "The Reflecting Team In Action." Our personal and professional experiences, our biases, prejudices, dreams, that's who we are and that's what we take into the therapy room. We can't just get rid of them, but it's really a question of how we use them and whether we privilege the therapist's knowledge and voice, or the client's. So I always think of myself as the not-knower, as the learner, where the client can teach me about the client and what's important to them. That doesn't mean that I haven't studied child development or psychopathology or family life-cycles, and have all those things in my head. But I don't think in terms of taken for granted givens or universal descriptions of human beings and human behaviours. If you're looking for things like similarities and patterns you can always find them. You can confirm hypotheses. What I'm interested in is what is unique about that person at that time.

GS: So even if you've seen hundreds of people in similar situations, then the things you've picked up from them won't necessarily apply to the next person. Is this one of the essences of it?

HA: That's one of the essences of it yes. I have all of those experiences in my head, and I may draw from those or share those but I would never walk in assuming that because I have worked with, say twenty six families with an adolescent with sexual identity problems that I know how to work with the twenty seventh.

GS: On an internal dialogue level, would you have those thoughts and assumptions anyway, which you would work at putting away, or would you not have those thoughts in the first place?

HA: Well, what I've found is that they really aren't there in the foreground in one sense. In another sense they are always there, to be questioned by me and others. What I've found is that when you really immerse yourself in another person's story — think of it as immersing, which isn't drowning — and you're involved in learning about it, and asking questions to learn more about it, then those things really fade away. My questions will be led by the client's story and what they are interested in talking about, not by what I bring. That doesn't mean that I don't think I influence a conversation by my preknowing and preunderstandings. Of course I do. But I do not want these to lead or preclude. I once talked with a client who said he had experienced two kinds of therapists. One kind already knows your story ahead of time and only asks those questions which will allow you to tell that story. The other only asks questions about details and therefore never hears the story and knows you. If I am occupied by something I share that with the client; I make it public. I offer it simply as food for thought. The client may do with it what he or she wishes.

GS: This idea is reminiscent of what Tom Andersen has said about the early experiences of using reflecting teams, and how he and his colleagues were not as troubled by so-called "nasty thoughts" as they feared they might be. I've also found that the more we use reflecting processes here, the more the pathologising thoughts stay away.

HA: I have heard people who use reflecting teams and processes say that they have a rule that reflectors should only say positive things, nothing negative or pejorative. I do not have that rule. I want the reflectors to be free to say anything that they want to. I wouldn't want anyone to think that a positive comment is more valuable to a client than what might be deemed by us as a pejorative one. You can never tell how another person will hear. I'm always surprised at what clients are caught by, intrigued by, or disturbed by. As the therapist or team leader, it's my responsibility to facilitate the conversation following the reflections. And if I thought that a client looked jarred or puzzled or if I wondered if they were insulted or felt blamed by a comment, I would talk with them about it. Again, I find that when I am immersed in somebody's story that their story takes precedence over mine. I become more human and less professionally pejorative. This is also my experience with reflectors. I think that this way of being in conversation

and relationship is something that comes naturally for some therapists. It's the way they are. For others who might decide it's the way they want to be, it may be a struggle and take time.

GS: It sounds like there's a whole lot of unlearning that is needed perhaps for some of us, to undo some of the training that we've had, almost to become natural again.

HA: I think that's a nice way of looking at it. In our graduate training we can forget how to be natural, how to just sit down and have a conversation with someone. I guess we have these ideas about how we should be, based on expectations that we have, or that we think clients or our agencies have.

GS: So thinking about training again, is a not-knowing approach one that trainees at the very outset could learn? I know some people think that you have to know, or to have the authority in the first place before you can debunk it and throw it away.

HA: I think it can work both ways. I've worked with people who have a great deal of training and experience in the field who are intrigued by some of the ideas that myself and others talk about. I've also had people who have virtually no practical experience. I think it does question our ways of education and learning. Many therapist educators believe you need one or two years of course work before you're allowed to be "let loose" on families. My bias is that the practical experience should go hand in hand with the theory.

GS: The ideas of the therapist's use of self, the therapeutic relationship, and these things we are talking about are gaining much more coverage than perhaps ever before, but I can't think of a single course that I've ever been involved in, either as trainee or trainer where the balance hasn't been overwhelmingly in favour of technique. I think this is changing slightly, and we are appreciating more the importance of relationship factors in therapy, but the balance is still overwhelmingly that way. Is that a balance that you think ought to be changed in the training of family therapists?

HA: Well, I really do. I think we should focus more on that. I'm not talking about therapy for therapists. I don't think that a person needs to have therapy to be a good therapist. But I do believe that it is important for a therapist, whether mature or student, to have opportunities to talk about their personal experiences of what it's like to be in the therapy room, of who they are and who they are becoming or want to become. Again it's more about the therapist and client being in the room as human beings, rather than the therapist being a technocrat.

GS: What about the idea of neutrality, that's something I enjoy thinking about. Do you have a position in relation to neutrality?

HA: I do, I do take a strong position about that, and I believe that as a therapist you cannot be neutral, you cannot take away a bias. I talk instead in terms of multi-partiality, that is, can I be partial to all sides. By this I mean can I show equal interest and I can try to understand in an authentic way what the other person has to say. Also, I have to be willing to give up my own strong opinion. No, I don't think you can be without biases and prejudices.

GS: And if you had strong biases in say couple work, would you show or share them?

HA: If I had some strong bias that was monopolizing in my head and getting in the way then I would have to do something with that. One way is to say the monopolizing thought out loud to the client, and how it is getting in the way. But that's usually when a I have a strong opinion that's dominating me in the therapy room and not really allowing me to have an appreciation of and from learning more about what the other person is saying. There are other ways of doing it, such as reflecting on your work by writing about it, or some therapists can read poetry, go to a movie, talk to a colleague over coffee. There are many ways, but the important thing for me is how to move from a monologic to a dialogic position. If I'm not able to do that internally then I'm not going to be able to be in a dialogue with the people that I'm working with.

GS: What about the notion of interventions, is that a concept or a word that you would use now?

HA: No it's not a word that I would use now, though I have used it in the past, at a time when we were pleased with our clever interventions. Now I think of it as coming in and intervening, doing something from the outside, like the expert who shoots their laser gun, or does surgery on someone. I don't think of myself as intervening anymore, in the sense that I can do something to a system, from a dualistic or hierarchical position.

GS: I guess that would be at odds with your idea of where the responsibility for change lies, and an interventionist might say it lies more with the therapist.

HA: Well in this transition from an interventionist position, the first step was, rather than bringing interventions in either from behind the mirror or from previous experiences, we began to design individually tailored interventions in the room. Then we began to realise that we didn't need interventions in the sense that they were used in the field, because our clients were doing things differently anyway. Often an intervention is not only a therapist's idea but a therapist being ahead of the client, being out of sync with. We didn't want to do things prematurely, whether diagnosis or intervention. There is some research in the States which says that between the third and eighteenth minutes of the first interview the therapist or physician will have mentally made the diagnosis and the treatment direction. It is amazing to think of the assumptions and clinical

judgements that we prematurely make. This can even begin when we get a referral, based on the person's surname, their telephone prefix, or the part of town that they live in. As soon as we operate on these assumptions then these begin to close off other options.

GS: 3 to 18 minutes is amazing, but notwithstanding all you've said, are there times when knowledges and areas of expertise can be useful?

HA: Sure, there's lots of experiences and information that I have that could be useful to a client, but I could never predict or know how that would be useful. I can offer my ideas and suggestions, I don't mean to say that I would withhold. If somebody asks "do you have an idea of how I can handle this?" then I'd share it with them. But I'd always want to share them in a way that was tentative, that is, as a possibility we could look at as it might fit, or not, with their circumstances.

GS: So it's the tentativeness that makes the difference?

HA: Yes, so that it's offered as a possibility that the two of us can talk about. Most of the time people do customise what you say. I'm always amazed at how people come back reporting how they've done what we talked about, and I'm left thinking, but I didn't say that. But that's what they heard. You never know how another person hears, or what they do with what you say, or what meaning they put to any question that you ask. We forget that as we're talking with people, just like I'm talking with you, you're simultaneously having your own internal conversation about our conversation, and that you will even continue to have your own conversation about that. And I'm doing the very same thing.

GS: Yes, and what I remember of this conversation in a year may surprise you, and you might be surprised that I don't remember some other thing.

HA: Yes.

GS: It's a fascinating process isn't it?

HA: It really is. I just think if we give people the space and facilitate dialogical processes then it's amazing what people can go off and do. To me, therapy really doesn't happen in the therapy room. It is sort of a catalyst. What I want to do is to create a platform for further dialogical conversations to occur outside of the therapy room, with themselves or with other people. I think that often what is implicit in therapy for many is that some magical things happen in the sacred hour. This hasn't been my experience, and I've found that clients are much more clever than I could ever imagine.

GS: And the fascination continues. I can think of worse ways to make a living.

HA: I know, don't you feel very privileged sometimes, and think gosh, someone's paying me to do this. It's such inspiring, rewarding, challenging, and fun work.

GS: Well it's a great way to think of therapy if you can. It's been great to have you here with us in Liverpool.

HA: Thank you, it's been my pleasure to be here in Liverpool for my first British presentation. Thank you for inviting me, I feel very special to have been invited.

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