Six orienting ideas for collaborative counsellors

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Abstract

An enhanced form of collaboration in counselling is made possible by recent developments in social constructionist theory and a new group of ‘postmodern therapies’. Highlighting six orienting ideas that draw from this theory and the postmodern therapies (solution-focused, narrative and collaborative language systems therapy), the author suggests that these ideas can focus counsellors’ listening and creativity broadly. Examples illustrate each of the orienting ideas, with no assumption that the ideas can be narrowed down to specific techniques.

Keywords: social constructionism, postmodernism, counselling

Therapy has to be re-imagined anew with each client, each session and each moment. If this is not done the forces which are needed for dialogues to keep alive will not thrive. And if that happens we are co-creating deserts, not helpful conversations.

(Riikonen and Smith 1997: 17)

The postmodern revolution has spawned a new group of therapies. These therapies (primarily solution-focused (deShazer 1985), narrative (White and Epston 1990) and collaborative language systems (Anderson 1997)) find their theoretical footing in the seeming quicksand of social constructionism, postcolonialism and poststructuralism. I am differentiating modern from postmodern views by claiming that the former hold to an objectively verifiable world that can be explained and altered reliably. Postmoderns have grown incredulous of any singular system of meaning to depict experience or modify it. Without miring readers in this controversial and reality-challenging body of thought, those curious are encouraged to check
out a growing literature (Andersen 1991; Gergen 1991, 1994; Lyotard 1984; Martin and Sugarman 1999; Shotter 1993, or, for efforts directed at counsellors, Friedman 1993; Hoyt 1994; McNamee and Gergen 1992; Pare 1995, 1996; Strong in press). If postmodern therapies are employed for their techniques alone (for example, solution-focused therapy's use of the 'miracle question' or narrative therapy's use of problem externalization), much is lost. These therapies, which I shall collectively term 'collaborative', while having theoretical differences, share some commonalities that set them apart from most prior approaches to counselling. I shall share six ideas from a personally eclectic effort to integrate the postmodern therapies in a usable and teachable way (see Strong 1997). I regard these as orienting ideas in our work with clients – not techniques – since they invite many collaborative forms of consideration and application. While some of these ideas may not seem new, their use takes on new dimensions when informed by postmodern theory.

**Negotiating meanings**

The word lives, as it were, on the boundary between its own context and another, alien context.

(Mikhail Bakhtin, as cited in Morson and Emerson 1990)

For social constructionists, human beings tend to forget that they are the ones who created the language they use, and keep using creatively. Our language is a toolkit we utilize to make our way about in the social and physical worlds we inhabit. One of modernism's unrealized promises was that ultimately there would be a universally correct representational language to depict our experiences, a 'meta-narrative' (Lyotard 1984) for understanding and controlling our experiences. Presumably this was to be the language of empiricist science, a presumption targeted for much recent criticism by feminists and postcolonial thinkers. A postmodern view, borrowing from philosopher Ludwig Wittgenstein (1958), sees the meanings of language relating, instead, to their consensual use by speakers. This, Wittgenstein referred to in his concept of 'language games'; others speak of this in terms of forms of discourse (Potter 1996). To illustrate, the meaning of 'pain' is clearly different for rugby players than it is for members of an arthritis support group. The meanings in our language, in other words, arise from how we shape and share them in our conversations with others.

This understanding is critical to collaborative therapists, as helping conversation occurs where meanings are elicited, reflected upon and often re-negotiated for their preferred and practical value to clients. In some styles of counselling this would be preposterous: meanings would better be understood in terms of their correspondence with, or distortions of, reality.
Counselling is often seen as a way to restore meanings to that sort of accuracy (on a recent Canadian Broadcasting Corporation Radio 1 news-cast (1999) one psychologist referred to this as 'cleaning up one's thinking'). Nikolas Rose (1990) suggests that modern psychology, in responding to modern society's clamouring for expertise, positioned itself as the arbiter of 'correct subjectivity' or correct meaning. This is consistent with a modern view of specialists and experts seen to hold and apply specific objective knowledge in their work. Presumably, counsellors, from this kind of background in psychology, could proffer more objective understandings of clients' experiences than the clients could. Collaborative counsellors hold no such belief that they are privileged holders of objective meaning, but seek meanings that fit and are effective for clients in their relational circumstances.

This focus on generating practical meanings that 'fit' (deShazer 1985) for clients is not some rhetorical sleight of hand; it comes from the view that the meanings that work for us are those that serve us in our day-to-day life and relationships. While constructivists highlight the phenomenology of meaning creation, social constructionists remind us that our meanings must work and 'fly' in our relationships (for more on this, see Gergen 1994). A counsellor and client developing eccentric views together have the 'real world' test of those views to face beyond the consulting room.

Collaborative counsellors see the meanings clients bring to counselling as negotiable. The question: 'how, out of all the ways X could be understood, did the client come to understand X as they do?' orients the collaborative counsellor to what s/he is hearing (Anderson 1997). For these counsellors, every understanding can be deconstructed (or reflected upon) as a form of meaning situated in some act of conversational construction and contextualized use (White 1993). Deconstructing meaning, therefore, addresses the universalizing tendencies in Lyotard's (1984) concerns about 'meta-narrative', since all meanings, for social constructionists, are situated accomplishments, not discoveries of the real and evident. Such accomplishments, however, owe their life to continued use in conversation and life experience. It is their continued effectiveness beyond the situations in which they were 'accomplished' that is up for negotiation, according to client's preferences, in collaborative counselling. If meanings are accomplishments in one situation – not across all situations – there is room for considering plausible and effective alternatives. But, this is not a process in which a neutral and objective counsellor authoritatively corrects or interprets those meanings.

I remember working with a student I saw years ago at a university counselling centre to find a meaning that fitted what he considered an untenable experience: he had no money and so he had to live with his parents in order to continue his studies. This student had considered many
strategies for dealing with this situation, but ultimately felt he had to accept what he considered unacceptable. So, I asked what word or phrase might best depict his situation in a way that could make the situation bearable. The student thought for a moment, and with a smile he said, ‘I’m paying emotional rent’. This meaning reminds me of a phrase I came across years ago from McGill transcultural psychiatrist Laurence Kirmayer, ‘the sufferer is a poet in search of metaphors adequate to express his predicament’ (1984: 289).

It is the collaborative counsellor’s ‘discursive flexibility’ (Harre and Gillett 1994), a capacity not only to join clients in their unique ways of talking about their lives, but to expand flexibly and mutually on those ways of talking, that is critical to negotiating preferred and effective meanings with clients. Recently, family therapy chronicler Lynn Hoffman (1998) spoke of narrative therapist Michael White’s tendency to be not further than ‘an inch from the client’s experience’ as he explored clients’ meanings while proposing plausible and practical alternatives. The collaborative counsellor postmodernizes Carl Rogers (1961), actively extending curiosity to their ways and preferences in constructing meaning, while creating a context in which meaning can be explored and generated. Recognizing that those meanings must fit with the practical and preferred purposes of clients’ lives, these counsellors knowingly step into the poetics and politics (Epston 1996) of meaning construction. In this sense, the collaborative counsellor feels a profound accountability for the meaning-negotiation process in which s/he engages with clients (Weingarten 1991). It is his/her ability to bring the kind of discursive flexibility that joins with, and later (in ways that are mutually experienced with clients) transcends, how they construct their problems that marks this ability as collaborative.

Inquiring is intervening

I was sure until they asked me.

(Jane Siberry, from the song, ‘The walking’, 1987)

If we extend our curiosity beyond how we listen, we shall hear how we construct realities (our ‘conversational accomplishments’) with clients. Our questions are invitations to bring forth and give significance to some client descriptions over others. These invitations also have effects: a series of questions about experiences of despair clearly elicits a different sense than questions on preferences and competencies. The questions we ask do more than gather facts and opinions; they influence the course of the helping conversation. But, questions also afford opportunities to reflect upon ‘taken-for-granted realities’, they elicit opinions and stances, they propose conversational directions, they imply possibilities and so on. In
short, they are far from neutral. Collaborative counsellors thus see questions as conversational interventions (Tomm 1988).

In collaborative counselling, the emphasis is on having a different conversation than the ones clients have been having with themselves and others. This is because, in the words of social constructionist pioneers Berger and Luckmann, ‘the most important vehicle of reality-maintenance is conversation’ (1967: 152). So, our conversations with clients need to move from what is ordinary for them (a good starting place) to what is extra-ordinary. Part of what can make that possible is to converse from a ‘not-knowing’ or curious (Anderson 1997; Anderson and Goolishian 1992; Cecchin 1987) stance since we cannot pretend to have the same phenomenological experience and understanding as our clients have of the worlds they inhabit. Questions help us engage clients in conversation, while inviting consideration of extra-ordinary perspectives.

In a training demonstration I was once asked to respond to a situation where my ‘client’ was a counsellor who role-played a client with whom she had been working: a boy feared as violent. As she got into her role, she spoke of her appreciation of guns and what they could do to people and how she (as the client) saw guns as a significant part of her way in life. This ‘boy’ had usually managed to press the ‘safety buttons’ of almost everyone he encountered – usually within moments of contact. This had the effect of bringing an understandable sameness to the boy’s interactions (given the safety issues apparently involved). But, it was precisely to help her to break free of this sameness that his counsellor wanted to use our role-play. Elsewhere, I have referred to that sameness of interaction as a ‘conserving conversation’ (Strong under review); and, in this case, it meant a dangerous stalemate. What seemed required was a way to engage the boy alternatively so that a different conversation could emerge, but his initial button-pressing stance brought forth predictable responses that only intensified concerns. As ‘my client’ got further into role, the invitations for me to join in the predictable role I for which I had seemingly been cast grew stronger. My response (one which the counsellor later said was quite helpful for how it helped situate the boy’s self-understandings and behaviours) was: ‘How did you come to understand yourself just this way?’

I use this example to highlight our questions’ capacities to invite clients out of the sameness of their difficulties, while recognizing the power of their utterances to us as unwitting invitations to stay in that sameness. Of course, we have to connect with some of that sameness, but staying there will not be helpful. The counsellor who role-played for me the above scenario said that the effect of that question was helpfully jarring. When we think of our questions as having the power to conserve and the power to construct, they can become our linguistic tools to facilitate connection and reflection (or their opposites). One can still ask open-ended questions that conserve
(‘What more would you like me to understand about that?’ – might do it, and might not), but our questions do more than reveal, they construct possibilities beyond ‘what’s available to discuss’. My asking the question above later opened up an area that quite literally the boy had never put together; and, in so doing, new relationship and identity-forming conversation was able to emerge.

If you took a sweep through the therapies I have referred to as collaborative, you would see questions developed for deliberately constructive purposes (for example, solution-focused therapy’s ‘miracle question’) or for deconstructive purposes (narrative therapy’s externalization questions); my point being: our questions are at the heart of what we can do to elicit preferred living from our clients.

**Focusing on competence and resourcefulness**

The therapist does not talk with the client and determine new ways to envision and look at their lives that they hope the client will accept and find helpful. The therapist’s expertise is to be in conversation with the expertise of the client.

(Harlene Anderson in discussion with Sophie Holmes 1994: 156)

In the earliest moments of counselling we are invited into the despair, fear and hopelessness of our clients. They would not be seeing us if they felt competent and resourceful, but, as self-relations therapist (a related collaborative therapy) Stephen Gilligan (1997) suggests, problems induct us into bad trances, cutting us off from our resources and competencies. Counselling, from this perspective, is an opportunity for clients to reconnect with what works for them; to recognize and mobilize resources and competencies obscured by the ‘bad trance. While not all counselling is focused on solving problems (bereavement counselling, for example), each experience that overwhelms clients and has them seek our help is an experience calling for unused resources and competencies. Counselling, from a collaborative perspective, is not where clients require education or correction to get better; collaborative counsellors converse with clients to bring forth their needed capabilities and accessible resources.

In the outcome research literature, psychotherapy is often portrayed as a treatment administered to clients, much like some form of drug or surgery. This ‘drug metaphor’ (see Russell 1994) often overlooks such critical intangibles as the relationships between clients and counsellors while assuming uniformity in the ‘strength and ‘integrity’ of treatment. Collaborative counselling does not see its focus as diagnosing and treating psychopathology; instead, it elicits clients’ competencies and preferences. The difference is not subtle. As Scott Miller (1992) suggests, clients reveal
evidence of solutions at the same time as they present us with evidence of their problems. It is how the counsellor listens that influences whether the ‘symptoms of solution’ become the client-centred grist for change. In this approach clients are not treated; counsellors work with them to customize non-evident solutions already within their capabilities.

There’s a lovely Milton Erickson story (Zeig 1980: 285–6), in which Erickson makes a house call to a lonely, rich and depressed widow. The bulk of this encounter was gloomy, until Erickson noticed that the widow kept a number of African violets. Seeing her care for the violets as inconsistent with ‘depression’, Erickson asked if she would be willing to make cuttings of the violets, to be later sent to families when there had been a birth or death. This, she apparently turned to in ways that extended her beyond the gloominess of her lonely home. Years later, Erickson was sent a newspaper headline and article: ‘African violet queen dies’. This story illustrates how our ways of attending to clients can orient us to their unique competencies and resources. Collaborative counsellors bring to helping conversations an acute ‘radar’ for signs of health and competence. Some of this radar is finely attuned to hearing preferences, exceptions to the problem presentation and passions reflected in how clients relate their circumstances (Eron and Lund 1996; deShazer 1985; Katz and Shotter 1996, respectively).

A different kind of curiosity can be at play (Furman and Ahola 1992) when one attends to competence and resourcefulness. Problems have requirements of us (Doan and Clifton 1990), and one of them is to think and talk about these problems in very serious ways. Aligning our listening focus and intentions with resourcefulness and competence is a different way of relating to clients and difficulties. But, key to this is the view that clients are not the same as their problems (White and Epston 1990). This separation permits talk without problems obscuring competencies. For example, if one listens to when the problem is not happening and how clients keep the problem from being a problem, they will hear competence and resourcefulness at work (deShazer 1985). The solution-focused counsellor, for example, when hearing problem talk, also listens to what the client would prefer instead of the problem (Walter and Peller 1992). Inside those preferences are what clients want and, by extension, how they might get what they want. Asking, for example, what clients have done since making their appointment that is in line with what they are wanting to see from counselling is a very different opening than asking for a description of problems (Weiner-Davis et al. 1987). Clients also underscore for us what they prefer in how they talk with us (Katz and Shotter 1996). By attending to the ‘how’ of client conversation – its emotion-suffused, or empty, words – clients can be drawn into discussions of what they feel passionate about. How we listen, in other words, has much to do with what we hear.
Eliciting and inviting

How does a therapist encourage a client?

(Waters and Lawrence 1993: 108)

Collaborative counsellors think in terms of dialogue. This means they see dialogue as a practice where two personalities mutually influence each other as they communicate. But it also reflects the view that any true understandings are dialogic (Bakhtin, as cited in Morson and Emerson 1990), and that monologic counsellor/client interaction is unlikely to produce change that is owned and preferred by clients. Words like ‘resistant’ do not make sense to collaborative counsellors because that implies a relationship that is one way (the counsellor’s) (deShazer 1984). To realize dialogue’s potentials, participants neither renounce nor insulate their points of view. Instead, from their unique subjectivities, counsellors collaborate in relating, creating and extending shared meanings (Morson and Emerson 1990). It is how each participant invests their intentions and unique ways of thinking in constructing shared understandings, intentions and outcomes that makes talking dialogic. In the postmodern era, authoritative expertise is at least suspect. We need look no further than the huge ‘non-compliance’ problem medicine experiences with its patients to see the failure of monologic (one-way) interaction. In his application of the ideas of French philosopher, Michel Foucault, to psychology, Rose (1990) reminds us that most modern-based disciplines require ‘docile bodies’ as a prerequisite to rendering their services. In counselling, it does not take long to realize our clients are not, and will not become, docile. ‘Resistance’, to collaborative counsellors, means that counselling is no longer dialogic, that counsellors have lost their discursive flexibility in staying relevant for clients.

For this and other reasons collaborative counsellors adopt an ‘elicitive stance’ in their work with clients. Their questions and suggestions are better understood as ‘reflective invitations’ to clients than as interventions in which ideas are transmitted. Inviting clients to reflect on their competence and opinions involves a different manner of relating than one in which counsellors are to correct, classify or instruct clients according to what they say. An ‘elicitive stance’ suggests that counsellors think of maintaining relevant involvement with clients for what that involvement brings forth.

There are some kinds of eliciting, in collaborative counselling, that go beyond what is customary. Clients’ views on their difficulties, including how they name their difficulties, their theories on why the difficulties occur and their ideas on what ultimately will help them change, help in meeting clients in the understandings they have constructed, so as to work from those understandings. In the modern view of counselling (see Rose 1990), clients are often expected to defer to counsellors in the areas where I have
suggested we elicit their input. Eliciting can be seen as a counter-cultural practice. I say this because many clients in counselling’s early stages will declare that it is difficult, for example, to respond to our invitations regarding what they would prefer for their lives. The silence or discomfort that follows asking ‘the miracle question’ (deShazer 1985), for example, is usually not a sign that clients have no views on what will make their lives better. Instead, the silence or discomfort following elicitive questions, in my experience, results because we ask clients to reflect on the unusual, or culturally unexpected, in their lives. We are ‘political’ in that we are asking clients to articulate desires and preferences. By eliciting understandings and resourcefulness from clients – at the very time they presumably come to us for ours – we are asking them to resume authority over their lives, and influence in those of others, with ourselves as audience and contributor to this process.

More than anything, collaborative counsellors constantly customize their participation in helping conversations, to accommodate to and extend the preferences and frames of reference clients bring to them. They are sought for the differences they can only invite clients to try on. Paradoxically, the primary way we know we are ‘with’ clients is to hear from them when we are not. But how do we contribute to the kind of relationship where that is possible? Particularly within narrative therapy, there has been considerable effort to deconstruct, with clients, the perceived hierarchy of counsellor expertise. That expertise is viewed as interfering with the collaborative, non-hierarchical relationship in which clients’ resources, motivations and opinions are the grist for change (Madigan 1993; Epston et al. 1995). An ‘elicitive stance’ comes from the acknowledgement that counsellors cannot know (Anderson and Goolishian 1992) what their clients prefer other than by attending to how those preferences are encouraged and articulated. Eliciting and inviting are verbs that capture the uncertainties that true dialogue poses: we have only our responses to each other to go on, and so we elicit and invite to see if we are ‘on track’.

**Client preference**

If I expect my people to do what they do want to do, how can I expect to still be their leader?

(Leader of the Amazonian Green people in John Boorman’s *Emerald Forest*, 1985)

What makes counselling collaborative is its unwavering focus on helping clients live preferred lives. But there are many dimensions to this. Part of our presumed expertise lies in areas that collaborative (and feminist) counsellors put out for discussion and shared decision making: naming
problems, assessing and declaring what is significant, fashioning personally/contextually appropriate interventions, choosing goals and deriving ‘fitting meanings’. But these were places where modern orientations to counselling had us assume we must be instrumental for clients. How might this be dis-empowering to them? How can we practise accountably, from a client’s perspective?

Collaborating is best understood in process-dialogic (i.e. shared between its participants, continuously) terms. Postcolonial thinkers remind us that our good intentions are not enough: much harm has been perpetrated by well-meaning people who know ‘what’s best for others’ (‘let me help you up the tree’, said the monkey to the fish, ‘or else you’ll drown’ – old Chinese proverb). Our models of counselling have the potential to register morepowerfully for us, in their perceived confirmations, than does the unique experience of our clients (Hubble and O’Hanlon 1992). Collaborating means thinking along the lines of Milton Erickson who believed that for each person there must be a unique therapy (Haley 1973). But what a stretch that implies. As an example, the team of Barry Duncan, Mark Hubble and Scott Miller (1997) operate from the premise that counsellors collaborate most effectively when they adapt their style of conversing and proposing solutions to the particular theories of change clients bring to counselling. These ‘theories of change’ are the particular thrust to resolving difficulties clients have adopted, and the view of Duncan et al. (1997) is that it is probably easier to work with that thrust than to counter it. But how do we exercise our sensitivities and discursive flexibilities in staying collaborative in order to work within client preferences?

Customizing our care is evident any time we adapt our solutions to the uniquenesses of clients and their circumstances. But, going the next step and tailoring counselling, and its interventions, to clients’ preferences adds further focus to how we could collaborate. In one interview with a mother and her 7-year-old daughter, who was having night fears, I can remember crafting together, quite carefully, the following intervention. The daughter explained that, when her mother left her room at night and turned off the light, ghosts came out of her closet and from under her bed. I asked the girl how she wanted to ‘catch’ the ghosts and deal with them. ‘Catching’ ghosts was not something she had contemplated before but she liked that idea, and so we talked about what she had in her room that she felt would be able to hold the ghosts she might be able to catch. She offered her laundry hamper that was in her closet. So, together, we developed a nightly procedure that involved: ‘nightwatchman duties’ (where mother and daughter turned the lights off together and searched each possible ghost hiding place with their flashlights), a shared period in bed with the lights turned out, an arrangement whereby mother and daughter could catch ghosts by pulling a string attached to the lid of the hamper and a morning ritual of emptying
the hamper outside into the ghost-destroying daylight. This elaborate intervention, except for my mention of ‘catching’ ghosts, was largely developed according to the 7-year-old’s ideas, and included her veto on some of the ideas offered by her mother and me – until we got something we all felt would ‘take care of those ghosts’.

I remember consulting with a well-meaning counsellor, who operated from a perspective he hoped was experienced as collaborative by his clients. The problem was that this counsellor closed his eyes at the very time he offered his ideas and suggestions. In the micro-moments in which clients register their responses, he broke his link in the relatedness he had with them. To stay collaborative, for me, means to attend and flexibly respond to how we may stray too far from the preferences of clients. With the 7-year-old girl we encountered sighs, raised eyebrows, flat-out ‘no’s’, and many other cues that let us know if we were straying too far with each step of the way.

In the back and forth of counselling there is a constant negotiating of intentions that has some elasticity to it. Harlene Anderson (1997) regards the negotiation and maintenance of a shared intentionality as a critical factor in remaining collaborative. Still, we participate having some ‘bottom lines’ in our ethics, legal requirements and cherished values, and these act as parameters on our collaborative potentials. Similarly, clients (who presumably have less flexibility in their parameters than we do) have some room in their preferences for there to be room for us to work within. There is a deftness of listening, responding and intervening required of us in order to see our intentions effectively commingle with those of our clients. But it is within those parameters that we can be responsively creative, provided we remain attuned to the shared intentions we have developed with clients.

One of the more subtle places where we are trained to assert our preferences, and then forget we do so, is in how the utility of ideas arising in counselling are evaluated. If clients are the ones who must make these ideas fly outside the consulting room, how can our professional judgement assign practicality or feasibility to what clients may make use of in the contexts of their lives? I do not see how we can do that, yet I see counsellors, in many subtle and not so subtle ways, unknowingly positioning themselves as the locus of evaluation in counselling. A different approach to what I am saying is: ‘who has the last say in counselling?’ I contend that clients have their own last say – the one that is about motivation regarding what has been discussed – regardless, after the helping conversation is over. From a perspective in which clients are primary authors/editors in a process to which we offer our contributions (Hicks 1998), there are many places we can be checking in to see if we are appropriately with the developing ‘story line’. Where, in responding to clients’ utterances, from the implicit
sense we attach to our views, do we chime in with our sense of what makes sense, what is ‘good’, what is best or even what is right for clients – as if we spoke for the objective wisdom of the world? How hard is it for us to resist such an urge and ask clients for their evaluation? What happens to our listening and collaborative stance when we position ourselves as knowing what is best for them or shift to a forensic-style pursuit of clients’ real meanings? By drawing clients’ preferences into the helping conversation, at any juncture where assessments of the merit or practicality of what is being discussed emerge, we are more likely to proceed in ways fitting for clients.

Co-signifying audiences

If there’s no audience, there just ain’t no show.

(Bill Henderson, from the Chilliwack song ‘Raino’, 1969)

Conversation is where we co-signify what we experience. Much of what we regard as significant owes that significance to how our relating it is received, or how we anticipate it might be received. The ‘audience effect’ is omnipresent in how we make sense of our experience. It is there in how we hope to be understood, and in the anticipation we have of how we will be received. Recognizing this, counsellors can invite clients to assign significance to anything spoken by invoking their sense of audience. This can include being an audience to one’s self, as well as to an imagined or anticipated audience of significant others. Permit me to illustrate:

A client who wants to be more assertive indicates that she raised concerns about her son’s education with the school principal. To which the counsellor responds by inviting the following reflections (i.e. not praising): ‘Is that the kind of standing up for yourself, you’d like to do more of?’ ‘What’s your sense of how I’m affected in hearing you tell me this?’ ‘Who would not be surprised by your ability to do that, and why wouldn’t they be surprised?’ ‘Does knowing you could do this, make any difference to how you might do similar things in the relationships that matter to you?’

These questions are largely narrative in flavour (White and Epston 1990), but they have the potential to accomplish two key counselling objectives: generating a sense of competence where formerly this had been considered absent and anchoring the behaviours in relationships beyond the consulting room. Typically, counsellors of other stripes would have responded to such a client disclosure in ways that could have been de-signified by clients, or at least left as solely a counsellor perception.
The collaborative counsellor is both audience and invoker of ‘audience’. For meanings to gain currency, their significance is best established and maintained in the relationships in which they are put to use. Counsellors often hear client meanings that seem in search of an ‘intended audience’, with counsellors acting as *de facto* surrogates for those with whom the client wishes to be sharing the significance of their meanings. Norwegian psychiatrist Tom Andersen (1995) views these meanings, including the emotions imbued in them, as ‘stalled dialogues’. The husband and wife team of James and Melissa Griffith (1994), in their work with ‘psychosomatic’ patients, identify ‘unspeakable dilemmas’ as situations where sharing emotionally significant meaning has seemed impossible. A catharsis view of therapy regards the counsellor’s audience as clients relate their dilemmas as sufficient, the felt experience can be ‘released’ in conversation. But this view overlooks the relational significance of meaning. As audience to these stalled dialogues, or unspeakable dilemmas, counsellors can respond to their relational significance by facilitating *speakable* situations where possible. It is not enough to hear and acknowledge what we are told; clients want us to *participate* in their meanings by collaboratively working through their perceived implications. So we are both audience and editorial consultant to the client who decides on how to interpret and act on the meanings beyond the consulting room.

There has been a view, developing among postmodern theorists, that meanings are performed in relationship (Katz and Shotter 1996; Newman and Holzman 1997). From this view, meanings derive their significance not because of their reference to ‘truths’ beyond relationships, but because of the significance those meanings have for our relationships. A willingness to *participate* in meanings, in being moved by, and by moving, them denotes a relationship that Newman and Holzman describe as follows: ‘We are seeking to complete and be completed, not to understand and be understood, not to get it right’ (1997: 113). Audiences in this sense are not juries, they help ‘the show’ come off in an improvisational way that spontaneously goes beyond the unhappy scripts clients bring with them. Collaborative counselling approaches meanings with an acute sense of audience participation; meanings are brought to life and then transformed as we receive and then perform them together in new ways.

**Health conversations**

The postmodern experience of illness begins when ill people recognize that more is involved in their experiences than the medical story can tell.

(Frank 1995: 6)
Relating the preceding ideas to conversations between patients and health practitioners, we are immediately presented with a challenge that some have referred to as ‘asymmetries in dialogue’ (Markova and Foppa 1991). Health-care practitioners are regarded as experts on healthy living, while much of our earlier discussion has focused on engaging patients in collaborative conversations where their expertise might be brought forth and enacted. At one glance, one might think health-care practitioners have too much at stake to encourage collaboration to the level I have been suggesting. However, patients will do their own bidding in areas of health concern, as by non-adherence to prescriptions and other forms of health-compromising behaviours (Meichenbaum and Turk 1987), suggesting that simple authoritative communications based on expertise are insufficient (Mishler 1984).

Increasingly, patients are turning to health-care practitioners as consultants regarding their health, consulting also the internet, alternative health-care practitioners and friends/family. The collaborative ideas I have put forward here aim to engage patients in both conversations and plans of action – connected to their circumstances, resources and values – that do not start from a premise that a partnership in respect of their health has been secured by virtue of biomedical expertise. In this sense, interviews are ‘customizing contexts’ whereby the knowledge-based influence of health-care practitioners can be partnered with a patient’s capacities, values and resources to develop a plan derived from ‘joint action’ (Shotter 1993). To practise otherwise is potentially to ‘inauthenticate’ the life experiences of our clientele, according to medical anthropologist Arthur Kleinman (Kleinman and Kleinman 1991).

Conclusion

If the therapist’s goals and the client’s goals are different, the therapist is wrong.

(deShazer as cited in Hoyt 1994: 65)

The quote that kicks off this conclusion is uncharacteristically strident for me, yet it is meant to amplify the points I have been making. From the perspective I have been sharing, a counsellor’s creativity is brought to bear, in an ongoing and collaborative fashion, in how s/he elicits and negotiates meanings of practical value that fit clients’ preferences. These six orienting ideas (1 negotiating meanings, 2 inquiring is intervening, 3 focusing on competence and resourcefulness, 4 eliciting and inviting, 5 client preference, 6 co-signifying audiences) offer scope to counsellor creativity, while helping to create a collaborative focus in our work with clients. Of course, the final say on whether we are collaborative in our work rests in the evaluations of
our clients. Techniques not offered in the dialogic spirit I have been sharing, offered from a conversational ‘operating-on’ as opposed to ‘dialoguing-with’ perspective, miss the point of collaboration. Collaborating means finding what we say or do next from what our clients say, and less from our theories. With appropriate humility, clients can be seen as the experts on their lives, and we are their retained consultants.

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References


Hicks, T. (1998) Personal communication, Postmodern therapies online news-group.


