

“They say yes; they don’t say no”

Tore Dag Bøe

“They say yes; they don’t say no”

Experiences of change
in dialogical approaches to mental health
- a qualitative exploration

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Context of collaboration

This study was part of a development programme for practice, research and education entitled “Dialogical Collaboration in Southern Norway” (Kristoffersen & Ulland, 2010). This programme evolved from over ten years of implementing, developing and scientifically exploring dialogical and network-oriented practices in Southern Norway. It was developed through collaboration between the Institute for Psychosocial Health at the University of Agder, the Department of Child and Adolescent Mental Health at Sørlandet Hospital Health Enterprise and user organizations and municipalities in the county of Agder.

For the purpose of the study, a research team was organized consisting of two PhD candidates—Per Arne Lidbom at Sørlandet Hospital Enterprise and myself, Tore Dag Bøe, at the University of Agder, Norway—and two co-researchers, Karianne Zachariassen and Gunnhild Ruud Lindvig, who participated on the basis of their experience in the areas of mental health difficulties and mental health care. Both co-researchers worked as consultants at Sørlandet Hospital. Our supervisors were also part of the research team; Professor Kjell Kristoffersen of the University of Agder, Professor Jaakko Seikkula of the University of Jyväskylä, Finland and Professor Dagfinn Ulland of the University of Agder. In addition to this research team, a group of practitioners from the Department of Child and Adolescent Mental Health at Sørlandet Hospital was organized. The research team had regular meetings with this group to discuss the progress of the research. One of the co-researchers assembled a group of adolescents who had experienced mental health difficulties, and this group was included in discussions of the study.

In October 2013, we invited Emeritus Professor John Shotter of the University of New Hampshire to visit Sørlandet 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 a series of International Conferences on Dialogical Practices. The first was held in Helsinki, Finland in 2011, the second was held in Leuven, Belgium in 2013 and the third is to be held in Kristiansand, Norway, in September 2015. This network and these conferences have offered an opportunity to present and discuss our ongoing research with an international network of researchers and practitioners.

Foreword

Is there a dark side of the study? What I write—the papers, the thesis—all seems to have a poorness to it. There has been great richness, a great variety of ideas, feelings, sensations, hunches, words, interruptions, turns and connections that have occurred during the explorative adventure of this study; all this has emerged or happened between us, in the interfaces, in the dialogues, the encounters—but then I have to write it down! I have written some words in a document, but I don't know. What I write feels like a betrayal of all this; it is nothing compared with what we have been through and all that has happened. The thesis, in a sense, leaves me with a sense of loss, a feeling of “only this?” This may sound bad—a kind of condemnatory or degrading judgment of both my writing and my work, and thereby also of my co-authors and collaborators. But no, perhaps these are good statements? Uplifting, encouraging? In paradoxical ways? This is because they also point to the superiority of living—living before any comprehension or even any description of what has happened in me, in others, and between us. To point out that a text is a loss, a betrayal, poorness, in a way is to point out the events of life and our participation in them as “something” infinitely rich that we try to honour and praise. The living hovers above anything that can be written down. Life is much more, something else, somewhere else, some other time.

Is there a bright side of the study? In an online conversation,¹ a colleague of mine, Bård Bertelsen, wrote some lines about this study and about the scope of research:

“I think Tore Dag's project is a beautiful example of research as collective movement. Here the research process seems to me like a jam session, where the researcher-author assumes a role akin to a record producer, taking responsibility for recording what transpires, mixing it, and presenting what has been recorded to the world in some form.”

Perhaps the significance of a study, and the study that I will now present, cannot be reduced to texts, or the readings of those texts. The whole “fireworks” of encounters and movements that research sets off should be taken into account.

There are so many people I want to thank: Karianne Zachariassen and Gunnhild Ruud Lindvig were my closest collaborators and co-researchers. I did not know them from before, so what luck I had; they were just wonderful to work with, and we had great and important fun. Thanks to Kjell Kristoffersen, my truly patient, encouraging,

¹ In a Taos Institute online conversation in April 2015 (see <http://www.taosinstitute.net/>).

inspiring supervisor. Our meetings always left me in higher spirits. Thanks to my two co-supervisors, Dagfinn Ulland for his motivating, facilitating ways of being “in this”, and Jaakko Seikkula for his collaboration, for sharing his ground-breaking work, ideas and practices and for including our research in an international network. Thanks to Per Arne Lidbom, Odd Kenneth Hillesund and Bård Bertelsen, all at Sørlandet Hospital, who were very important to me during these years of working on my PhD. They have not only become my dear friends, but oh, the conversations we have and the tone we have found! Thanks to John Shotter, whose talks were jaw-dropping to me when I first heard him in Hämeenlinna, Finland. I thank him for his inspiring responses to our study when he visited us in Kristiansand. Thanks to Ånund Brottveit for his generosity in our conversations about “these things”. My colleagues at the University of Agder, Martinez Santiago, Sylfest Lohmheim and Dag Aasland, helped with some tricky words and ideas; I thank them. Thanks to Stine Holte at the University of Oslo for help with some words and ideas from Levinas. Thanks to my colleagues at the Faculty for Health and Sports Science: Anders J.W. Andersen, Anne Brita Thorød, Inger Beate Larsen and Erna Ulland. Their support meant much to me. Thanks to Karl Erik Karlsen and Arne Thomassen at Sørlandet Sykehus for facilitating my project at a crucial early point. Odd Volden gave inspiring and valuable input at initial stages; thank you. Thanks to my colleague Nina Falsen Krohn, who has generously helped with translating quotes from the material into English.

Thanks to all the respondents. I wish I could thank them all by name. They really let us into their lives through the windows of these interviews. They have my great respect and they moved me. The opportunity to present preliminary ideas for our study to a group of adolescent participants really gave life to the process. Thanks to each and every one of them. Thanks to all the practitioners involved for their efforts. Our gatherings with buns and soda, and our discussions, were fun and important to our study.

To my wife Hanne and my sons Bendik and Julian—you are my home, my world in the world, to whom I always return - thank you for being there for me. Thanks to my father and my sisters for your interest, concern and support for my interests and my work.

August 2015

Tore Dag Bøe

Summary

The field of mental health is comprised of a variety of theoretical perspectives and practical approaches. Within this variety, there is an increasing focus on social and relational approaches, which are progressively being implemented and scientifically explored. Dialogical practices are among such approaches, and are characterized by the way they operate in the realm of social relations. Recovery studies based on the experiences of people who have recovered from mental health difficulties clearly indicate that the social and interpersonal domain is crucial. This thesis emerged from the frameworks provided by dialogical practice and recovery research.

The aim of the study was to explore change related to mental health from the perspective of lived experience in the context of a network-oriented and dialogical approach to providing assistance for adolescents. Experiences in relation to the network meetings and the social arenas of everyday life of the respondents were of interest. The overall research questions were: 1. How do adolescents and people in their network describe their situation and the processes of change in their lives at the time they receive help through a dialogical network-oriented approach? 2. Based on these descriptions, how can we describe and understand the social and relational aspects involved in change related to mental health?

Following a participatory and dialogical research design, two co-researchers with experience in the area of mental health participated at every stage of the research process. Furthermore, a group of adolescent participants and a group of practitioners were involved. Adolescents, people in their social networks and practitioners from eight cases participated in a series of interviews over a period of 6–12 months. The data were analysed within a phenomenological-hermeneutical methodological framework and interpreted using approaches inspired by dialogical perspectives. The findings of all studies emerged through an explorative process whereby data are considered in the context of a dialogue with theoretical perspectives, in particular the ideas of Mikhail Bakhtin and Emmanuel Levinas.

The findings of the four substudies, in various ways, conceptualize change as an *ethical speech event* and offer concepts and themes that suggest multidimensionality in change, and in which ethical aspects seem to be pivotal.

In the first study, change as an *ethical event* was explored based on the ideas of Bakhtin and Levinas and discussed in relation to one of the cases of the study. The

study suggests that change is an ongoing event in which we as humans constantly become: 1. *as responsible*, 2. *in speaking* and 3. *in answering the unknown*.

A second study focusing on areas of everyday life suggests that change seems to be closely related to *movement*, and in particular the feeling of being able to move—or not—in *relation to others*. In a main theme, this is conceptualized as a proposition: *Change is an event of becoming through movement in ethical time and space*. It is suggested that the experience of *time* and *space* in which to move (or move into) is a relational and *ethical* experience. Experienced time and space for movement is dependent on the *responses* of others either occurring in the past (experienced in an *After-Event*) or anticipated in the future (in a *Before-Event*). This ethical quality of time and space appears to depend on others, and could be either *life giving* or *life deteriorating* depending on the valuing or devaluing character of their responses.

In a third study focusing on the network meetings, the following main theme is suggested: Dialogues open for moving and living through inviting attentiveness (ethics), expressive vitality (expressivity) and new meaning (hermeneutics). The dialogues of the network meetings seemed to be helpful, and they facilitated change through 1. ethical aspects, which concerned the way participants felt cared for, respected and permitted to say what they wanted; 2. expressive aspects, which concerned their sense that they could speak and move freely, and be moved by the speech and movements of others, and 3. hermeneutical aspects, which were the ways in which words to understand and find meaning in their situation and future possibilities could be found in the dialogues. Furthermore, it is suggested that these aspects operate through a temporal dimension where the dialogue seemed to 1. open the past, 2. open the moment, and 3. open the future.

A fourth study focusing on the interplay between inner and outer dialogues in a network meeting suggests that inner voices must be included to describe and understand the polyphonic multiplicity of voices in dialogues. The interplay between outer and inner dialogues seems to have an important role in the emergence of significant and meaningful moments in network meetings. This study also showed that dialogical perspectives provide a theoretical framework and concepts that are useful in investigations of the dynamics of change in conversations facilitated by mental health practitioners.

Based on the findings of these four substudies, this thesis suggest that dialogues are change-facilitating events that include a multidimensionality that may be comprehended according to four overarching themes: 1. Change is an ethical event (Diaconia); 2. Change is a speech event (Dialogue); 3. Change is a temporal–spatial event (Diachronia–Diatopia), and 4. Change is a cultural event (Diagnosis) (Diagnosis in this context is used in its original meaning *dia gnosis, through knowledge, or to discern, distinguish*. Moreover, I argue that this discerning is a cultural act concerning cultural forms and identities.). These themes are discussed in relation to theoretical ideas and relevant studies.

The thesis suggests that practitioners should be attentive to ethical aspects in encounters with help seekers. These ethical aspects involve bodily movement and responsivity. It is suggested that further research should continue exploration of 1. the significance of the *ethical aspects of change* in mental health; 2. the significance of *bodily movement* in mental health; 3. mental health as *future-opening practice*, and 4. the interplay between *ethics, time, space, body, anticipation, experience* and *culture* in mental health.

List of papers

1. Bøe, T. D., Kristoffersen, K., Lidbom, P. A., Lindvig, G. R., Seikkula, J., Ulland, D., & Zachariassen, K. (2013). Change is an Ongoing Ethical Event: Levinas, Bakhtin and the Dialogical Dynamics of Becoming. *Australian & New Zealand Journal of Family Therapy*, 34(1), 18–31.
2. Bøe, T. D., Kristoffersen, K., Lidbom, P. A., Lindvig, G. R., Seikkula, J., Ulland, D., & Zachariassen, K. (2014). “She Offered Me a Place and a Future”: Change is an Event of Becoming through Movement in Ethical Time and Space. *Contemporary Family Therapy*, 36(4), 474–484.
3. Bøe, T. D., Lidbom, P. A., Lindvig, G. R., Seikkula, J., Ulland, D., Zachariassen, K., & Kristoffersen, K. (2015). “Through Speaking, He Finds Himself ... A Bit”: Dialogues Open Life through Inviting Attentiveness, Expressive Vitality and New Meaning. *Australian & New Zealand Journal of Family Therapy*, (36)1, 167–187.
4. Lidbom, P. A., Bøe, T. D., Kristoffersen, K., Ulland, D., & Seikkula, J. (2014). A Study of a Network Meeting: Exploring the Interplay between Inner and Outer Dialogues in Significant and Meaningful Moments. *Australian & New Zealand Journal of Family Therapy*, 35(2), 136–149.

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1. Introduction

1.1. Prologue: Zombies and heaven

A girl we interviewed for this study reported that she felt like a “zombie”—one of the living dead—at school: “I come to school, I sit, I don’t speak to anyone, never raise my hand. Then I leave, without any contact.” She then gave us a diary note on which the following lines were written:

“Cruel mocking words, and me walking past the row of boys in the class, who quickly jerk away when they see me ... their faces twisted in disgust ... I felt excluded and alone ... I couldn’t say a word ... I feel I am in a completely wrong world. I don’t belong at all. Everything in me turns inwards. Nothing in me manages to go outward to meet other people. It is as if I am behind walls of glass that shut out all air, colours, and light. I promise myself never to become visible again, never to speak if no one asks me to, never to look into the eyes of others, never to attract any attention, never to hope, ‘cause it just hurts if you fall ... I wish I didn’t need any of them” (Catherine, 17).

Another girl, Anne (16), told us about how her life had become very difficult when her grandmother, who was very dear to her, died. She told us that she now felt as if she had lost the one place she could always go. She felt left out at school, she had difficulties in making friends, and at home she had the impression that it was her fault whenever there was trouble. This was contrary to the way she felt when she was with her grandmother.

Anne With grandma everything I did was perfect [smiles with tears in her eyes]. Whatever I did, it was precisely what I should do in that situation. It was always the perfect thing to do.

Gunnhild I am very touched [points at her eyes].

Anne We had a great time together. We would always sit and talk and laugh ... ’til late at night ... and I told her absolutely everything that happened in my life. We just talked about everything.

Tore Dag Yes [enthusiastically].

Anne Yes. She was the only one who like knew me better than I knew myself. She understood ... I don’t know ... she could put things into words that I couldn’t, and they kind of fitted exactly ...

- Tore Dag What ... eh ... do you think, eh ... eh ... do you think you will ever meet your grandma again?
- Anne I know I'll meet her again ... I am not a religious person, but ... she [is in] this place with a green meadow and a river ... she is there waiting for me.

Is it possible—as the girls in the two quotes above suggest—that mental health concerns the way in which our lives are constantly in a kind of interplay with those of others? This interplay may be *life giving*, such as when Anne was with her grandma, or *life deteriorating*, such as when Catherine was at school. Mental health difficulties, then, may involve some kind of break-down in dialogue with others, and ways to improve mental health may be found when the interplay with others takes on better forms. The descriptions provided by the participants in this study point to the significance of precisely such aspects. Moreover, in a way, this view resonates with various ideas from dialogical theory and indicates the perspectives developed in this thesis.

“They say yes; they don’t say no” is the title of this thesis. This is a condensed quote of how Phillip, 16, described how his life had changed to the better. I suggest that in a simple, striking and beautiful way, he expresses the essence of this thesis.

1.2. Structure of the thesis

This thesis is based on four published papers, which are included in their entirety. In this chapter, I introduce some core concepts and current research relevant to the focus of the thesis. In Chapter 2, the theoretical perspectives are presented through some chosen concepts before I introduce the aims and research questions of the thesis and its substudies in Chapter 3. In Chapter 4, I suggest a framework within philosophy of science that this study adheres to and further describe the particular methodological procedures used. The findings of the four published papers are summarized in Chapter 5, and in Chapter 6 I suggest some overarching themes based on all four substudies. These themes are discussed in relation to theoretical perspectives and relevant research. Finally, in Chapter 7, the originality and the specific contribution of this thesis are suggested and possible implications for practice and further research are indicated.

1.3. Search for research papers

Relevant research is introduced in Sections 1.6 *Recovery Approaches* and 1.7 *Dialogical practice*. The overview of relevant current research was obtained through 1. searches of databases, and 2. continuous attention to and searches for relevant studies in the literature, conversations with other researchers, colleagues, conferences and other sources. Searches were conducted of the Chinal, Medline, Psychinfo and Scopus databases. The Svemed database was also searched for studies published in Nordic languages. The studies deemed relevant were assessed in terms of their scientific quality before they were included. It should be noted that the less systematic process of searching for relevant studies through ongoing reading using citations in relevant studies to find others, conversations and email communication with other scholars and researchers, and searches of Google and Google Scholar for authors, concepts, themes and similar terms proved to be the most productive way of finding relevant studies.

I proceed by describing some movements in the field of mental health and research relevant to the questions raised in this thesis. Attention to ethical and relational aspects is a guiding principle.

1.4. Change: From instrumental causality to ongoing events of becoming

A large body of research in the mental health field is comprised of efficacy studies related to various methods and interventions. These studies are mainly randomized controlled trials related to pharmacological and psychotherapeutic approaches (Hubble, Duncan & Sparks, 1999; Norcross & Wampold, 2011; Thomas, Bracken & Timimi, 2012; Wampold, 2001). In principle, this research tells us whether there is change related to an initiative in terms of positive outcomes, but does not offer any description or understanding of the processes involved. Efficacy studies represent the foundation of what is referred to as *evidence-based practice* or *evidence-based medicine* (Sackett et al., 1996; Sackett et al., 1997; Guyatt & Rennie, 2002). Critical considerations are discussed by authors such as Gupta (2009) and Wifstad (2008). Although in principle the evidence-based paradigm is not founded or dependent on any specific theory of disorders that explicates the nature of the change processes involved, this kind of research and practice still appears to be embedded in technical/instrumental and causal ways of understanding change (Thomas, Bracken & Timimi, 2012). Kogstad, Ekeland & Hummelvold (2011) point to the instrumental

rationality implicit in the evidence-based paradigm that may suppress communicative rationality (p. 480).

Shotter's (2003, 2009, 2012) ideas on change may highlight some drawbacks inherent in such causality models. He points to the way in which change may be approached from two opposite points of departure: either we take "what is invariant as ... primary subject matter", which makes change problematic, or we take "activity and flux as primary", which makes stability problematic (Shotter, in Jaworski & Coupland, 1999, p. 22). Causality models of change seem to take invariance and stability as primary, and consequently change is understood in terms of how identifiable and stable objects or states (dependent variables) are changed through manipulation by a specific intervening force (independent variable). With this alternative starting point, where movement and flux are primary, change is always already "there", and the challenge lies in finding ways to describe and understand this constantly changing reality of human life. Quoting Bergson, Shotter points to the way in which this constant flux may be taken for stability, but this is not stability; it is counterfeit:

Like eddies of dust raised by the wind as it passes, the living turn upon themselves, borne by the great blast of life. They are therefore relatively stable, and counterfeit immobility so well that we treat each of them as a thing rather than as a progress, forgetting that the very permanence of their form is only the outline of a movement (Bergson in Shotter, 2013, p. 43).

Along similar lines, Ingold (2013) suggests a new paradigm in human sciences where the concept of "human *beings*" is replaced by the concept of "human *becomings*". Ingold says that such a paradigm of becoming, as opposed to being, introduces an "entirely different ontological foundation.... We can no longer think of the ... human ... as a discrete, bounded entity, set over against the environment. It is rather a locus of growth within a field of relations traced out in flows of materials" (p. 10). Similarly, Levinas points to shifts within Western philosophy. He says he learnt from Heidegger that *being* should be seen as a verb, not a noun; being refers to doing, moving, acting—not to a thing, an object, or an essence. "With Heidegger", Levinas says, "'verbality' was awakened in the word 'being', what is event in it, the 'happening' of being? It is as if things and all that is 'set a style of being' ... Heidegger accustomed us to this verbal sonority" (Levinas, 1985, p. 38).

Such suggested notions of existence, human living and change belonging to primary domains of flux and ongoing movement form a framework for the exploration of change in this thesis.

1.5. Mental health: From *inside the head* to *between people* in contexts

In recent years, there has been a development of various initiatives in the mental health services that may be characterized as community mental health (Karlsson, Borg, & Kim, 2008; Ness, Karlsson, et al., 2014). These initiatives may be characterized as assertive and user involving (Eriksen, Sundfør, Karlsson, Råholm, & Arman, 2012; Hovish, Weaver, Islam, Paul, & Singh, 2012; Killaspy et al., 2009; Verhaegh, Bongers, Kroon, & Garretsen, 2009). Furthermore, they are collaborative, transdisciplinary (Holmesland, Seikkula, & Hopfenbeck, 2014; Holmesland, Seikkula, Nilsen, Hopfenbeck, & Arnkil, 2010; Ness, Borg, Semb, & Karlsson, 2014; Ness, Karlsson, et al., 2014), network-oriented (Piippo & Aaltonen, 2004; Seikkula, Laitila, & Rober, 2012; Ulland, Andersen, Larsen, & Seikkula, 2014) and health promoting (Herrman, Saxena, & Moodie, 2005). These lines of development in mental health care represent ways of helping people with mental health difficulties through contextual and interpersonal approaches rather than medical models for individuals. Community mental health-care approaches are person centred, contextual and community based (Karlsson, Borg, & Kim, 2008; Mezzich, Snaedal, Van Weel, & Heath, 2010; Sjølie, Karlsson, & Kim, 2010), and need adapted (Borchers, Seikkula & Arnkil, 2014). Medical diagnoses, which are individual in their nature, are not necessarily seen as decisive starting points for the initiatives.

Such perspectives in mental health, which focus on the interplay between people within a community, form the basis for the mental health strategies developed by the World Health Organization (2015), which suggests the following definition of mental health:

... a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stress of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

As Wexler & Eglinton (2015) point out, this definition “hints at the historical, political, economic, and other socio-cultural” contexts that affect mental health (p. 127). Nonetheless, Wexler and Eglinton continue, this definition does not fully constitute a relational or contextual framework for understanding mental health.

However, this definition represents a shift from individual and even intrapsychic perspectives to perspectives that focus on the interactions between people within a community or a culture. Such social and interactional perspectives are pursued in this thesis through exploring *lived experience* and attention to the ways in which events at an interactional and social “level” matter to, and offer conditions for, the subject.

1.6. Recovery approaches: From universal methods to personal–social processes

1.6.1. An ethical turn in research: asking for people’s lived experiences

Mental health can, and has been, explored in various ways, for instance, through observation and the descriptions of observers, or through neurobiological approaches made possible by technological advances. Such approaches may represent a kind of “externalism” (Wifstad, 2008) related to mental health that fails to include the subjective perspective found in the *lived experience* of sufferers (Kogstad, Ekeland, & Hummelvoll, 2014). With this recognition of a neglect of people’s lived experiences, we now see a growing body of studies using the perspective of lived experience as their point of departure. As Kogstad et al. (2011) note: “When people with mental health problems tell about what helped them in their recovery process, fundamental beliefs about what constitute effective and necessary treatment are often challenged” (p. 479).

1.6.2. The significance of ethical–relational aspects

Reviews of studies of mental health and recovery from the perspective of lived experience clearly point to the significance of social aspects (Leamy, Bird, Le Boutillier, Williams, & Slade, 2011; Tew et al., 2012). When people describe their *difficulties*, they seem to concern their lives and experiences in various social arenas: family, work, friends, school and society (Topor et al., 2006; Topor, Borg, Di Girolamo, & Davidson, 2011). These difficulties could be interpreted as resulting from a feeling of not being recognized or as struggles for recognition (Andersen & Svensson, 2012; Eriksen, Sundfør, Karlsson, Råholm, & Arman, 2012) or in terms of feeling outside, or denied access to, social arenas and relations (Davidson et al., 2001). Furthermore, their difficulties could be experienced as a kind of “not knowing how to make their way in the world”, like “being stuck”, at an “impasse” (Davidson et al., 2010, pp. 101 and 105), “living in a maze”, experiencing “social death” (Biong & Ravndal, 2009, p. 8), “feeling like a stranger in life and places” (Andersen & Larsen, 2012), or “not belonging” (Mezzina, Borg, et al., 2006; Mezzina, Davidson, et al., 2006). These experiences may be in the realm of personal relations (Topor et al., 2006)

or experiences of being outside society, deprived of civil rights or citizenship (Andersen & Svensson, 2012; Mezzina, Borg, et al., 2006; Tew et al., 2012).

Experiences and accounts of *recovery* similarly point to the significance of relations and social aspects (Schon, Denhov, & Topor, 2009; Topor et al., 2006) and the qualities of the communication in which they are involved (Guregård & Seikkula, 2014). In one study, Mezzina et al. (2006) conclude that recovery could be seen as an “ongoing interpersonal and social process” in which the significance of others can be expressed in terms of “standing alongside me”, “being there for me”, or “doing more for me” (pp. 63, 68 and 77). Additionally, material aspects such as having a home and having an occupation and money are, directly or indirectly, conditions for access to social arenas that are important during recovery (Borg et al., 2005; Topor et al., 2011), and the significance of dealing with crises in the context of an everyday life is emphasized (Borg & Davidson, 2007; Winness, Borg, & Kim, 2010). Kogstad et al. (2011) clearly point to ethical–relational aspects when they summarize their findings of the elements of recovery in users’ stories: 1) “Dialogue, respect, care, understanding and good encounters emerge as important conditions”, 2) “Respect, security, time, understanding and a feeling of dignity are demonstrated to be central factors in recovery stories”, and 3) “Good relations and confident dialogues are central ingredients in the processes described” (pp. 483–484).

Some of these studies explicitly suggest that mental health should perhaps be understood as a relational and social concept belonging to the interpersonal, social, and political domains (e.g. Andersen & Svensson, 2012; Mezzina, Davidson, et al., 2006; Strong, Rogers-de Jong & Merritt, 2014).

1.6.3. Recovery research—some considerations

It should be noted that the status of the data in the above research has been questioned. Nytingnes (2007) acknowledges the importance of recovery research; nevertheless, he indicates what he identifies as the problem of attribution. When we attempt to explain or understand complicated processes or complicated results, for example in recovery processes, we often attribute the results to certain causes in simplistic ways. Therefore, the causes of recovery that are identified may be misleading. Nytingnes reminds us that this is true both for professionals and for people considering their own experiences. Topor (2003) raises the question of the relation between the stories of respondents and the reality to which they presumably refer. Whether the descriptions are reproductions of real events, or whether they should be taken as narratives that

follow certain rules and structures, is a question that must include reflections on epistemological and philosophical positions. Topor states that his research is not dependent on any evaluation of the truthfulness of the descriptions, and his epistemological position is somewhere between radical realism and radical constructivism (2003, p. 21). This thesis addresses these complex questions and their philosophical implications by exploring the dynamics between experience, communication and reality within a phenomenological–hermeneutical framework (see Chapters 2 and 4).

The exploratory component of this thesis, in line with recovery research, begins with the descriptions and experiences of people receiving mental health care. Because of my particular interest in relational and social aspects, the respondents who were chosen were offered a network-oriented and dialogical approach. I describe these approaches in the following section.

1.7. Dialogical practice: From changing the person to generating dialogue

1.7.1. Emergence of dialogical practice through ethical turning points

Wifstad (1997) analysed shifts in thought and practice in the family therapy field. Referring to Anderson & Goolishian's *not-knowing position* (Anderson & Goolishian, 1988, 1992) and to Andersen's *reflecting team* (Andersen, 1987, 1991), he notes that these approaches depart from other approaches in the family therapy field because they are fundamentally non-strategic (p. 127). Wifstad states that this leads to a shift in notions of change, leaving behind the idea that an understanding of the causes of problems is the crucial point of departure, which implies that change is not achieved by manipulating a factor identified as causing the problem. The approaches found in *the reflecting team* and *the not-knowing position* are seen as generating a dialogue where “new meanings are continually evolving toward the ‘dissolving’ of problems” (p. 132). One of Wifstad's (1997) main conclusions is that social constructionist epistemology does not adequately account for the most important sides of these approaches. The ways in which we participate in clients' situations and engage in dialogue with them should be understood as an ethical project rather than an epistemological one (p. 143).

Andersen notes that the way of working developed in *the reflecting team* came about because of the unease they felt was connected to the way in which they used the one-way mirror according to the Milan approach (Andersen, 1991; Shotter, 2009). This resulted in their turning of the one-way mirror into a two-way window in 1985. The

family was given the opportunity to observe the discussion/reflections of the professional team. This change seemed to be ethically motivated. Shotter (2009) describes how Andersen himself described the development of his practice as a result of listening to the “disquiet” in him when arriving at a point where he no longer felt he could continue in the same way for ethical reasons. “Each new *way* came from him reaching a ‘crossroads’, from him *not* being able to continue any longer in the same way, from *stopping* something he came to see as ethically wrong ... and then finding that, as he turned away from it, ‘alternatives popped up almost by themselves’” (p. 22).

A crucial point in the development of the *open dialogue approach* can also be recognized as ethically motivated. In 1984, Seikkula and his colleagues decided that there should be no planning of the treatment before meeting the families; they should be included from the start, from the very first meeting, and no plans or decisions should be made regarding the person and family of concern without their presence² (Seikkula, 2011; Seikkula & Arnkil, 2006). Because of this shift, help seekers and their families were no longer excluded from the planning or decisions made about them and their situation.

1.7.2. *The experience of dialogical practices*

Few studies appear to have explored dialogical practices from the perspective of the lived experiences of the participants. Piippo and his colleagues used qualitative interviews to explore the *Integrated Network and Family Oriented Model*, which includes mental health services, municipal social services and relatives in multidisciplinary treatment (Piippo & Aaltonen, 2004, 2008, 2009). Patients reported that the facilitated collaboration created an atmosphere in which they felt free to say what they “wanted and needed to say”, and this led to an experience of release from a “single, inevitable interpretation” and allowed 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 the *open dialogue approach* confirmed the importance of including social networks (Brottveit, 2013). Based on observations and interviews with clients, people from private networks and practitioners, Brottveit suggested that the

² It should be noted that Seikkula does not specifically refer to these decisions as ethically motivated.

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 (p. 246). The aspects of facilitating change were “direct and dynamic” and not “reflective and representational” (ibid.) because significant others were present.

Holmesland and her colleagues (Holmesland et al., 2010; Holmesland et al., 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 from role by reducing the impact of therapeutic skills and allowing the help seekers to guide the communication with the aim of increasing their activity. The professionals found that self-disclosure of thoughts, feelings and physical reactions seemed to promote dialogue and the growth of the participants (Holmesland et al., 2014).

1.7.3. *Dialogical practice—some considerations*

Larner (2009, 2015) advocates dialogical practice and dialogical ethics in mental health approaches, yet he is critical of those who from a dialogical and ethical position reject therapeutic expertise or therapeutic methods and claim that such resources fall outside dialogical approaches because they are unethical and depersonalizing. In his view, dialogical practice and ethics concern *responding*, and the best responses involve expertise and methods.

1.8. **Dialogue, ethics and lived experience**

Dialogue: The word dialogue is both part of our everyday language *and* a concept permeated with great philosophical richness. In this thesis, the concept of dialogue draws on certain philosophical ideas and traditions found in what is often referred to as *dialogism* or *dialogical philosophy* (Linell, 2009). Linell points to three senses of “dialogue”. The first sense is the concrete empirical sense, and refers to the encounter between two or more people who interact by means of semiotic resources such as spoken language and accompanying body language (p. 4). This, he continues, includes face-to-face interaction, real-time interaction via media such as telephones or computers, and delayed interaction such as by email, SMS or chat systems. This is

basically the way in which “dialogue” is used in everyday language. The second sense, Linell continues, is normative; the term “dialogue” is used as a reference to high-quality interaction characterized by a high degree of symmetry and co-operation, with equal opportunities for turn-taking by the participants without coercion. Dialogue means “ideal dialogue” and stresses “clarity, symmetry, egalitarianism, mutuality, harmony, consensus and agreement” (p. 5). Linell links the third sense to dialogism, or dialogical theory, where dialogue has a more abstract and comprehensive sense. Dialogue, in this sense, indicates certain dialogical ways of understanding sense making, semiotic practice, action, interaction, thinking, or communication. Moreover, the term, in this third sense, suggests specific ways of exploring language activity, human existence and even the world.

The dialogical practice explored in this thesis and the dialogical theories applied perhaps include all the above senses. Nevertheless, the theoretical framework of this thesis is related to the concept of dialogue in the third sense, in particular through the use of the dialogical ideas found in the writings of Emmanuel Levinas and Mikhail Bakhtin. This will be elaborated in the next chapter.

Ethics: In this thesis, the concept of *ethics* is pivotal. Ethics, in the sense in which I use it, based on Levinas, Bakhtin and others, does not concern the way in which values and norms are established and function as guiding principles for human conduct, nor does it concern the values, norms and procedures of ethical decision-making. Rather, the term “ethics”, in the sense in which it is used in this thesis, is related to primordial and original constitutional aspects of living. Living always concerns being in dialogue with or responsive to other humans. This fundamental responsiveness in human living, according to both Bakhtin and Levinas, is inevitably also ethical.

Lived experience: In this thesis, the concept of *lived experience* is important in relation to both the methodological approach and the themes for investigation. Lived experience, as used in the phenomenological and hermeneutical tradition, derives from Husserl’s concept of “*erleben*”, which literally means “living through something” (van Manen, 2004). Husserl’s point was that the phenomena of the world could not be investigated from any position outside (externalism), only in the way that they were experienced or “lived through”. Furthermore, as will be described, within dialogical theory lived experience is not necessarily seen as existing prior to language. No lived experience is understood as emerging through dialogue (Bakhtin, 1993; Cresswell, 2012; Sullivan, 2012). This means that to understand how dialogical practice “works”

in mental health, we should take into account the way lived experience is conditional upon dialogue.

2. Theoretical perspectives: A certain light ... and its shadows

As far as the laws of mathematics refer to reality, they are not certain,
as far as they are certain, they do not refer to reality.

(Albert Einstein)

In this chapter, I present some chosen ideas that will shed a certain light on and add a certain touch to my exploration of change. From the start, dialogue has been a key concept of both the practices examined and the theoretical framework of this thesis. To structure the presentation of theory, I make use of five concepts that have emerged during the explorative process that may offer a broad and multifaceted view of human living and existing as dialogical. All concepts derive from the Greek, and have the word *dia* as their prefix, followed by a word indicating the domain of interest: *dialogue* (language), *dia-conia* (ethics), *dia-topy* (place/space), *dia-chrony* (time), and *diagnosis* (knowledge/culture).

In a sense, the ideas that are presented are part of the findings of this thesis, as they are the result of continuous exploration—asking, listening, feeling, moving, writing, reading, discussing and reflecting in an iterative procedure in various settings throughout the research process (that continues even as I write). This is consistent with an explorative process that more closely resembles “moving around” and “going back and forth” (Shotter, 2014) than a chronological step-by-step procedure. The concepts and ideas we have tried and used—favouring some, discarding and perhaps forgetting others—have been in constant flux. Concepts and ideas have been suggested enthusiastically, but at the same time with a shadow of doubt and fear: What do these concepts, ideas, and words conceal? What is lost from sight in the specific light that they offer? Through this theoretical light and approach we may discover some aspects of the participants’ lived experiences, knowing that other aspects are concealed from us and driven into the shadows.

2.1. Dia-logue, dia-conia, dia-chrony, dia-topy, and dia-gnosis: Change and existence as threshold events

Dialogical practices, which this thesis investigates, are inspired by dialogical theory and philosophy, and in particular the ideas of Mikhail Bakhtin (1895–1975) (Seikkula, 2011; Seikkula, 2011; Seikkula & Trimble, 2005; Shotter, 2006, 2010, 2012, 2015). Bakhtin puts dialogue at the core of not only his linguistic theory or his theory of literature, but also of his philosophy of human living and existence, which have dialogue as a key concept; this is often referred to as “dialogism” (Holquist, 2002;

Linell, 2009). The ideas of Emmanuel Levinas (1906–1995) are also among the philosophical sources from which dialogical practice draws (e.g. Andersen, 2001; Lerner, 2015; Seikkula & Arnkil, 2006). Levinas places his own philosophy among philosophies of dialogue (Levinas, 1998b, p. 137ff), but he makes clear that he sees a “first event of the encounter” (Levinas, 1969, p. 199), which is an *ethical event*, that in a way precedes dialogue, The responsibility for the other is the *first* event: “Dia-conie avant tout dialogue” (Diacony³ before all dialogue) (Levinas, 1982, p. 103).

The word “dialogue” originates from the Greek and is composed of the two words *dia* and *logos*. Etymologically, *dia* means *through, by, or over to*, but may also mean something like *divided, split, or separated* (Linell, 2009; Slåttemid, 1998; Oxford English Dictionary, 2015). Moreover, *logos* has a variety of possible meanings such as *word, speech, discourse, or reason* (Linell, 2009; Oxford English Dictionary, 2015). Therefore, dialogue may have the meaning of *through the word*, but also *the word that is divided, or the word that divides*.

In a play on the metaphors given by the etymology of the prefix *dia*, I wish to emphasize its ambiguity, as it may indicate both a *movement through or over to* (something) as well as *a division of or a split in* (something). *Dia* indicates a *border, a threshold, a separation and a moving over or through* to “something/someone” at this point.

To suggest a broad, complex and multidimensional view of how change can be understood through dialogical perspectives, I introduce some concepts, also with Greek origins, in addition to dialogue that similarly have *dia* as the prefix, indicating both moving through/across *and* splitting or separating, followed by a word indicating a domain or sphere of this movement or split. These concepts are: dia-logue (language), dia-conia (ethics), dia-topy⁴ (space), dia-chrony (time) and dia-gnosis (knowledge, culture). I suggest that these in turn leave us with the following thresholds or borders. There is a *linguistic border* at which one approaches another through speech—a border between words as unique subjective expressions and words as cultural, historical signs, as indicated by the concept of *dia-logue*. There is an *ethical border* between me and others who are fundamentally different from me, and yet are

³ The English text reads “Dia-chrony”; however, the translation is wrong since the French word is Dia-conie. (See also Welz & Verstrynge, 2008, p. 199.)

⁴ Diatopy is a concept known from sociological linguistics introduced by Leiv Flydal. I use it in a somewhat different sense (see Auer & Schmidt, 2010). The concept, as I use it here, also has connotations of Bakhtin’s concept of *chronotope* (time–space) (Bakhtin, 1981, pp. 84–258, see also Morson & Emerson, pp. 366–432).

of profound concern to me, as indicated by the concept of *dia-conia*. A *spatial border* exists between places. This lies between the place in the sense of where I stand, and the place in the sense of where I am going, or the border between my place in the world and your place in the world, as indicated by the concept of *dia-topy*. There is a temporal border between past and future (via the present), as captured in the concept of *dia-chrony*. Finally, there is a *cultural/epistemic border*, established through knowledge, between the world “as we know it” and the world that we are part of before we have any knowledge about it as indicated by the concept of *dia-gnosis*. This interplay of metaphors in the etymology of *dia* indicates a movement at or across various *borders* or *thresholds* (Bakhtinian metaphors) (e.g. Bakhtin, 1984; p. 287) or an *abyss* (a Levinasian metaphor) (e.g. Levinas, 1998c, p. 89).

Human existence and change should perhaps not be explored by examining an assumed structure, state or dynamics of the *individual* human mind, body, personality, or identity. Rather, human existence and change could be explored by attention to events at these various borders and attending to such threshold events. This multidimensionality of human living, existence and change can be illustrated by the following outline of the dialogical ideas that I discuss.

| Concepts | Aspects of change/existence | Subject is an event |
|------------------------------|--|-------------------------------------|
| 1. Dia-logue | The <i>linguistics</i> of human existence and change | The subject is a speech event |
| 2. Dia-conia | The <i>ethics</i> of human existence and change | The subject is an ethical event |
| 3. Dia-chronia– Dia-topia | The <i>temporality</i> and <i>spatiality</i> of human existence and change | The subject is an event of movement |
| 4. Dia-gnosis | The <i>forms</i> and <i>identities</i> of human existence and change | The subject is a cultural event |

All these concepts and aspects will be introduced mainly with reference to Levinas and Bakhtin, but the corporality involved in all these aspects is emphasized by a brief reference to Sheets-Johnstone’s (2009, 2011b) phenomenological–evolutionary analysis of human living as bodily movement.

2.1.1. *Dia-logue—the linguistics of human change: The subject is a speech event*

Faust:
“Tis writ, “In the Beginning was the Word!” ...
The word I cannot set supremely high ...
“In the Beginning there was thought” ...
Does thought create, and work, and rule the hour?
In the beginning there was the Power ...
The spirit comes to guide me in my need,
I write: “In the Beginning was the Deed”.⁵
(Goethe’s Faust in Redner, 1982, p. 41)

In both Levinas and Bakhtin, we find a view of language that includes more than the re-presenting and epistemological sides of language (the content). For both authors, but in different ways, consciousness, the body and the subject are dialogical. Both have linguistic concepts at the core: saying, speech, voice, words, signs, utterances, responses, answers and gestures.

Levinas writes according to, yet in opposition to, the ideas of phenomenology, which have intentionality at their core. Intentionality refers to the way in which consciousness in an active and directed manner constitutes a meaningful reality from what strikes the senses. Perception, through conscious intentionality, is not passive reception but active constitution. Levinas challenges this primacy of intentionality that phenomenology seems to proclaim. If intentionality characterizes our relation to *the human other*, then it is a relation based on *knowledge*; the other, for me, is one that I (epistemologically) constitute. Levinas’s whole philosophy opposes this view, and critically he writes of “the indiscretion of intentionality”.⁶ To take *understanding* the other, *knowing* the other, giving him or her an identity (in relation to other identities) as primary relation is a break with an original *ethical* relation. Levinas describes this original ethical relation or approach in terms of *language* and *speaking*. He refers to an original language prior to intentionality and thematization:

[I]n speech ... subjectivity ... enters *into contact* with a singularity, excluding identification in the ideal, excluding thematization and representation—an

⁵ In Goethe’s (1749–1832) classical work we find Faust struggling with the meaning of this first line of the gospel of John as he sets out to translate it. Perhaps we might say that Faust gives a sense of the manifold meanings within the word “word”: it might be a word, it might be thought, it might be power, it might be deed. Faust ends up with “In the beginning was the Deed”, and he seems content. Deed means not only doing or acting, but also points to the moral character of the act/movement; doing something for the best of another.

⁶ According to Peter Dews in a lecture at the Department of Philosophy and Society at the University of Essex. Available on YouTube: <https://www.youtube.com/watch?v=lGRu7xZnp5I> (retrieved 25.04.2015).

absolute singularity, as such unrepresentable. *This is the original language, the foundation of the other one.* The precise point at which the mutation of the intentional into the ethical occurs, and occurs continually, at which the approach *breaks through* consciousness, is the human skin and face. Contact is tenderness and responsibility (Levinas, 1987, pp. 115–116, italics added).

The speech event is *contact* and *tenderness*, with *skin* and *face*. This contact, as original language, occurs before—or through an opening in—the identification and representation of intentionality. Becoming a subject happens as I am touched by the other, before I recognize him/her, before I see him/her *as something*. The original language is this event, where *skin and face speaks*, as Levinas puts it. Language is contact (1987, p. 84) before it is thematization and identification (p. 78). Coming into existence through saying is an ethical, not hermeneutical, event. To put this in another way, in the event of saying, the subject becomes “a singularity prior to the distinction between the particular and the universal” (Levinas in Biesta, 2009, p. 360).

Bakhtin calls attention from the interior of our mind to the boundary between people:

The most important acts constituting self-consciousness are determined by a relationship toward another consciousness (toward a thou). Not that which takes place within, but that which takes place on the *boundary* between one’s own and someone else’s consciousness, on the *threshold*.... *To be* means *to communicate*.... A person has no internal sovereign territory, he is wholly and always at the boundary (Bakhtin, 1984, p. 287).

For Bakhtin (as for Levinas), it seems that we become and find ourselves and each other as humans in this event of saying, communicating—in dialogue.

Dialogue, one might say, is a movement towards reality and others in that reality through speaking (dia-logue meaning *through words*). Bakhtin (1981) writes about the word as a path from the speaking subject to the objects of the world. To Bakhtin, words, and consequently the path that words offer, involve emotional, volitional and axiological tone (Bakhtin, 1993). The ways we enter reality through words involve feelings, will and values. The 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 judgments and accents, weaves in and out of complex interrelationships” (p. 276). This means that the path offered by words

both reveals the world to us and conceals it. As Bakhtin states, the word is never mine alone; the word, or any expressive gesture, is always borrowed from someone else who has already used it (e.g. Bakhtin, 1986, p. 121). Dialogue allows a moving towards, or over to, reality through words and at the same time creates a split through the way words conceal, or “dim”, the world from us.

Bertau (2014), referring to Bakhtin among others, explains how language is both *presentation* and *re-presentation*: she states that language is “representation by presentation” (p. 448). Drawing on Bakhtin and Vygotsky, she points to the way in which language is *presentation*; the performance of speaking—voice, sound, and body—is reality. Language is “vivid materiality”, she writes. At the same time, reality is *re-presented* to us through speaking. The sounds of voices are symbols and signs; they point to something else. They re-present something, something outside the materiality of the actual dialogue. Accordingly, she points to a kind of double community in dialogue/language. First, language generates *a specific now*: “being together in time and space, evolving across time in a coordinated manner”: the community of a *presented present*. Second, language generates *a stage*: “being together not-there and not-now, *being together absent* ... on a stage we generate by our language activities, it is being together absent from our concrete, physical here-and-now ... a *social not-now*” (p. 451); the community of a *re-presented present*.

In a sense, both Bakhtin and Levinas offer a philosophy of the body. As Levinas indicates, the “place” of an (ethical) speech event is skin and face. According to Bakhtin, a person participates in dialogue “with his eyes, lips, hands, soul, spirit, with his whole body and deeds” (Bakhtin, 1984, p. 293). Voloshinov (1986) suggests that “[T]he reality of the psyche is the same reality as that of the sign” (p. 26). He goes on to point out what this reality of the sign is about:

Any organic activity or process: breathing, blood circulation, movements of the body, articulation, inner speech, mimetic motions, reaction to external stimuli (e.g. light stimuli) and so forth ... can become the material of experience, since everything can acquire semiotic significance, can become expressive (p. 28).

This entails that consciousness (or the psyche) can be explored through the ways in which we corporeally and materially engage in the use of signs. The locus of the

subject and the locus of the psyche are found “somewhere between the organism and the outside world, on the *borderline* separating these two spheres of reality” (p. 26).⁷

Sheets-Johnstone, taking a phenomenological view of the body, explores human existence and living as human *movement*, and furthermore explores human movement as *language*. “The body is a semantic template” (Sheets-Johnstone, 2009, p. 248) and language is structured *intercorporeally* (p. 242). She suggests that human movement is always responsive interaction with the movements of others. This movement always “means something, communicates something, accomplishes something”; thus, it should be regarded as language. This movement, as language, makes others “respond by moving—or not moving” and in this bodily interplay, we make sense together by moving and perceiving movement (p. 241).

The point here is that human living and existence seen as dialogue and language both concern the vitality of the body in interplay with other bodies *and* the way in which *signs* emerge from this. These signs, in turn, make meaning and representation possible. Becoming a human subject through dialogue involves both this bodily movement and expressiveness, and in this way meaning and thematic relation to reality are made possible. From this *dialogical event*, I now continue by taking a step back, so to speak, to the *ethical event* within dialogue, which according to Levinas is where any dialogue originates. As Levinas (1982, p. 103) puts it, “Dia-conie avant tout dialogue”.

2.1.2. *Dia-conia—the ethics of human change: The subject is an ethical event*

And never, never before had she talked like that to me,
so that she even astonished me,
for the first time I breathed like a living human being.
(Spoken by Rogozhin in *The Idiot*, Dostoevsky, 2004)

Dia-conia is not a common word in English, but is a concept from Christian theology. It means something like “to serve”, and the related word “deacon” means “servant” (Online Etymological Dictionary, 2015). The prefix *dia* is the same as in dia-logue. The etymology of the word *conia* (in dia-conia) appears to be somewhat unclear.

⁷ However, according to Morson & Emerson (1990) there is a crucial difference between Voloshinov and Bakhtin that is important for the arguments of this thesis. For Voloshinov, “communication between people is made possible by the rhythms and intonations they *share*, by their ‘common surroundings, common knowledge and understanding’ ... whereas ‘Bakhtin places the reverse emphasis, on how I can transcend the chorus, and on how ... I can produce the new’” (p. 195). For Bakhtin this implies the “need to resist a collapse into communality and rhythm” (ibid).

Conia seems to stem from the Greek word *ken*, which means *to be active, to set oneself in motion* (ibid.). From the Latin “conari”, *conia* may mean *trying, striving for something* or “conato”, which means *outbreak* (Diccionario Etimológico, 2015). Therefore, although its meaning is uncertain, it seems that the word *dia-conia* may mean something like *through trying, striving, putting oneself into motion*, or even *through an outbreak*.

It is my point of departure that the philosophy of Levinas and Bakhtin displaces the focus of attention related to subjectivity (and thus to mental health) in the sense that individual consciousness is not seen as primary; rather, our consciousness is determined by—and emerges from—our relations to others. Responsibility (Levinas) or answerability (Bakhtin), speaking, relating and dialogue come first. Erdinast-Vulcan (2008) states that both Levinas and Bakhtin offer “a phenomenology of ethical subjectivity” in the way they describe and explore “the ethical subject as living on borderlines, facing the other, irremediably vulnerable and infinitely responsible” (pp. 43–44).

Levinas describes the subject in *ethical* terms as follows: “the very node of subjectivity is knotted in ethics” (Lévinas, 1985, p. 95). In Levinas’s philosophy, *responsibility* is a key concept (Aasland, 2007; Levinas, 1998c; Murray, 2000; Biesta, 2009). Before being *I*, before being free, there is responsibility for *the other*.

Responsibility in fact is not a simple attribute of subjectivity, as if the latter already existed in itself; it is, once again, initially for another.... To say here I am [me voici]. To do something for the other. To give ... [that is] the incarnation of human subjectivity (Levinas, 1985, p. 97).

The other haunts me with his or her strangeness, nakedness, and vulnerability, and calls for my response. This call interrupts me and animates me—my thoughts, my feelings, my actions are responses to this ethical demand.

In Levinas’s philosophy, which he states was in defence of the subject at a time when the subject was under attack in current postmodern philosophy, there is a *priority of the other*. The encounter with the other is an ethical interruption of my being (“being” in the sense of having an identity within an order of identities) and I am evoked as a subject as I *leave myself*. The subject, in Levinasian terms, is an “excursion from the self” towards the other (Ganteau & Onega, 2013, p. 148; Levinas, 1999). This *dia-conia*, this approach to the other, is an ethical event, prior to the *dia-logos*.

Bakhtin, through the concept of *answerability*, also explores human living in terms of ethical intersubjectivity based on alterity/otherness. Living, according to Bakhtin, is participating in the *ongoing* and the *once-occurrent event of being* (Bakhtin, 1993, pp. 2 and 12). This event of being shows itself as an *ought* (p. 30), and our being is the act that answers this ought.

[E]verything in me—every movement, gesture, lived-experience, thought, feeling—everything must be such an [answerable] act or deed; it is only on this condition that I actually live, that I do not sever myself from the ontological roots of actual being (Bakhtin, 1993, p. 44).

The ongoing process of becoming a subject is about answering the ought of the event of being that we participate in together with others. I am obliged to act, and I am obliged to act in such ways that space is created also for others to act in the event. Thus there is a “morally ought-to-be attitude” in my existence (Bakhtin, 1993, pp. 23–24; see also Murray, 2000; Shotter, 2006).

Responsibility and answerability have alterity (Levinas) and outsideness (Bakhtin) as their fundamental conditions. This alterity and outsideness could both be described in terms of *time* and *space*. The position, place, of the other and me (must) never coincide (space). Furthermore, my response to the other is never simultaneous and is always “outside” the moment of the one to whom I respond (time). This is a fundamental dia-chrony and dia-topy at the roots of human existence, which I now examine more closely.

2.1.3. *Dia-chronia/dia-topia—the temporality and spatiality of existing: The subject is an event of moving*

Yes! Now I see Ludvik. I can see the door is open at Ludvik’s house ... Yes ...!

Now there are people there; this will be fun!

(Said in joy and anticipation by my 10-year-old son
as he hastened over to his friend Ludvik.)

Becoming or existing as a *temporal* event can be described as continuance or durability. I am (stably) myself throughout the course of time; I am what is sustained from event to event in a line that is formed by past–present–future (dia-chrony as *through* time). On the other hand, existing as a temporal event may also entail a rupture in time, an ever-occurring newness of existing, or existing as an event of appearing and disappearing (dia-chrony as *split* time).

Correspondingly, becoming as a spatial event could entail always *being present* in a certain place, moving “within” the world (dia-topy as through space/place).

Alternatively, existing as a spatial event could also entail *moving into* a space (that you are not yet in). Space for existing and moving, then, is not about where you are, but about where you go (dia-topy as a *split/rupture* in space).

Bakhtin accentuates outsidership vis á vis the other as fundamental in dialogue. My view of the other, and consequently my response to him/her is and must always be from another perspective than his or hers. Only by this dia-topy, this spatial separateness, can I offer the crucial surplus that dialogue and human existence needs, which prevents us from merging into one:

In what way would it enrich the event if I merged with the other, and instead of *two* there would now be only *one*? ... Let him rather remain outside me, for in that position he can see and know what I myself do not see and do not know from my own place, and he can essentially enrich the event of my own life (Bakhtin, 1990, p. 87).

For Bakhtin (as for Levinas), this outsidership vis á vis the other is a precondition for ethics. My life and experience is “axiologically ... toned or colored” (p. 88) from outside myself by others’ responses. The relationship to the other, and the dialogue with the other, does not occur in any *common* place. Dialogue, and consequently subjectivity, depends on how we respond to each other from different places (and from different “times”). My subjectivity is an ongoing response to the fundamental alterity of the other. Dialogue and subjectivity in a way presuppose that I am never fully *there* together with the other.

Levinas says that the other’s face “shatters the human *being there*” (Levinas, 1998a, p. 216, italics added). Levinas describes the event of becoming a subject in a paradoxical way as “a no-place”, a utopia, in opposition to Heidegger’s “Dasein”: “A no-place prior to the *there* of *being there*, prior to the Da of the Dasein” (p. 216). In other words, subjectivity is a kind of moving towards an unreachable place. Responsive subjectivity is dia-topical.

One might argue that any *responsiveness*, by definition, must be *dia-chronic*. A response comes *after* what it responds to and can never be synchronic. *Syn*-chronicity is a matter of parallel, simultaneous movements, not responsive movement. The response is always from “outside” of the moment of the other or what is responded to,

and consequently it is dia-chronic. A concept such as mirroring would not account for what happens through responsibility. Mirroring would imply copying or pure imitation. The animation of the subject, according to Levinas, “is the way a relationship between uneven terms, *without any common time*, arrives at a relationship” (Levinas in Bevis, 2007, p. 324). In an ethical relationship evoked by alterity, any “synthesis and contemporaneity are refused; proximity, as though it were an abyss, interrupts being’s unrenderable essence” (Levinas, 1998c, p. 89).⁸

For Levinas, *diachronicity*, which is fundamental in his ethics, concerns the way the other always precedes me. My subjectivity is a response to the other, who is already lost in the past when I respond. Burggraeve (2007) explains this Levinasian idea: “I discover myself as already marked by an event that radically precedes me” (p. 48).

For Levinas, there is ethicality inherent in all human *movement*. If we put *dia-conia* and dialogue at the heart of existing, moving always involves *being moved*. One is moved by the other, from another *time* and from another *place*. Dialogue—and our becoming and moving in dialogue—is constantly upheld by a fundamental *dia-chrony*, which is the way we never coincide in time and a fundamental *dia-topy* which is the way we never coincide in space/place. Human movement is ethical movement, “a non-synchronizable *diachrony*” (Levinas, 1998c, p. 93). I move as I am pulled from the outside by an ethical “force”.

Bakhtin describes ethical subjectivity in terms of answerability. A word or a voice—and consequently a human being—is formed by the already spoken, to which it responds, and the yet to be spoken, the future answers that it anticipates. In this *linguistic dia-chrony*, we exist and move:

[E]very word is directed toward an answer and cannot escape the profound influence of the answering word that it anticipates ... oriented toward a future answer-word: it provokes an answer, anticipates it and structures itself in the answer’s direction. Forming itself in an atmosphere of the already spoken, the word is at the same time determined by that which has not yet been said but

⁸ Levinas scholar and translator Alphonso Lingis beautifully describes the way responsibility concerns the different times of the interlocutors: “To address someone is not simply to address a source of information; it is to address one who will answer and answer for his or her answer. The time delay between statement and response is the time in which the other, while fully present there before one, withdraws into the fourth dimension—reaffirming his or her otherness, rising up behind whatever he presents of himself, and rising up ever beyond whatever I represent of her and present to her—to contest or to confirm it” (Lingis, 1994, p. 87).

which is needed and in fact anticipated by the answering word (Bakhtin, 1981, pp. 279–280).

In this way, the past and the future are included in the dynamics of any living dialogue. There is always a “yet-to-be-ness” in our being. Our existence is not determined by what is prior to our expressions and movements that causal rationality would imply. Our existence, in terms of our expressiveness, is formed by others’ *future* responses.⁹ Our living, our vitality, depends on being answered. Therefore, there is a horror implicit in dialogue: “For the word (and, consequently, for a human being) there is nothing more terrible than a lack of response” (Bakhtin, 1984, p. 127).

Human movement is language, states Sheets-Johnstone, and movement should be investigated within its “experiential realities” (Sheets-Johnstone, 2009). This entails that movement takes place in a “rich and complex qualitative spatio-temporal-energetic dynamic *created by movement itself*” (Sheets-Johnstone, 2011a, p. 460, italics added). This implies a shift from our common notion that movement takes place *in* space and *in* time, as if space and time existed independent of this movement. Rather, as Sheets-Johnstone indicates, human movements are intentional, expressive gestures and signs; human movement is language, and the time and space for this movement are created by movement itself. We move and are moved in time and space where these are experiential realities, not objectively given reality.

The dia-conia of existing and the subject as an ethical event both point to a pre-cultural side of human existence. Dialogue, diachrony, dia-topy and movement involve signs and forms, and consequently they involve a cultural domain. As the above perspectives already imply, human existence may consist of events at the border between a pre-cultural domain and a cultural one. I examine cultural aspects more closely through the concept of *dia-gnosis*.

⁹ Bråten (2009) discusses the possibility of shared time, a shared immediate moment between two or more people, from a philosophical and a physicist point of view, and he explains the difficulties of the idea of such a shared moment. He even questions the idea that a person is simultaneous with herself/himself. Moreover, he relates this to an example where a boy, Thomas, is feeding his sister: “For, surely, the individual observer would have to be considered to be simultaneous with herself/himself, or would s/he? ... When executing the feeding, Thomas, carries out an act planned in the past. When opening his mouth as his sister is about to open hers to take the food, he is unwittingly anticipating and virtually participating in the act to be completed in the future by his sister. Hence, in a curious sense, he is not simultaneous with himself” (Bråten, 2009, pp. 86 and 87). One might perhaps say that Bråten here describes the way a relational view of the individual implies that this individual from the very start is diachronic, not synchronic, in relation to him/herself. Nonetheless, Bråten, through his theory of the dyadic self, which includes both the virtual and the actual other, ends by arguing that there *can* be a shared immediate presence.

2.1.4. *Dia-gnosis—the forms and identities of existing: The subject is a cultural event*

... she took of its fruit and ate.

She also gave to her husband with her, and he ate. Then the eyes of both of them were opened, and they knew that they *were* naked ...¹⁰

(Genesis, chapter 3, v 6–7, Bible—New King James Version)

We know the terms *diagnosis*¹¹ (noun) and *to diagnose* (verb) from the practice and rationale of modern medicine; the illness or pathological state is identified with the use of a current diagnostic classification system. This is seen as the decisive starting point of treatment. In the following, I use the term “dia-gnosis” in a slightly different or broader manner. To diagnose, as a verb, means something like *to discern* or *to distinguish* something from something else (Online English Dictionary, 2015). Again, the etymology of the word *dia* means through, by, over to *and* split, divided. Gnosis, also from the Greek, means knowledge. Dia-gnosis, then, means something like *through knowledge*, but also *separating* or *dividing by means of knowledge*. To perceive or experience “something” is to perceive or experience it precisely *as* something, and this involves an act of discerning, an act of distinguishing and an act of identifying. One may claim that this implies that experience and even perception are in a way dia-gnostic acts, sensing through (dia) knowledge/identities (gnosis) made possible by signs.

This ability to distinguish, to discern, and to have a knowledge relation with the reality that strikes our senses is dependent on *culture*. Signs are formed in social, communicative interplay within a culture. Signs are formed when expressivity takes on forms that are recognizable to others; signs emerge and are formed within cultures and signs form culture. Sensing “something” *as something* is a cultural act/event. We experience and relate to the world by means of signs as if from an outside position and are no longer blind and mute, immersed in reality. The signs given by the culture in which we live form not only the way we *understand* reality but also the way we *perceive* and *sense* it. “Experience is a reading, a hermeneutics and not an intuition. [It is] this taken as that” (Levinas, 1996, p. 38).

¹⁰ In the Biblical myth of the fall of Adam and Eve, they eat from the tree of knowledge and obtain the ability to tell good from bad. Man starts to name the world, and make judgments. Man has transcended a mute, blind, immersed living in the world. This, one might suggest, is a myth indicating the beginning of man’s diagnostic (through knowledge, discerning) relation to reality.

¹¹ My choice of the term “diagnosis” in the way I use it here was made doubtfully. The way it corresponds with the other “dia” concepts is a poor argument. Nonetheless, when I experimented with the idea, it seemed viable.

What, then, about the ethical event, the original speech event that Levinas mentions? This event, according to Levinas, is *pre-cultural*, and it is also the source of our subjectivity. One might suggest that human living is formed at a threshold between a pre-cultural encounter—where the other cannot be reduced to a cultural being, nor thought of in terms of knowledge—and a proceeding cultural encounter found in the response that involves expressiveness by means of cultural gestures.

According to Levinas (1996), a human being is animated through “the cultural effort of that incarnate being that expresses itself” (p. 52). The other, who is not a “cultural signification”, makes me responsible and demands a response. This response, in turn, is “my cultural gesture of expression”. As absent and strange to each other, yet responsible, we are in a pre-cultural domain—ethics. As present to each other, as manifest, we are “expressed and disclosed by our own cultural initiative, by corporeal, linguistic or artistic gestures” (p. 53), we are in the cultural domain—expressivity and hermeneutics. As Levinas puts it, we are “text by its context” (p. 52). The other, who is “extra-ordinary” (outside any order!), comes towards us and is “making an entry” (p. 53), and through cultural gestures he or she is integrated into the world. This entering into the world takes place not only by taking on a form by means of “cultural ornaments” (p. 53). The entry of the other will also “disturb and jostle” (p. 53) the culture that is entered. The entry to culture in which strangeness and singularity become a subject is “a detachment from its form in the midst of the production of its form” (p. 53).

Bakhtin also describes human living at this threshold. In his essay *The problem of the text*, Bakhtin (1986) points to what he identifies as *two poles* in the text. By *text*, he means any utterance, oral or written, of a subject within a “coherent complex of signs” (p. 103). The *first pole* is the system of conventional signs in a given collective (or a culture, I may add). This conventional system of signs makes it possible to repeat or to reproduce sounds (oral text) and letters and words in ink (written text). Without this system of signs—language—the sounds of our voices or the ink on a piece of paper would be merely natural, not signifying, sound or ink. The *second pole* of the text is the individual, unique, unrepeatable *utterance*. Bakhtin claims that within this uniqueness lies the entire significance of utterances. The uniqueness of the individual utterance still depends on the first pole, the sign system given by language; the unrepeatable utterance is realized by means of the sign system. Bakhtin states that an utterance is always to some extent a free revelation of the personality (second pole) that admits no causal explanation (p. 107). Nonetheless, he continues, this unique,

unrepeatable, revelation takes place within the internal necessity and internal logic of the coherent complex of signs that makes it recognizable (first pole).¹² Exploration of human existence should take both poles into account, or pay attention to the threshold between a text as a unique utterance and a text as a cultural complex of signs.

Again, both Levinas and Bakhtin point to language and text as the “domain” of human living and subjects’ becoming. Furthermore, subjects’ becoming through language happens at the threshold between the pre-cultural domain (uniqueness, singularity and unrepeatability) and the cultural domain (repeatability, conventionality and recognizability). The unique subject comes forth through and within the cultural and common domain, and at the same time the subject “disturbs and jostles” this cultural and common domain.

Culture offers signs, language and names through which we relate to reality. In a similar way, culture offers gestures, styles and forms for our *movements*. Any human movement may be understood as a gesture and a sign (Merleau-Ponty, 1962; Sheets-Johnstone, 2011a). Movements are cultural, and the exploration of human movement should include this fundamental cultural aspect of movement: the ways we move, both in relation to others and when moving in solitude, are *ways* of moving, moving with a *style*, moving as a *gesture* that expresses something, and these take on a meaning. We move with the style, the gestures and the forms found in the repertoire of the culture we inhabit. Movement is never entirely unique, and “cannot be assigned to a single mover”.¹³ Sheets-Johnstone articulates the primacy of movement in this way: “Indeed, movement forms the ‘I’ that moves before the ‘I’ that moves forms movement” (Sheets-Johnstone, 2011c, p. xxxii). She points to the way in which what we refer to as the ‘I’ emerges from the dynamics of movement. Furthermore, this movement is found at the intersection between uniqueness, singularity and culture. She says that every human movement has a style, or a “kinesthetic melody”: “In ... habitual movement patterns, we recognize kinesthetic melodies ... they bear the recognizable stamp of our own familiar qualitatively felt synergies of meaningful movement” (Sheets-Johnstone, 2011b, p. 460). This quality of movement is our own, yet it is formed via responsive cultural interplay.

¹² “An utterance ... even if it has only one word, can never be repeated; it is always a new utterance (even if it is a quotation)” Bakhtin (1986, p. 108).

¹³ Paraphrasing Bakhtin (1986, p. 121): “The word cannot be assigned to a single speaker.”

2.2. What is at stake in all this?

It may be argued that the perspectives discussed above that illuminate human living and existence in a certain way to some extent lack the most crucial element; in what way does this matter to us? What are the consequences of the perspectives we find in Bakhtin, Levinas, Sheets-Johnstone and others for my exploration of change in this study? Existing in and through dialogue, dia-conia, dia-chronia, dia-topia, and diagnosis created in the encounter with the other/others are not of primary interest in this exploration. The interest of this thesis is in the way we, the adolescents in this study, me and you, are animated (given life with a form) through movements, leaps and events at these thresholds and how this *matters* to us. The important question is in what ways *your*, *their* and *my* precise movements, experiences, anticipations and feelings are conditioned by these suggested threshold events. These thresholds draw a “landscape” in both positive and negative ways; on the dark side, there is vulnerability, frailty, hurt, despair, shame, guilt, perplexity, fear, anxiety, alienation, violation, humiliation, hopelessness and distrust. However, on the brighter side there is joy, hope, pride, delight, trust, care, eagerness, well-being and interest. The above perspectives are an attempt to show how the human phenomena and experiences that we refer to as mental health difficulties may be described with the help of this bundle of threshold events. Again, through these perspectives some aspects of living may come into view, while others fall into the shadows.

3. Aim of the study

The overall aim of this thesis is to explore the social and relational aspects of change related to mental health difficulties. The specific aim is to focus on change related to dialogical and network-oriented approaches in health initiatives for adolescents and their networks. Furthermore, the researchers wished to make the lived experiences of the adolescents and other stakeholders the primary angle of exploration. Another important aspect of the study was that its focus was not limited to experiences of the network meetings facilitated by services. Experiences and descriptions of events related to various important areas of the adolescents' lives were included in the investigation. The thesis explores change related to mental health in general, not only that of adolescents.

The overall research questions were the following:

1. How do people in psychosocial crises, and people in their networks, describe their experiences related to their situation and the processes of change within their lives when they receive help through a dialogical, network-oriented approach?
2. Based on these descriptions, how can we describe and understand the social and relational aspects involved in change related to mental health?

These overall aims and questions were pursued through four substudies with the following aims, research questions and foci:

Study 1: The aim of the first study was to explore the ethical and relational aspects of change related to mental health. The study explores these aspects through analyses of ideas from dialogical theory found in Emmanuel Levinas and Mikhail Bakhtin in combination with a case study. Interview data from one chosen case were explored.

Study 2: The aim of this study was to explore the social dynamics of change related to people in psychosocial crises from the perspective of lived experience. The focus was on life as lived and experienced in various social arenas. Through exploring and analysing empirical data from all the interviews, the study sought to answer the following research questions:

1. How do people in psychosocial crises describe their experiences of changes in their lives?

2. How can their experiences help us to understand the social and relational aspects of the dynamics of change related to mental health?

Study 3: The aim of this study was to explore change in mental health from the perspective of lived experience and its relationship with network meetings using dialogical practices. By exploring the same empirical data used in study 2, the researchers considered the following research questions:

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

Study 4: The aim of this study was to explore how the interplay between inner and outer dialogues contributes to significant and meaningful moments for the interlocutors in a network meeting. This was explored through analysing video-recorded network meetings and interviews with all the participants. The sequences in the conversations that were perceived as significant and meaningful were explored through the following research questions:

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

The results from these substudies are presented in four scientific papers and form the foundation of this thesis. The thesis also suggests some new overarching themes that offer a possible synthesis of the findings of the four substudies. These are presented in the discussion in Chapter 6.

4. Methodology: Scientific position and procedures

The child begins to perceive the world not only through his eyes but also through his speech.
(Vygotsky, in Shotter, 2014, p. 95)

In this chapter, I examine some methodological issues related to the study through the following steps. First, I suggest a position for this thesis within the philosophy of science. Second, I identify some implications of such a position for the process of creating and analysing data. Third, I describe the specific methodological procedures of the four studies.

Methodologically, this thesis follows the phenomenological and hermeneutic tradition of Husserl (1970) and Gadamer (2004). These two philosophers laid the foundations of a variety of methodological approaches, in particular in qualitative research (Alvesson & Sköldberg, 2009; Dahlberg, Nyström, & Dahlberg, 2008; Kvale & Brinkmann, 2009). The methodological perspectives of this thesis are mostly found in the scientific tradition following Husserl and Gadamer and more precisely in approaches that consider the significance of language and dialogue. Levinas and Bakhtin represent scholars in the phenomenological and hermeneutical tradition. Both put language at the core of their philosophies, and have inspired methodological approaches (Kunz, 2006; Kunz, 2010; Shotter, 2014; Sullivan & McCarthy, 2005; van Manen, 2006). In this chapter, I draw on both Levinas and Bakhtin, but for the analytical and interpretative, procedures I mainly refer to Shotter (2014), Sullivan (2012) and Cresswell (2012), who all rely on Bakhtinian ideas and concepts in their methodology.

The data are drawn from dialogues in the interviews. Some of the respondents of this study expressed the view that these dialogues seemed to facilitate new experiences and new ways of relating to previous events in their lives:

“In a way, it all became more real when those words were said” (Maria).

“What I told you just now ... actually I have never thought of it that way before” (Catherine).

“In these conversations [interviews] it’s a bit like ... gifts that sprinkle down. Kind of important words with parachutes that fall” (Maria’s mother).

Such utterances supported the assumption in dialogical approaches that interviews are not about “collecting” or obtaining access to experiences that are “there” already,

ready to be communicated. Rather, the interviews (and any dialogue in life for that matter) seem to be dialogical events where experiences are evoked and formed.

The studies in this thesis investigated change related to mental health through the lived experiences of those involved. A somewhat interesting aspect—as will hopefully become clearer through this chapter—is that methodological questions that include “What is *lived experience*, and how is it formed?” in a way coincide with the overall interest of the study, namely processes of change related to mental health. This is so because a core aspect of mental health is concerned with how life is experienced and the conditions involved in changing the experience of life.

4.1. Science and reality: Between honouring and betraying

In *The crisis of European sciences and transcendental phenomenology*, Husserl (1970) claimed that Western science had lost its roots in reality and in our “life-world”. Husserl used the metaphor of sedimentation, indicating that representations—knowledge constructions—that science took for reality had taken on a petrified character with layers on layers of representations. This sedimentation created by scientific knowledge had removed the original lived experience from sight. Husserl stated that the way we experience the world in our everyday lives, our life-world, was the starting point of all science. Husserl offered phenomenology as a universal scientific method that could bring science out of its crisis. Levinas acknowledges this contribution by Husserl. According to Levinas, the phenomenology of Husserl contributed to what he calls “the ruin of representations” (Levinas, 1998, p. 111). Levinas relates Husserl’s ideas to his own key concepts of *same* and *other* or the corresponding concepts of *totality* and *infinity*. He sees the endless accumulation of knowledge as a process of assimilating the otherness and infinity of reality into the sameness and totality of knowledge. Science, in the sense of production of knowledge, turns the *infinity* of reality into a *totality* where everything is identified and given a place in an orderly manner in relation to everything else. Levinas distinguishes between *saying* and the *said*, and speaks of the *betrayal of the said* (Burggraeve, 2007). The *said*, as content and knowledge, betrays infinity and otherness. Interestingly, Levinas also states that *saying*, as an ethical approach, honours the world and the other in that world (Levinas, 1993).

Phenomenological life-world research, or investigation of lived experience, should prevent or interrupt epistemological totalization. Max van Manen (2006), a scholar of phenomenological methodology, explains with explicit reference to Levinas (and

Derrida) the impossibility of grasping reality through writing. He recognizes how the use of signs and language is involved in all experience, and further that reality itself is of a mode or character that can never be captured by language. In a sense, reality escapes language and experience. One reaches out, desiring the strange (saying), to grasp it, and in the act of grasping it, it vanishes (said) (van Manen, 2006).

In accordance with these perspectives, the methodology of this thesis takes as its point of departure the lived experience of the respondents. Scientific exploration of the phenomena of reality, and in the case of our exploration of change related to mental health, should repeatedly return to, or seek out, the threshold between the world as it exists “outside” and prior to experience and knowledge on one hand, and the way this world shows itself to the subject via experience and knowledge on the other. Scientific exploration should have its “place” on the border between the impressions that reality imposes on us and the expressions we find for these impressions.

4.2. The word and the world: The dialogicality of lived experience

Holquist states that throughout his works, Bakhtin was pursuing experience in the particularity of a specific life and its immediacy: “[in the] sheer quality of happening in life before the magma of such experiences cool, hardening into igneous theories, or accounts of what happened” (Holquist, 1993, p. x). However, Bakhtin recognized that this “naked immediate experience”, prior to any dialogue, is beyond reach. Bakhtin introduces *the word* as man’s path to reality. This path, offered by the word, is far from straightforward. Words “highlight and dim”, and the path they offer goes through a “complex play of light and shadow” (Bakhtin, 1984, p. 277). The world, as experienced through words, is “charged with value, already enveloped in an obscuring mist—or, on the contrary, by the “light” of alien words that have already been spoken about it” (Bakhtin, 1981, p. 276).

Sullivan (2012) gives an account of various qualitative methodologies. Based on two key concepts from Paul Ricoeur, *trust* and *suspicion*, he claims that within the variety of approaches in qualitative research a line can be drawn between approaches based on trust and those based on suspicion. On the one hand, he points to grounded theory and phenomenological analyses as examples of approaches based on trust, as they examine the content of talk as a “gateway into lived experience” (p. 8). Such approaches are trusting and exploratory in spirit. On the other hand, approaches such as discourse analysis and some forms of narrative analysis are based on suspicion. They represent an attitude of suspicion because they examine the content of talk as a reflection of

power relations or negotiations. Such approaches are suspicious, critical and analytical in spirit.

Sullivan's (2012) point is that dialogical analyses of qualitative data, based on perspectives from Bakhtin, offer an approach that encompasses both an attitude of trust and one of suspicion. Sullivan points to a key notion in Bakhtin: the concept of *double-voiced utterances*. An utterance is double voiced in the sense that inherent in it is the voice of others. This implies that distrust (or doubt or suspicion) of one's own utterance is present in the utterance. The attitude of trust and suspicion that the researchers bring to the analysis is already present in the double-voiced nature of the speaker's utterances, and the speaker is aware of it. The respondents speak with self-suspicion and doubt. This entails a presence of multiple meanings and an ambiguity inherent in the said. Bakhtin, according to Sullivan, brings a parallel undercurrent of suspicion to the attitude of trust found in phenomenology. During the interview, the participants are already engaged in the dilemma of trust or distrust vis á vis the content of their own speech.

An indication of this double-voiced nature of utterances and the ambiguity of trust and suspicion may be found in the way we (both interviewers and respondents) spoke in the dialogue of the interviews. The utterances are filled with breaks, hesitations, withdrawals, half-said sentences and the addition of discourse markers such as *kind of*, *in a way*, *like*, and *as if*. It was as if the respondents withdrew the said when saying it. There was a holding back or withdrawal in what we said because we included a doubt: a fear that our way of naming an event could suppress other, equally valid, ways of naming the event.

Cresswell (2012) suggests that *immediate phenomenological experience* is also always sociolinguistic. *Lived experience*, not just meaning or knowledge, is created in discourse and dialogue. The way in which we account for our lives through dialogue *experientially matters*. We should not miss the "experiential lived-ness" (p. 565) of people's accounts. Cresswell articulates a position between, on the one hand, a phenomenological approach that overlooks the significance of language in experience and takes experience as prelinguistic and, on the other hand, approaches in discourse psychology that miss the experiential aspect involved in language use and end up only exploring how we *talk about* experience (p. 565). It is through the expressions permitted by dialogues that experiences emerge and take form (Cresswell, 2012). Qualitative interviews could be seen as such experience-forming dialogues.

Dialogic interaction is not only a matter of the content of what we say. Rather, our *bodies*, our *emotions* and our *values* must all be included. Sullivan puts the concept of “voice” at the core of his analytical approach. With voice, a point of view is expressed through *intonation*: “Intonation is the sound that value makes” and “such intonation gives discourse a textured feeling of heaviness and lightness and also colour as discourse becomes *lived experiences*” (Sullivan, 2012, p. 44, italics added). Consequently, attention should be given to the emotional aspects and expressiveness involved in saying: tone of voice, bodily gestures, facial expressions, pace of speaking, and so on.

This entails several interactional levels that must be taken into account: all aspects of the actual dialogue in the interview, the various dialogues a person participates in outside the actual interview and the discourses and various languages of the culture he/she lives in. In this multidialogical environment, utterances find expression and lived experience emerges.

4.3. Polyphonic and participatory research

4.3.1. Participatory research

Two co-researchers with personal experience related to mental health difficulties were part of the research team that conducting the studies in this thesis. Davidson, Ridgway, Schmutte, & O’Connell (2009) propose that involving people with first-hand experience in research is related to (at least) two agendas. The first agenda concerns the research itself, as co-researchers will improve the quality, relevance and utility of mental health research. This involvement of co-researchers can be useful in relation to both a) the implementation of conventional approaches in mental health, and b) research intended to develop new approaches in mental health (pp. 90–91). The second agenda is related to the lives of people with first-hand experience. It enables the claim that research is a fundamental social and cultural institution, and thus it contributes to the overall “process of the restoration of their full citizenship in society” (p. 93).

Callard & Rose (2012) argue that user participation in mental health research is the most effective way of enhancing user involvement as called for by the World Health Organization (Muijen, 2011, according to Callard & Rose, 2012). Faulkner & Thomas (2002) state that contributions from users in research are important, especially in an age of evidence-based medicine that is “at odds with common morality because it assesses interventions in terms of only efficacy” and the need for user involvement in research is advocated because of a need to put “ethics before effectiveness” (p. 1).

User involvement in research, they claim, may lead to a redefinition of outcome measures from a narrow definition of symptom relief. A greater and wider range of the subjective, lived experience of emotional distress should be included (p. 2). User involvement turns the focus towards experiential dimensions, moves research closer to a phenomenological level and heightens its ecological validity (Faulkner & Thomas, 2002; Moltu, Stefansen, Svisdahl, & Veseth, 2013). Such knowledge, generated through research in collaboration with users, should be included in multiperspective evidence in mental health (Rose, Thornicroft, & Slade, 2006).

Beresford (2013) points to three broad approaches: 1) user involvement in research, where service users are added to an existing arrangement, 2) collaborative or partnership research, where service users and/or their organizations jointly participate in developing and undertaking projects, and 3) user-controlled research (p. 142). If we refer to these levels of approaches, the participation of co-researchers in our studies seems close to level 2: a collaborative partnership.

4.3.2. The voice of the researcher

As the lead researcher in the studies in this thesis (studies 1, 2 and 3), my experience, theoretical preferences, engagement, values, style, and so on, clearly influence and give them form. I am trained as a social worker, and have a master's degree in community mental health. I have worked as a mental health practitioner in various mental health services in Norway. Since my days of training to be a social worker, my interest has been in the relational and dialogical aspects of human living as found in the philosophies of scholars such as Martin Buber (1970), Knud Ejler Løgstrup (1971), Paulo Freire (2000), Emmanuel Levinas and later Mikhail Bakhtin. I took an early interest in the open dialogue approach (Seikkula & Arnkil, 2006), as it seemed to me to offer a way of working in mental health that resonated with the ideas and values that already influenced me. These experiences, ideas and values are incorporated in the studies in this thesis through my own voice.

4.4. Procedures

In line with the ideas presented above, two co-researchers with first-hand experience of mental health difficulties and mental health services (Lindvig and Zachariassen) were included in the research team from the planning stage of the study. They participated throughout all stages of the research process, formulating research questions, preparing and conducting interviews, analysing and interpreting the transcribed texts and writing the papers.

Furthermore, we included a variety of people, perspectives and voices—through a multitude of dialogues and meetings—in the explorative process. The involvement of various participants in the study included the following groups and areas:

- Research team: The research team was comprised of a lead researcher (Bøe), co-researchers (Zachariassen and Lindvig), three supervisors (Kristoffersen, Seikkula, and Ulland) and a PhD candidate from Sørlandet Hospital (Lidbom). The team met at various intervals, six to eight times a year.
- Core group: Within the research team, the lead researcher and the two co-researchers formed a core group that held frequent meetings.
- Group of practitioners involved in the cases: This group met every second month.
- Group of adolescents: Three meetings were held with this group.
- The respondents, drawn from adolescent participants and people in their networks, met through the series of interviews.

The involvement of two co-researchers with first-hand experience was consistent with the dialogical design of the study. Our previous *experiences* guide our attention, making us notice *this* and not *that*, remember *this* and not *that*, distinguish *this* from *that*, and so on. In our study, the impacts of the co-researchers on the exploration were manifold. The data in the dialogues of the interviews were probably influenced by the co-researchers' openness about their own experiences and the way in which they responded to the adolescent participants from this perspective. A greater variety of aspects were noticed and pursued. I, as lead researcher, participated in all interviews together with one of the two co-researchers. The three of us, as a core group, met regularly to discuss our impressions from our participation in the interviews and from the videotapes and transcribed texts.

A group of adolescents with experience of mental health difficulties was involved in our preparation for the study. They provided input into the exploration of changes in adolescents' lives and finding a good way to speak with adolescents about this in the interviews. In the process of interpretation, preliminary findings were presented to another group of adolescents with experience of mental health difficulties on two occasions. It seemed that the adolescents could relate their own experiences and stories to the themes and concepts presented. They offered additional suggestions for the further articulation of essential aspects of change. In the course of the investigation, we also discussed the ideas and impressions that emerged from our reading of the

material with the practitioners in the selected cases. This participatory process continued in parallel with the analysis process that I describe below.

4.4.1. Respondents

These respondents were chosen from among a group of adolescents who received help through dialogical and network-oriented practice. This supported our investigation of the social and relational aspects of change.

Respondents were selected from referrals to a child and adolescent mental health-care unit at a hospital in Southern Norway over a limited period. The inclusion criteria were that participants 1) should be 16–18 years of age, 2) should not be in receipt of prior specialized mental health care, and 3) should have been offered help through network meetings. The adolescent participants 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. Eight cases were included, and we interviewed a total of 22 respondents: eight adolescents, four mothers, one father, two friends, one sister and six practitioners. The respondents were interviewed from one to three times over a period varying from six to 12 months (see Table 1).

When people involved in the first seven cases were interviewed, the research team considered the need to include more cases and respondents. The aim of the study was to conduct a qualitative exploration focusing on the complexities and particularities of each case. This led us to conclude that seven cases provided sufficient material to investigate the research questions. Nonetheless, we decided to proceed with yet another case to ensure that saturation of data was obtained.

4.4.2. Creating data

Twenty-eight interviews were conducted with either an adolescent alone or with the adolescent together with a person from the adolescent's network. In cases six and eight, there was only one interview. In the other six cases, a series of interviews was conducted over periods ranging from six to 12 months. In the interviews, we asked about specific significant events and experiences—positive and negative—related to family, friends, school, work, being alone and the network meetings. The interviews were videotaped, and this gave us the opportunity to observe bodily expressivity. Interviews were conducted in Norwegian, and all interviews were transcribed in Norwegian by me, as lead researcher, with the inclusion of descriptions of bodily expressivity where considered relevant. Quotes used in the published papers and in

this thesis were translated into English by me in co-operation with a Norwegian-speaking colleague with a master's degree in English.

Table 1: Overview of 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 people in the 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 terminated soon after the first interview |
| 7 | 3 (adolescent, friend, one practitioner) | 3 | 7 months | |
| 8 | 2 (adolescent, friend) | 1 | | Contact with the service was terminated soon after the first interview |
| Totals | 22 separate respondents (the same practitioner participated in cases 1 and 3) | 28 interviews | | |

We created an interview guide to remind us of some key aspects of what we wanted to explore. Nevertheless, the dynamics of the interviews primarily arose from what emerged in the dialogue. As interviewers, we attempted to pursue the points that appeared to be relevant to the research questions. It was important to be guided by what seemed *important to the informant*, and so we paid attention to aspects that seemed to engage the feelings of respondents. These feelings could be enthusiasm, excitement, eagerness, or joy, or they could be feelings of despair, hurt, anger, or sorrow. They could either laugh or cry. This way of being guided by the feelings of the respondents was based on the assumption that these feelings showed us that we were close to something that really mattered to them, so it was also significant to our

exploration of change. We also allowed ourselves to be guided by our own emotions, remaining sensitive to what excited or touched us. Our assumption was that corporeal, emotional and cognitive–reflective aspects are interwoven, and should all be included when creating data.

4.4.3. *Analysing and organizing the material*

In what we might call a polyphonic explorative approach (Sullivan, 2012), several voices were involved in continuously reading and analysing the dialogues in the material. The voices of the respondents were given priority, yet a multitude of additional voices were involved. With a polyphonic, dialogical approach, theoretical perspectives are counted as one of many voices. After all, theoretical ideas are utterances articulated by *people* through their ethical, emotional and expressive efforts to express something truthful or constructive about reality. In this way, the ideas of Bakhtin, Levinas, Sheets-Johnstone and others, as presented in Chapter 2, influenced the reading of the material.

First, we read through the transcribed texts with “deliberate naiveté” (Kvale & Brinkmann, 2009) to get a sense and first impression of the material. Then, the two co-researchers and I read all the transcripts again in a thematic and affect-sensitive exploration, in line with Shotter’s (2014) suggestion that feelings be included when examining data, “beginning with *feelings* rather than calculations ... the sense of a ‘something’ of importance and value here” (p. 10). In a second step, we then re-read the material, identifying *key moments*, in accord with Sullivan’s (2012) dialogical approach to qualitative data analysis. A key moment, Sullivan suggests, is a sequence of utterances/voices in which we find a significant unit of meaning, and the key moment is characterized by its readiness for further responses (p. 72). Key moments were chosen not only in judgments about the thematic relevance of what was said in response to research questions, but were also chosen from among affective, bodily and interactional aspects observed in the interviews, such as tone of voice, bodily gestures and pace of speech. This made it possible to explore these sequences of the transcribed interviews in greater detail. In a third step, the key moments were re-read by me, as lead researcher, and possible themes related to the research questions were identified. Ideas about themes found in the key moments and ways of conceptualizing these themes were discussed within the *core group* and the *research team* in regular meetings. Guided by these emerging themes, in a fourth step we returned to Bakhtin

and Levinas, and in a more systematic way using some of their theoretical ideas to develop further the concepts and findings.

Sullivan (2012) suggests four conceptual tools/aspects when analysing key moments: genre, discourse, chronotope and context. The research team discussed various ways of analysing the key moments and decided to make use of the three linguistic dimensions introduced by Levinas: the ethical, the expressive and the hermeneutical (Levinas, 1987). The utterances in the interviews were considered to be responses in an ethical (i.e. care, recognition, sincerity, need for an answer), expressive (i.e. bodily movement, facial expressions, tone of voice) and hermeneutical (content, propositions, meaning, ideas) sense. We also included three levels where these dimensions were at play: 1. the (past) events and experiences described in the interview, 2. the responsive events in the interview itself, and 3. the responsive events from reading the transcripts. These dimensions and aspects are integrated in Table 2. In the table, I provide an example of the analysis of a key moment.

The following excerpt from an interview was identified as a key moment (for the purpose of presenting it here, it has been slightly shortened). Those present in the interview were the adolescent, “Catherine”, the co-researcher, Karianne Zachariassen, and myself.

- Tore Dag Could you tell us about yourself before you became anxious? And something about what made you anxious, or something from when you gradually started realizing that you had this fear of people?
- Catherine It was around fourth grade. (...) At that time I could just walk around and talk with them [smiles].
- Tore Dag Yes. And you said something about bullying?
- Catherine Yes. Exactly, because it was a while before I would call it bullying at all. Because they did it in a way that was sort of very discreet. So I couldn't run and tell anyone, because they didn't really do anything wrong.
- Tore Dag No.
- Catherine It's just kind of ... Children can just say your name in a way, and you realize that they kind of put you down in a way. So you are just, kind of frozen out. (...)
- Karianne Mm. That is the kind of bullying I think is the worst, right? Because it is so difficult to define really. (...) And sometimes, as you're saying, it is just a look. And it is not easy to go to the teacher and say, “They look at me in a

strange way.” That’s why it is so difficult, as you say. (...)

Tore Dag What did they do? You said ...

Catherine Exactly. It was so discreet.

Tore Dag Yes.

Catherine I asked if I could go to their house. But instead of saying
 “No”, because then you could say they were kind of rude,
 they said “Maybe”. They said “Maybe”, and they continued
 to say “Maybe” all day until they went home.

Karianne Yes. That not knowing.

Tore Dag Yes. Right.

Catherine Yes. I kind of think that.

Tore Dag Yes. That is kind of worse, a “Maybe” that doesn’t happen.

Catherine: That is why, kind of, *now*, I am a bit like ... even though no
 one actually treats me badly, nevertheless I think they
 actually do, only that it is hard to see.

Tore Dag Mm. Yes. That it is a possible explanation also now? I mean
 that people can be ... there’s a “Maybe” like that now also,
 kind of. (...)

Catherine I thought, kind of, that this is why I don’t want to talk with
 them, because then I’ll find out that they actually don’t like
 me.

Karianne And it is better not to know.

Catherine Yes.

This key moment was read by the three of us in the core group (GRL, KZ and TDB) and then discussed and notes shared. Notes were also taken from these discussions, and I read the key moment again with the following diagram for “multidimensional responsible analyses” that we created as an analytical lens (see Table 2).

It should be noted that only some chosen key moments were analysed in full using this diagram. Perhaps this was not a weakness in our approach, because the use of such a schematic procedure may help us to conduct a thorough analysis, but at the same time it may constrain the personal touch of the analyses in a way that may suppress the voices of the transcript and the responding voice of the researcher. Nevertheless, the analytical concepts and the multidimensionality this approach offers underpinned our reading, reminding us of the multiplicity of aspects involved in the creation of data when we take a dialogical perspective into account.

Substudy 4 followed a somewhat different methodological procedure. This study explored a specific network meeting in one case. In this network meeting, two mental health practitioners met an adolescent boy and his mother. The conversation was video-recorded (step 1). Inspired by a method developed by Rober, Elliott, Buysse,

Loots, & De Corte (2008), each participant in the meeting was interviewed individually within four days following the meeting (step 2). In this interview, each person, together with the interviewer, watched the entire recording of the meeting. Before watching it for a second time, they were instructed to stop the video when they saw something significant and meaningful happening, and during these pauses they were asked: What went through your mind right there? These interviews were also video-recorded. Both the network meetings and the following interviews were transcribed (step 3). From these transcripts, sequences where all participants stopped were identified. From these transcripts, an overview of the selected sequences of the network meeting were shown in a diagram in a way that displayed each participant's inner and outer voices in relation to each other in a chronological manner (step 4).

4.4.4. Ethical considerations

This study invited respondents to be interviewed about sensitive aspects of their lives, and it was emphasized, both in writing and orally, 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 could 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 stored securely. The study was approved by the Norwegian National Committee for Medical and Health Research Ethics (2010/2973-2).

Table 2: Multidimensional responsive analysis of a key moment¹⁴

| The event described | | The event of the interview | | | The event of reading the text | | | |
|--|---|--|--|---|--|--|---|--|
| Ethical responsibility | Expressive responsibility | Hermeneutic responsibility | Ethical responsibility | Expressive responsibility | Hermeneutic responsibility | Ethical responsibility | Expressive responsibility | Hermeneutic responsibility |
| <p>"Frozen out" by the voice, gaze, words of others. A rudeness (and rejection) in their uttered. "Maybe" They behaved badly towards me.</p> | <p>"The way they say my name" (tone of their voice hurts her?) From: "I could go around and talk with people" to "I don't talk to anyone".</p> | <p>She didn't understand (hermeneutics) the confusing, hurtful feeling. The obscurity: couldn't tell anyone, it wasn't anything. Later given meaning in the word "bullying".</p> | <p>K values what C says with her responses. TD wants elaboration and in this way appreciates the girl's utterances. TD wants to show C his high regard for her and her utterances.</p> | <p>TD is excited, eager and moved. K is touched by C's words and recognizes herself in this. C talks with intense feelings and eagerness. The voices and bodies of all are active and responsive in the sequence (no pauses).</p> | <p>"... this is perhaps the reason I don't want to talk with them, because then I will find out that they actually don't like me." C discovers this meaning in the interview. Says she prefers the term "fear of people" instead of "anxiety".</p> | <p>K are moved by C's utterances; they respect her, and want to recognize her descriptions. TD wants to use these descriptions. At the same time he wants to be faithful to them and fears that he will misinterpret them.</p> | <p>TD is excited and got shivers when reading. He is struck by the hurt in the girl's descriptions. K had several points underlined in her transcript and enthusiastically reported that C here was articulating a core aspect of her difficulties.</p> | <p>Emerging findings: Her experience is a hurtful <i>After-Event</i> (paper 2). At first it is obscure, then understandable through words found in the dialogue. It is also a <i>before event</i>: she anticipates rejection, not being liked. She dares not address others.</p> |
| <p>Historical, Political, Cultural Responsibility</p> | <p>1. All this happens within an historical, political context, with the language offered, and so on (like the word "bullying", like the teachers as people to turn to, like the social milieu of the school, and so on). 2. In our investigation, there is an addressee in our wish and commitment to help others in similar situations to that of Catherine. In addition, this was (probably) also the motivation for Catherine to participate in the study.</p> | | | | | | | |

¹⁴ This table is a refined and translated version of the original analysis of this key moment.

5. Findings from the four substudies

This thesis contains four substudies that explore change related to mental health through varying perspectives. Papers relating to the substudies have been published in two journals: papers on substudies 1, 3, and 4 have been published in the *Australian and New Zealand Journal of Family Therapy* and a paper on substudy 2 has been published in *Contemporary Family Therapy*. These papers are included in this thesis. In this chapter, I present an overview of the aims, methods, findings and conclusions of each paper (see Table 3) and summarize each paper. In Chapter 6, I suggest a way of conceptualizing some overarching themes based on these separate substudies.

5.1. Substudy 1

The first study is based on theoretical perspectives and empirical data from one case. The findings have been published in the paper entitled *Change is an ongoing ethical event: Bakhtin, Levinas and the dialogical dynamics of becoming* (P1).

In this study, dialogical ideas about change related to human existence and to mental health are highlighted. The study argues that the idea of instrumental causality is perhaps not suitable to describe or understand change in the human domain. Drawing on the metaphor theory of Lakoff and Johnson, it is suggested that causal understanding implies the use of a prototypical metaphor: *the manipulation of objects by force*. This metaphor takes stability and fixed states as its point of departure. In opposition to such metaphors of causality, it is argued that change is ongoing and always already there in human existing and living. Moreover, in the roots of this ongoing event of becoming there is what we may identify as an ethical event. Both Levinas and Bakhtin offer ideas on the way the subject originates in ethics and dialogue. With the point of departure in their key concepts of *responsibility* and *answerability*, they show that human becoming has its dynamics in ethical responsibility.

From exploring the existential ethics of both Levinas and Bakhtin, the study suggested three ethical–dialogical aspects of change. As humans, we constantly become 1. as responsible, 2. in speaking, and 3. in answering the unknown. These aspects reflect the ways in which both Levinas and Bakhtin link human existence not only to ethics but also to language/speaking and to fundamental differences vis a vis other people that are pivotal to responsiveness, ethics and human becoming. Table 3: Overview of the substudies

Table 3: Overview of the four substudies

| | Aim | Method | Findings | Conclusion |
|---|---|---|---|---|
| 1 | To explore the ethical aspects of change. | Theoretical analyses of ethical aspects in Levinas's and Bakhtin's dialogical ideas combined with exploration of a single case. | Change is an ongoing ethical event. As humans we constantly become: <ol style="list-style-type: none"> 1. by being responsible, 2. by speaking, 3. by responding to the unknown. | Ethical aspects seem to be at the core of change facilitation. Practitioners should attend to these ethical aspects. |
| 2 | To explore, through lived experience, the social and relational dynamics of change related to adolescents in psychosocial crises, focusing on various social arenas of everyday life. | Empirical study based on a series of interviews in eight cases. Dialogical, phenomenological, and hermeneutical analyses. Theoretical perspectives: Bakhtin, Shotter, Dastur and Sheets-Johnstone | Main theme: Change is an event of becoming through <i>movement in ethical time and space</i> . Dialogues can be <i>life giving</i> or <i>life deteriorating</i> . Conditions for movement are found in a Before-Event: anticipation of responses and in an After-Event: meaning given to responses. Time and space for movement are experienced as ethical dimensions: "A place for me" or "No place for me" (space) and as "A future for me" or "No future for me" (time). | Mental health seems inextricably linked to the conditions of movement found in the social events of everyday life. People from the social network should be included in the meetings, and practitioners should be attentive to bodily aspects and movement in the meetings. |
| 3 | To explore, through lived experience, the social dynamics of change related to adolescents in psychosocial crises, focusing on the network meetings and relations with practitioners. | Empirical study based on a series of interviews. Dialogical, phenomenological, and hermeneutical analyses. Theoretical perspectives: Bakhtin and Levinas | Main theme: Dialogues allow moving and living through inviting attentiveness, expressive vitality and new meaning. Three temporal dimensions are identified: Dialogues reveal 1. the moment, 2. the past, and 3. the future. Three linguistic dimensions are identified: inviting attentiveness and valuing (ethics of speaking), new vitality (expressivity of speaking) and new meaning (hermeneutics of speaking). | A multitude of aspects should be taken into account when describing change in dialogical practice. Practitioners should engage with the help seekers in ethical and expressive as well as hermeneutical ways. Attention to the future seems important. |
| 4 | To explore the interplay between the participants' inner and outer dialogues in sequences experienced as significant and meaningful in the network meetings. | Empirical study based on video recordings of network meetings and interviews with the participants about this recorded meeting. | The interplay between inner and outer voices seems to have an important role in our understanding of the emergence of significant and meaningful moments. A one-sided focus on participants' utterances or inner dialogues is insufficient. A dialogical approach provides a theoretical framework and concepts that are useful in investigations of therapeutic conversations. | The study suggests that the dynamics of the interplay between outer and inner voices must be taken into account in developing therapeutic conversations. Practitioners are urged to rely more on conversation in itself and less on specific interventions. |

5.2. Substudy 2

The second study was a qualitative exploration of data from eight cases and 28 interviews with participants in network meetings. Experiences related to change in various areas of their everyday lives were identified and analysed. The results were published in the paper entitled “*She offered me a place and a future*”: *Change is an event of becoming through movement in ethical time and space* (P2).

Movement in relation to others seemed to be at the core of many descriptions. With help from phenomenological, hermeneutical and dialogical theory, temporal, spatial and ethical aspects were identified as significant in the descriptions of movement. The feeling of being able to move—or being unable to move—seemed fundamental. This movement (or difficulty in moving) seemed to be a matter of moving in responsive interplay with others. To describe the conditions for this movement, the study suggested that movement should be related to *anticipation* and *experience* of responding others. The study suggested that adolescents move within a line that could be described by the following concepts: 1) A Before-Event of anticipation, 2) An Event of moving, and 3) An After-Event of experience. The Before-Event concerns the way in which they sensed and *anticipated* the future, and responded in that future (including the immediate future). Then, they actually *moved*, and others *responded by moving* in the Event. They related to this Event of moving through the *experience* of what happened in an After-Event; meaning was given to what had happened. Ethics and values seemed to be crucial in this. Anticipating valuing responses from others (in the Before-Event) and experiencing responses as valuing (in the After-Event) could be identified as *life-giving* lines of movement. Anticipating devaluing responses from others and experiencing responses as devaluing could be identified as *life-deteriorating* lines of movement. These conditions for becoming and changing were found within what was identified as *ethical time* and *ethical space*. Time and space become ethical realities, because a space (place) and time (future) to move into presuppose responding others. In other words, this is because the questions “Will I be given a place in this world?” and “Will I be given a future in this world?” are inevitably inherent in the experience of time and space.

The study suggests that mental health is inextricably linked to the conditions of movement found in the social events of everyday life. People from the help-seekers’ social network should be included in the meetings, and practitioners should be attentive to bodily aspects and movements in the meetings.

5.3. Substudy 3

The third study is another qualitative exploration of the same data. The aim was to identify and analyse experiences of change related to the network meetings. The findings were published in the paper entitled *Through speaking, he finds himself ... a bit': Dialogues open for moving and living through inviting attentiveness, expressive vitality and new meaning* (P3).

This substudy continued the exploration based on the findings of substudy 2. Following the ideas found in Levinas's and Bakhtin's work, the study suggests a multidimensional understanding of the dynamics of the dialogical event of change. The findings are articulated in the following main theme: Dialogues enable movement and living through 1) inviting attentiveness (ethics), 2) expressive vitality (expressivity) and 3) new meaning (hermeneutics). These three aspects, inspired by Levinas's view of language, seemed to help us reveal a richness and complexity in their experiences: *the ethics of dialogues* seemed to concern the respondents' feelings of being cared for and respected, and permitted to say what they wanted. The *expressivity of dialogues* seemed to concern the ways in which they could speak and move freely, and be moved by the speech, gestures and facial expressions of others. The *hermeneutics of dialogues* seemed to concern how dialogues could be places where new ways of understanding their situation and their future possibilities could emerge.

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 suggest 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 the past). Through dialogues, the participants move and sense in the present moment in ethical, expressive and hermeneutical ways (dialogues open the 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) and they can move, speak and express themselves into this future (expressive) 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 the help seekers in ethical, expressive and hermeneutical ways. Attention to the future seems important.

5.4. Substudy 4

Substudy 4 is a qualitative exploration of another set of data from the same cases. This study was part of Per Arne Lidbom's PhD, researched with the assistance of the same team. Data from the videorecording of one chosen network meeting and subsequent interviews with the participants asking for thoughts and feelings that they had not expressed in the meeting provided the material for this study. The results were published in an paper entitled *A study of a network meeting: Exploring the interplay between inner and outer dialogues in significant and meaningful moments* (P4).

This procedure made it possible to display each participant's inner and outer voices in relation to each other in a chronological manner. The originality of this study lies in its method of revealing inner and outer dialogues/voices in a conversation between several people, which makes new ways of understanding therapeutic conversations possible. The study uses a theoretical framework found in the dialogical theory. Inner voices must be included in the polyphonic multiplicity of voices in dialogues. The study suggests that without this inclusion of inner voices, it is difficult to understand the dynamics of such a conversation. This interplay between inner and outer voices has an important role in investigations of the emergence of significant and meaningful moments. A one-sided focus on participants' utterances or inner dialogues is insufficient to explain their significance and meaning to the interlocutors. This study also showed that a dialogical approach provides a theoretical framework and concepts that are useful in investigations of the dynamics of change in conversations facilitated by mental health practitioners.

The study suggests that the conversations in themselves could be relied on to generate change without the need for specific interventions.

6. Overarching themes and discussion

In this chapter, I combine all four studies for overall reflection and discussion, and suggest four overarching themes. In the presentation of these themes, the findings of the four studies are discussed in relation both to other research and to the theoretical perspectives of this thesis.

It seems that the conversations and encounters within the services and in the everyday lives of the respondents were significant and made a difference in terms of “opening speech events”, and in terms of traces and reverberations of these events. All studies, in various ways, conceptualize change as an *ethical speech event* (P1, P2, P3 and P4). The originality and significance of the studies in this thesis may reside in the way in which they show 1) that the articulated lived experience of the respondents seems to be compatible with dialogical perspectives and enriches these perspectives with manifold, nuanced and “living” descriptions that reveal what is at stake, and 2) that this lived experience, in dialogue with theoretical perspectives, offers concepts, ideas and possible understandings that indicate the complexity and multidimensionality involved in dialogical events of change. These concepts and ways of understanding change do not belong within a causality framework, but within a phenomenological–hermeneutical one. Within this framework, all studies suggest that the *ethical* and *expressive* (corporeal) aspects are crucial and should not be overshadowed by widespread attention to *understanding* (hermeneutics) found in common rationalities in therapy and mental health.

On the basis of a new reading of the published papers, I suggest the following four overarching themes:¹⁵

1. Change is an ethical event (Diaconia)
2. Change is a speech event (Dialogue)
3. Change is a temporal–spatial event (Diachronia–diatopia)
4. Change is a cultural event (Diagnosis).

These themes are intended to provide a conceptual framework, or an imaginative landscape, for recognizing and understanding experiences that are laden with feelings and senses of living—or dying. Examples of expressions of this could be “I didn’t know where to go or what to do. I thought of killing myself”, or “To walk in that door!

¹⁵ These overarching themes are not based on any new systematic reading of the data. However, I make use of some examples from the material that are not included in the published papers.

It was like passing a million danger signs.” On a more positive note were utterances such as “I could always go to grandma, with her everything I said and did was perfect”, or “Suddenly I dared to walk over to that girl and say ‘Hi’”, or “With them, nothing I say sounds stupid.”

I now describe these overarching themes.

6.1. Change is an ethical event (Diaconia)

... someone who cares, someone you can speak with when you're having a hard time

... someone who wishes you the best ...

(Isabell, 17)

The idea that ethics are at the core of the dialogical nature of the subject, as proposed by both Levinas and Bakhtin (P1), could also be recognized in the descriptions of the respondents (P2, P3, P4). The aspects of caring, and the anticipation or experience of being valued seemed to be crucial in various descriptions of ways out of difficulties (P2). Conversely, when respondents described how they had encountered difficulties, it was often about how they abandoned attempts to approach others, making themselves invisible, withdrawing and isolating themselves. In a sense they ceased to exist (in the etymological sense: to step out/come forth) because of what we might identify as experiences—or anticipations—of ethical–relational breakdowns (P1, P2).

This observation appears to correspond with studies of recovery that point to social and relational aspects (Leamy, Bird, Le Boutillier, Williams, & Slade, 2011; Tew et al., 2012; Topor, Borg, Di Girolamo, & Davidson, 2011). This is seen, for example, in the description “simply to be let in” (Davidson et al., 2001), and in the opposite experience of being an outsider (Biong et al., 2008, p. 38) or being frozen out (Biong, 2009, p. 327). The studies in this thesis similarly suggest that change—or new ways of existing—originate in the space and time *offered to them by others*, both in the arenas of their everyday life (P2) and in the network meetings (P3, P4).

In substudy 4, there was a certain sequence where one of the therapists reported her inner dialogue in the following way: “I have to ask him in such a way that he (Phillip, who is seeking help) does not feel pressure to tell us that he is failing in some way” (P4, p. 140). It seems that the therapist is hesitating and holding back because she is afraid she may ask in a way that forces the boy, Phillip, to reveal his failures. This could be seen as a kind of “ethical holding back”, or “ethical hesitation”, in which she guards herself so that she does not say any words that will close the space for the boy

to express himself. This implies that the *inviting attentiveness* that is suggested in the third substudy (P3) as a first condition for dialogue to begin may also involve a kind of ethical holding back so as not to occupy or suppress space and time for the movement of the other.

The change-generating aspects of network meetings in the ethical domain suggested in substudies 1, 2 and 3 may offer a possible interpretation of Holmesland's (2014) finding that the role transformation and the self-disclosure of the professionals promotes dialogue and growth among help seekers. Moreover, it supports Piippo & Aaltonen's (2008) finding that trust was crucial, and that openness to many perspectives seemed to create this trust.

This may also be in line with a theoretical study by Biesta (2014) exploring some perspectives from Levinas. The "event of subjectivity happens" Biesta comments, and this is an ethical event; I come into the world when someone "singles me out" (Biesta 2014, p. 21). *Uniqueness*, in a Levinasian sense, is *not* about uniqueness of *identity*, which is based on how the characteristics and qualities of one person differ from those of another. This, Biesta suggests, could be called *uniqueness-as-difference*. Uniqueness in a Levinasian sense is of another kind, and could be referred to as *uniqueness-as-irreplaceability*. Attention then shifts from a question about *what* (qualities/identities) makes each of us unique to a search for "situations *in which it matters* that I am unique" (p. 21), when I cannot be replaced or substituted by someone else. Perhaps this may be in line with the ways in which Isabell, Catherine and John attempted to describe significant encounters in their lives (P2, P3). John, for example, seemed to regard the practitioner he met highly; as he said: "There is something about him", "He is the world's best psychologist", "He is quirky" and "You just have to see him." His good experience with his practitioner seemed to fall outside what he could put into words (P3). It was not (only) the qualities or skills of the practitioner that mattered, but perhaps the way it was precisely him (the practitioner) that met precisely him (John). They singled each other out.

6.2. Change is a speech event (Dialogue)

It's a bit easier now ... I can say what I want to my friends
and they answer me nicely. They say yes.

(Phillip, 16)

Interplay with others in various social arenas, in terms of *movement* and *expressiveness*, seemed to be at the core of many descriptions (P2) indicating that movement and the body seemed to be crucial in experiences of change. When focusing on participants' experiences of the network meetings (P3), the researchers found, in a similar way, that the ethical and expressive aspects of the network dialogues seemed just as important as the hermeneutic aspects. The possibility of expressivity and vitality offered by an ethically laden invitation to speak seemed to open the future, and offered opportunities for positive change.

Dialogical approaches represent a break with *systemic* epistemology and practice and turn to the significance of language (Wifstad, 1997). There is a large body of studies that explore therapeutic encounters from a linguistic or dialogical perspective. These often attend to the hermeneutical aspects of language (e.g. Hammack, 2008; Rober, 2005; Seikkula, 2011). Seikkula & Arnkil (2006) emphasize the importance of network dialogues as an area where a shared language and a *new, mutual, co-created understanding* (pp. 45 and 91) may emerge.¹⁶ The findings of this thesis suggest that *understanding* is not necessarily the most important aspect. The space to tell, and the quality of the responses generated, even if there is no joint understanding, appear to be helpful in terms of their ethical and expressive aspects (P1, P2, P3). Bakhtin points out the necessity of outsidership with regard to the other, and Levinas states that "speech proceeds from absolute difference" (P1). From the notion of alterity as a necessary condition for dialogue, I suggest that, in a sense, there may never be a common understanding. Ways of understanding are infinite, and in a sense dialogue generates this diversity rather than overcomes it. A common understanding, taken literally, would end the dialogue. Dialogue, in a sense, must entail people talking past each other.

Catherine (P2) said that it was helpful when the practitioners asked her various questions to get to know her. However, when they seemed to reach a position of knowing her and her situation and tried to solve her problems, she told us that the

¹⁶ Interestingly, Seikkula and Arnkil also write that "mutual understanding is not possible" (2006, p. 96). Here, they refer to Levinas's philosophy.

conversations were no longer so helpful. It may seem that an attempt to become acquainted, from a prior position of not knowing, is dialogical and helpful, but when the practitioners assumed a position of knowing her, the dialogue seemed to lose its source in difference, and so its helpful dynamics faded.

This is consistent with an apparent shift in dialogical practices from attention to the hermeneutic or epistemological dimensions to attention to the body and bodily responsiveness during the facilitated encounters (Andersen, 2007; Seikkula, 2011; Seikkula & Trimble, 2005; Shotter, 2010, 2015). The significance of the dialogue was not exhausted in the way in which new meaning was co-constructed.

6.3. Change is a temporal–spatial event (Diachrony–diatopy)

... the “stranger on earth” ... the stateless or homeless person, who dares not enter.
The interior of the mental is perhaps originally this. Not in the world, but in question.
(Levinas, 1998a, p. 129)

At the core of the adolescents’ descriptions of their ways into and out of their difficulties was their sense of the future (time) and of whether there was a place (space) for them in this future. We have suggested, from the way this time and space seemed to emerge dependent on the valuing or devaluing responses of others, that time and space could be conceptualized as *ethical* time and space (P2). The adolescents, in their speech and expressive movement, exist, so to speak, in the saying and the movement, and in anticipation of and dependent on a response. This seems to correspond with the research of Sheets-Johnstone. She suggests that “What we corporeally express in our bodily movements is authenticated and affirmed through the responsibility or lack of responsibility of the addressee of the movement” (Sheets-Johnstone, 2009, p. 231).

Some studies in dialogical practice focusing on bodily aspects seem to focus on and interpret what happens in terms of synchronicity and immediacy (e.g. Seikkula, Karvonen, Kykyri, Kaartinen, & Penttonen, 2015). Following the fundamental diachrony suggested in this thesis, one might argue that crucial aspects of the dynamics of such bodily interplay cannot be described in terms of synchronicity. As Seikkula et al. show, bodily movement or activity in the nervous system of one person may occur in close relation to bodily movement and activity in the nervous system of other participants. They interpret this in terms of synchrony (p. 1). Perhaps this close relation in time between the interlocutors bodily responses could also be interpreted as diachronic because they are unique *responses* vis á vis others’ unique movements (and

consequently precisely *not* simultaneous or synchronic). Furthermore, there is a difficulty in regarding bodily movement and activity of the nervous system as *immediate* if experience or anticipation is involved, because this means that sensing something “as something”, or anticipating “something” is involved, meaning is involved, and this is dependent on mediation through signs and identification. Meaningful experience and anticipation are mediated and not immediate.

In the chapter on theoretical perspectives, I discussed the dia-chrony and the dia-topy of existence and movement. To understand the difficulties, the hurt, the despair, the bewilderment, the fear and the “stuck-ness” that people with so-called mental health difficulties experience, it may be fruitful to pursue the idea that the moment, besides being an event in which we participate with our bodies and move, is also always a before-event, a kind of existing, not (only) in the present, but in *what is to come*. Following this view, one could perhaps suggest that there always is a *future within the moment* and through this reveal new ways of describing what happens in dialogues in general and those in mental health in particular. John (P3) relates to what he is entering as a future of possibilities, and for him a swarm of threats, “a million danger signs”. To see the world that he is entering presupposes an outside position, in temporal and spatial terms, with respect to what he is entering: dia-topy and dia-chrony. As human existence is always movement, one could suggest that it is not the present moment that is significant, but rather it is *the continuance of movement* that creates the world we enter. It may be said that this world, as continuance of movement, is not of the moment, but of the *next* moment. This is what evokes our sense of living and moving. In this future, the next moment, the hurt or joy, the fear or desire, and the shame or pride seem to have their roots (P2).

Tucker (2013), drawing on Bergson and Whitehead, explored mental health users’ accounts of making a home for themselves, and suggested that anticipation related to the future was crucial to producing a sense of stability in the present. “Organizing present activity”, Tucker says, is done “through perception of future ... [and] is a relational process of engaging with life that is spatio-temporally bound” (p. 30). From this he points to the ways in which practices within mental health could be seen as collaborations with service users to “make the future” (p. 26). The studies in this thesis (P1, P2, P3) suggest that an *ethical aspect* must be included to understand the significance of such a practice working with *anticipations* and “making the future”.

Several studies exploring experiences of mental health difficulties and recovery indicate this time and space dimension in terms of the future and a space to enter. This future and this space being open—or not open—for people to enter may be described by the concept of hope (Biong & Ravndal, 2007; Leamy et al., 2011; Sælør, Ness, Holgersen, & Davidson, 2014), or in phrases such as “being let in” or “finding my way in the world” (Davidson et al., 2010; Davidson et al., 2001).

6.4. Change is a cultural event (Diagnosis)

I used to believe I didn't have any hope.... I thought I would drop out of everything ... that I wouldn't manage. I wouldn't get a job. I wouldn't get a house. I would never move out.
Now I believe I can.
(Catherine, 17)

In hindsight, I found that the published studies seem to lack the dimension of culture that was important in the respondents' descriptions. For example, when they reported difficulties in behaving at school or coping with social situations in general, these were about moving and living within a culture or a society. The difficulties were in fulfilling the expectations of this culture. Furthermore, their hopes or fears for the future were about entering roles and coping with and fulfilling these roles in an acceptable way according to the conventions of a culture. This theme is what I have identified as a cultural dimension, and I have used the concept of *dia-gnosis* to capture its dynamics (see Chapter 2).

In the work of Levinas, we find pre-cultural ethics (P1, P3). Levinas's distinction between uniqueness-as-difference and uniqueness-as-irreplaceability, which Biesta (2014) identifies, establishes two distinct “orders” or communities. These two orders may entail that the dialogues of the network meetings (or any dialogue) could be seen as a kind of *double event*. A cultural, diagnostic interplay where the participants understand, judge, reflect, express opinions and form meanings, *and* a pre-cultural (pre-diagnostic) interplay (and here, of course, it is difficult to name what is happening precisely, because we are outside, or prior to, the nameable, nevertheless ...) where the participants are struck by, and respond to, what affects their senses and bodies perhaps even before what happens is diagnosed, before it is sensed *as something*. We may suggest that this is interplay in a domain of the ethical, or the strange.

Our studies suggest that living and moving occurs between unique subjectivity and a cultural order. The way events in the network meetings occur in the intersection between the unique personal encounters and broader cultural structures is suggested by

the studies of Holmesland (Holmesland, 2006; Holmesland et al., 2014; Holmesland et al., 2010). Holmesland (2006) suggests that dialogues in network meetings take place at an intersection between the micro dialogues of the specific meeting and the macro dialogues given by the surrounding discourses of society. In addition, Brottveit (2013), drawing on Fairclough's theory of discourse analysis and Turner's theory of social drama, shows how dialogues 1. are concrete (bodily) *communicative events* in terms of the interaction between people in the actual meeting (the micro level of the specific meeting), 2. occur within *social institutions* (the network meeting, as an established form of dialogue in mental health under the open dialogue approach), and 3. are constructed within *the social formation* of society (the macro level of power structures and discourses in a society and culture) (pp. 27–28). The dialogue of the network meeting, Brottveit—drawing on Turner—suggests, can at the same time be seen as a social drama and a ritual of change in situations of social crises, and a dissolution and a re-establishment of social structures in such a situation (p. 28).

Our studies suggest that adolescents perceive their future possibilities in terms of anticipations, and in particular anticipations of how their utterances and movements will be responded to and valued (P2, P3). These anticipations are permeated by the ideas of their culture. In a way, Phillip was made invalid at his new school; he didn't know how to approach others, how to ask them questions, what to say, or what to do (P1, P2, P4). In other words, it may be claimed that he did not know how to take on the (cultural) forms possible in this school. Catherine (P2) told us about her experience of taking the bus and being at school, wherein she said she barely dared to move. In a sense, she attempted to do the impossible, to avoid taking on a form, to be invisible, and to remain outside the culture. Her movements are inevitably signs; they are seen as expressions, as meaning, and she is afraid of being judged, of failing when she is confronted by the demands of the culture and the cultural gaze of others.

Within narrative approaches, one may claim that conversations create a cultural “space” that the help seekers may inhabit and in which they find their roles and identities (e.g. Hammack, 2008); this is narrative hermeneutics. Several studies point to expressive and bodily aspects outside hermeneutics (or narrative) (Rober et al., 2008; Seikkula, 2002, 2011; Seikkula & Trimble, 2005b). Nevertheless, these studies point to an expressiveness or responsiveness that may be described as being within a cultural domain. Our studies indicate the event of dialogue as it occurs between the pre-cultural and the cultural. They draw attention to the origin of ethics prior to any diagnosis or culture, and prior to any discerning or identifying.

6.5. Change in mental health: Movements at thresholds

The adolescents articulated their experiences in such ways that it is difficult to extract any distinct *mental* aspects from their descriptions; as if there was something *mental* that precedes, or is positioned outside, the social interplay they describe.

I attempt to illustrate how these dimensions are involved in change by turning to Catherine and recounting her story of approaching the new girl at school (P2) through the use of these themes. Catherine's steps into the world (and *within* the world at the same time) involve: 1) *Dia-conia*: an ethical event in which she is moved from the "outside". The other girl in the classroom made her move towards her despite Catherine's decision not to say "Yes" to anyone; 2) *Dialogue*: her movement is dialogos; she moves *through words*. Her movement is a saying and an expressivity, which responds to the saying and expressivity of the girl; 3) *Diachrony–diatopy*: what she moves into is, in a sense, a before-event, a dia-chrony; it is her anticipations of what may come that form the landscape she is entering. In a sense, she moves in response to the *continuance* of the movements of the other girl. Consequently, the place she enters is also a future *place*, a dia-topy; the place given for her steps is not where she *stands*, but where she is *going*, but she is still not there; and 4) *Diagnosis*: her movements also depend on the cultural possibility of discerning what lies in front of her. Moreover, she moves her body in ways that are determined by the forms, gestures and styles of the culture she inhabits.

6.6. Levinas and Bakhtin—some considerations

Badiou (2001) offers a philosophy of the event and of ethics in opposition to that of Levinas. He rejects Levinas's philosophy as any philosophy at all; the otherness that is fundamental for Levinas is bound up in a religious axiom. Badiou goes on to claim that any ethics of otherness should be abandoned. He states that alterity, the other, difference, is always there, so the challenge lies in recognizing what is the same. "No light is shed in any concrete situation by the notion of 'recognizing of the other'" (p. 27). Badiou focuses on what *follows* the event, and what "comes to be" or is constructed in the *trace* of the event. Our capacity for science, love, politics and arts is found in "truth procedures" that follows the event. The important task, to which Badiou dedicates his work, is to discover the ways in which we can find something in common, or something shared. Being faithful to the event, Badiou says, is to invent new ways of being in the trace of this event.

Nordtug (2015) analyses some examples of how the ethics of Levinas are applied to health-care practice. She is critical of the way in which several authors seem to apply Levinas's ideas directly to solving practical problems and normative questions, despite the "metaphysical and non-normative" character of Levinas's analyses (p. 51). In her view, the critical radicalism of Levinas's ethics is lost, as authors seem to transform his ethics according to their own approaches.

With regard to the dialogism derived from Bakhtin, Sullivan (2012) makes some observations. Referring to Hirschkop, he points out the power or "enforcement" involved in the becoming of the subject within language that seems to be lacking in accounts based on Bakhtin. The "picking and choosing of language forms takes place not on a level playing field, but in an unevenly structured linguistic world" (Hirschkop in Sullivan, p. 167). Some speakers and some institutions have more power and influence than others. Bakhtin's dialogue seems to be about "verbal give and take", and others words are seen as gifts. Sullivan suggests "a dark side of dialogue", and refers to Emerson, who states that many accounts of Bakhtin suggest that dialogue "brings truth, happiness, or honesty" (Emerson in Sullivan, p. 171). If you read Bakhtin's work carefully, Emerson states, nowhere does he suggest this. Dialogue, in the Bakhtinian sense, only brings the possibility of some forward movement. "By having a real other respond to me, I am spared one thing only: the worst cumulative effects of my own echo chamber of words" (Emerson in Sullivan, p. 171).

6.7. Methodological considerations

Latour, in his classical work "Laboratory life—the construction of scientific facts" (Latour & Woolgar, 1979), conducted an anthropological study of scientists in their own context, at their workplace, within a scientific community. The study explored the norms, rules and cultural aspects that formed their work. From this, Latour makes a distinction between positive and negative modalities. *Negative modalities* are found in scientific claims that integrate the conditions in which the knowledge is produced into the claim. Attention is directed toward the context of the activities of the researchers. Conversely, *positive modalities* are found in scientific claims that do not seem to draw attention to or integrate the conditions in which the knowledge is produced. Attention is directed away from the context of the activities of the researchers. In line with this suggested negative modality, this thesis has attempted to display the context, processes and people involved in such a way that the readers can make their own judgments about the findings. The multitude of people, conversations and arenas involved in the

studies makes it impossible to offer any full account of the explorative process. Nonetheless, I have made an effort to make the process transparent in a way that should make it possible to judge the trustworthiness and the *quality of craftsmanship* (Kvale & Brinkmann, 2009) found in the methodological procedures in this particular study.

The most common evaluation criteria in research are found in the concepts of “validity”, “reliability” and “generalizability”. Kvale & Brinkmann (2009) retain these concepts in evaluating the quality of knowledge generated in interviews, but remark that they must be reinterpreted. They emphasize that a “strong emphasis on reliability may counteract creative innovations and variability” (p. 245) because variations in styles of interviewing and analysing, following up hunches and similar activities may not be given space.

Sullivan (2012) questions the view that these criteria (validity, reliability and generalizability) should be proposed as decisive in the evaluation of qualitative research. He suggests that research should be evaluated from within its own theoretical framework and introduces two main criteria: *polyphony* and *identification of material features*. The criterion of *polyphony* concerns the involvement and influence of voices, voices of subjects participating from their unique perspective and with their unique judgments. On the other hand, words are dialogic and historic in their nature. Words can never be seen as “pure” expressions of a unique subject. Voices and utterances take on a form in a context, within a dialogue, in a chain of historical and cultural utterances. This leads Sullivan to propose a second broad criterion: *identification of material features*, which draws attention to these contextual aspects.

Polyphony as a criterion suggests that a dialogical qualitative methodology makes a multitude of voices visibly (audibly) interact within the scientific analysis and text. Many of the respondents’ utterances have been quoted in the published papers. This, Sullivan states, gives the voice of the respondents the opportunity to “hover above the interpretation” (Sullivan, 2012, p. 151). In the studies in this thesis, many voices have been invited to participate—the respondents’ voices being the most important. However, the co-researchers, practitioners, other adolescents and supervisors were also included, in addition to the voices of scholars and philosophers. The inclusion of this variety of voices could be seen as a strength of the study; it creates a polyphonic conversation around—and includes—the voices of the respondents. This multiplicity of voices prevented the exploration from becoming one-sided and monological.

Kvale & Brinkmann (2009) advocate a *social construction of validity*, stating that “in a postmodern era, truth is constituted through a dialogue; valid knowledge claims emerge as conflicting interpretations and actions possibilities are discussed and negotiated among members of a community” (p. 247). They emphasize that *communicative validity* may be an empty global term without clarity regarding the *how, why and who* of the process of such validation. In our study, we have sought to facilitate *open dialogues* in the interviews, in the subsequent conversational processes around the data and in emerging findings, in various arenas (*how*). The co-researchers have participated throughout the process, and the respondents—adolescents, people in their networks and the practitioners—have been invited to respond to preliminary ideas and findings (“member validation”). We have included the responses from other adolescents with first-hand experience (“audience validation”) and responses from other scholars—colleagues and peers—when presenting emerging findings in various contexts (“peer validation”) (*who*). The involvement of this multitude of voices was designed not only to include various responses in the processes of analysis, interpretation and formulation of findings, but also to facilitate dialogues that could inform practice and those already involved in the ongoing research process (*why*).

We received responses when we presented preliminary findings to other adolescents and to various groups of practitioners. Adolescents could recognize their own experiences in the concepts and descriptions suggested. Moreover, practitioners responded that the preliminary ideas could be useful in their understanding of their own practices. We also received responses suggesting that important aspects had perhaps not been captured in our preliminary findings. These responses both validate and call into question the ideas presented; they indicate that findings are *transferable* to other contexts and highlight the limitations of such transferability. According to Kvale & Brinkmann (2009, p. 53), the complexities of transferability and validity in quality research “need not be due to an inherent weakness in qualitative methods, but may on the contrary rest on their extraordinary power to picture and to question the complexity of the social reality investigated.”

Kvale & Brinkmann, referring to Latour, give the norm of *objectivity* in research a somewhat specific and literal significance. They state that maximum objectivity is obtained when “allowing the objects to object” (2009, p. 243). In this study, we interviewed the respondents several times (in six of the eight cases); this allowed us to present preliminary findings to the respondents, and we were able to include their responses in the process. The participants (objects) were allowed to object.

Kvale & Brinkman state that the aim of this validation process is not necessarily to achieve consensus (Habermasian tradition). Referring to Lyotard's concept of paralogy, Kvale & Brinkman suggest that the validation process is a way of creating new ideas and new differentiations (2009, p. 255). Our study has continuously facilitated dialogues that include a variety of perspectives and has aimed at retaining the complexity and multidimensionality found in the data material. However, it should be noted that despite these efforts, perhaps the studies could have generated greater differentiation and displayed this in a way that maintained both the diversity and even the contradictions inherent in the material. In a way, the published findings fit together too well.

The polyphonic, multivoiced nature of our study has been a great challenge, and is perhaps also a weakness of the study. Maintaining an overview of all the conversations, participants and utterances/voices, and including them, has been difficult.¹⁷ There was such nuanced richness in the experiences articulated in the interviews that the ongoing process of analysis in a sense had to leave some of the utterances, voices, sequences, ideas, experiences, and so forth behind. The process of exploration was to provide room for voices, but it also excluded voices, utterances, and nuances in the material. In a sense, as indicated in the chapter outlining the methodology, the process could be seen as a continuous loss and betrayal of all the nuances, complexities and possibilities that all the voices offered.

Identifying material features concerns the way in which data and findings are *tethered to the material of the discourse* (Sullivan, 2012, p. 151). As described in the chapter outlining the methodology, we identified key moments in the material. On a micro level, we identified aspects that formed the utterances, such as the type of language/genre used, the people who were present in the interview, who was addressed by the respondent and what other addressees the respondent might have had in mind.

All language, and consequently any description, depends on the genres already present in the culture and discourses surrounding us. Therefore, we paid attention to the way in which genres at the macro level influenced the data. Respondents knew that this was a study of mental health practice and they could probably have been influenced by the perspectives and language they associated with mental health. The co-researchers

¹⁷ The conversations that were part of the systematic process were all planned, conducted and documented, so in this sense we have provided an overview. Nevertheless, the richness, multiplicity and multivoicedness of the material and of the analytical process was impossible to include, maintain or do justice to.

introduced themselves at the very beginning of the interviews, and made it clear that they were participating because of their own experiences, and not as representatives of any profession. We began with questions concerning the experience of difficulties prior to contact with mental health services. We also asked about experiences in areas other than the service. We did this to avoid dominance by the perspectives and language of therapy, psychology and professional care.

In particular, we paid attention to sequences where the respondents stuttered, struggled to find words, hesitated, or said something and then appeared to withdraw it. Such abrupt speech could indicate that a significant point was being put into words for the first time, but there was no ready-made form of articulation or genre.

We invited the respondents to choose the location of the interviews: at their homes or at the location of the service. Approximately half of the interviews were conducted in the homes of the respondents and the other half at the service location, in accordance with their choices. This implies that both the “voice of the home” and the “voice of the institution” were part of the study. This attention to place and materiality is in line with Larsen (2011), who states that qualitative studies must not neglect the significance of places, objects and surroundings, and the way these influence *what we talk about, the way we speak and the impressions we derive.*

In the exploration of the material, the co-researchers “brought in” perspectives and language that added to my perspectives as lead researcher. Although my perspectives were indeed formed by my own experiences of living, feeling and thinking, they were also influenced by my theoretical/philosophical preferences and my ongoing reading of theory and literature. In this way, the voices of theoreticians were part of the exploration. This may be viewed as a kind of theoretical validation (Kvale & Brinkmann, 2009), whereby emerging ideas and findings can be evaluated in the light of relevant theory related to the phenomena explored. The co-researcher was important in this respect, both through preventing narrow theory-based interpretations and through the way in which theoretical ideas that were introduced had to undergo “a test” when communicated to the co-researchers to establish whether or not they seemed meaningful.

Freeman (2011) states that traditional science may have an inherent wish to impose a structure or some law upon “the movements of life”. Referring to Heidegger, he claims that Western thought has taken the “*real*” to mean the *factual*. Reality is seen as the

sum of facts. Freeman (2011) points to *fidelity* as the phenomenon that science takes as its primary value. According to Freeman, this entails that science should respect “the movement of life in all its messiness” (p. 390), and have respect for the otherness of the other. Writing should be oriented not only towards the epistemological aim of increased knowledge, but should also aim to do justice to the phenomenon in question by including “the ethical aim of increasing sympathy and compassion” and the “aesthetic aim of moving the reader” (p. 395).

This thesis emerged from movements at thresholds—moving into the world of adolescents struggling, being moved by them, moving them, participants moving into the explorative process, being moved by it, moving readers and readers moving others in “the movement of life in all its messiness”.

7. Conclusion ... or no last words?

[W]hat straightens my back, lifts up my head, and directs my gaze forward?

Is it really pure givenness ...?

[No, it is] my being present to myself as someone yet to be

... [My] real center of gravity ... is located solely in the future ...

I believe insanely and inexpressibly in my own noncoincidence with [the] inner givenness of myself.

(Bakhtin, 1990, p. 127)

This thesis is intended to be faithful to the concept of unfinalizability in articulated findings. They are suggestions, and there is an inherent wish that they may lead to future responses. The findings and the texts are only some of the ways of describing and understanding the dynamics involved in change within a multitude of possibilities. The results of science, and the findings of qualitative research, are not facts about reality; rather, they may *point to* certain aspects of reality. Scientific exploration may produce new ways of saying things, and from those new sayings new aspects of the world, and others in that world, become visible and audible. Scientists must not forget that when their findings reveal, they inevitably also conceal.

7.1. Anything new? The originality of the study

In these studies, the relational and ethical aspects of change related to mental health have been explored. This exploration has taken the articulated experiences of adolescents and others involved in network meetings as a point of departure and brought these into dialogue with some theoretical ideas from dialogical philosophy. When the respondents told us about the difficulties of their lives and about change to better ways of living, they seemed to report events and experiences in relation to others. From the social aspects that we have identified in the material, we have suggested some concepts, findings, models and themes that retain the complexity of dialogical events of change.

If I were to point out the particular contribution of the studies, perhaps it is captured in the following key words: *movement*, *ethics* and *future*. Perhaps it may be expressed like this; change for the better is ethically evoked movement into the future.

The first substudy offered a view of change as an ethical event by exploring some ideas from Bakhtin and Levinas, by whom the human subject is described as originating in an ethical event. The discovery that *moving*, or difficulty of moving, seemed to be involved in so many of the adolescents' descriptions was rather

unexpected. The conditions for the feeling of being able to move—or not—seemed to lie in the interplay of moving in relation to others. In particular, we presented this in paper 2. In this paper, we also introduced the concepts of “Before-Event”, “Event”, and “After-Event”. It is suggested that the condition for moving may lie not in the event/the present, but in the anticipation of *future* responses. The feeling of being either able or unable to move depended on the *ethical* aspect of anticipated future responses; “Will I be valued or devalued?”. This may indicate an emphasis on movement, ethics and future, which may differ from an emphasis on (mutual) understanding and the present moment (including spontaneity and immediacy) common to many current accounts of relational and dialogical practices in mental health. The primordially of *ethics* is suggested in the concepts of “ethical time” and “ethical space”, which may capture the apparent ethical “quality” that is inevitably involved in our sense of the time (future) and the space (future *place*) that makes it possible to move (forward)—or not. Current studies pointing to the significance of movement and the body may not clearly point to the fundamental ethicality present in the conditions for movement (see Chapter 6).

The network meetings seemed to be experienced as helpful in their ethical, expressive and hermeneutic dimensions (paper 3). Our studies suggest that perhaps the ethical and expressive dimensions of the dialogue are as crucial as the hermeneutical dimension: the attention to understanding. Moreover, the movement of the body should be seen as part of dialogue, because movement is expressive and responsive. As movement is always into a future, we point to the significance of dialogues as future-opening events. In this way, our studies may offer a slightly different perspective to those of many studies of relational approaches in mental health that focus on the present shared moment and emphasize aspects such as synchronicity, simultaneity and immediacy. In this thesis, we have suggested that diachrony may be a concept that points to the apparent inclusion of time in responsive movement, in the sense that the future, the “yet to come”, should be seen as fundamental to dynamics of change.

The fourth study showed how *inner* dialogues—ideas and feelings that are not uttered—must be included to describe the dynamics of network dialogues. It indicated that participants’ inner dialogues could be seen as responses to the *future* (within the actual meeting), such as when a therapist in her inner dialogue seeks a way to speak that will not end a dialogue with an adolescent, but will make him speak in response (in the immediate future of the meeting). This is a matter of movement (in terms of

expressing something), the future (in terms of anticipation and facilitating what is to come) and ethics (in terms of concern about allowing another to speak/move).

7.2. So what? Implications for practice and further research

Following the ideas in dialogical theory, we perceive and sense the world through finding and uttering words. I suggest that these studies may be fruitful in the sense that practitioners and help seekers may sense their situations differently, notice other aspects, imagine alternative future possibilities and accordingly act and move in different ways.

Some further implications for practice are suggested. These studies indicate the importance of developing initiatives with a network orientation, where people from the social arenas of the help seekers are included. The significance of events in various social arenas should be recognized. The studies indicate that attention should be paid to bodily aspects, expressiveness and responsiveness in the encounters facilitated by the services.

The findings demonstrate the significance of the ethical aspects of the encounters. This may imply that to “open up” possibilities for moving and living by those involved, being inviting and attentive to the speech of the other may be crucial. The unconditional welcome of this inviting attentiveness is perhaps necessary to initiate change in ways that enhance the vitality of those who struggle. The significance of ethics in experiences of time and space (for movement) suggested in this thesis indicates that what happens in the dialogues cannot be accounted for solely by the participants’ presence and responses in *the moment*. It seems essential to include relations with the *past* and *future* to understand the change-generating aspects that are in play. Movement in the moment is conditioned by past and future. Consequently, practitioners are encouraged to create space for participants to talk about what has passed and what is coming in their lives, thereby enabling new vitality and movement in the present to emerge.

Perhaps the main challenge for the practitioner is to respond to aspects of the encounter that lie in the unknown or in the otherness of the other. This sensitivity is of an ethical kind, as it is a kind of readiness to care for and respect the other through one’s responses. Perhaps the value of the practitioner’s answers is not found in their content, but in the practitioners’ hospitality and respectfulness. The practitioner is perhaps challenged to put himself/herself, his/her knowledge and even his/her

judgments on hold, and to be sensitive to the uniqueness of the other and the singularity of the encounter. The starting point for eliciting the right action for a practitioner is perhaps not found by identifying the “case at hand” and asking an ontological question such as “What *is* this?” (or even “How can we together create meaning in this?”). The crucial aspect may be found in asking an ethical question such as “How can I find (future) steps into this encounter in a way that evokes space for other participants to take their (future) steps?”

The studies in this thesis point to aspects and domains of change within human living in general and in mental health in particular that implicate some possibilities for further research. I will briefly point out some domains of themes without going into specifics.

Ethics at work in mental health. It seems that many studies point to the significance of being respected, seen, heard and given dignity. Perhaps our studies point to some directions for further research in which such ethical aspects could be elaborated and which may lead to more nuanced articulations. The way in which the body is profoundly involved in this ethical dynamics could also be investigated further.

Bodily movement in mental health. Our studies indicate that movements of the body seem to be at the core of mental health difficulties, and suggest ways out of such difficulties. This is not about the body as an object of description from the perspective of the disciplines of natural science. The body we refer to here is woven into expressiveness, ethics, experience, anticipation and culture. Further scientific exploration of mental health practice as a practice engaging with an ethical, phenomenological, hermeneutical and cultural *body* is called for.

Future-opening practice. One of the main suggestions in the studies presented in this thesis is that dialogues in mental health may offer helpful dynamics in the way they open up the future for those involved. How can we understand this future-opening aspect? In what ways could mental health practices be future opening or future forming? Our studies suggest that what we refer to as the *moment* must in a sense include the immediate future in terms of feelings expressed in questions such as “How may I respond?”, or “How will I be responded to?”, or “Will there be a place for me in this?” This could be explored further in dialogical practices.

Ethics, time, space, movement, body, anticipation, experience and culture. This is simply a list of the some crucial ingredients of this thesis, and ways of interrelating

these ingredients have been suggested. Further studies comprising this multitude of ingredients may pave the way for developing better practices that embrace the complexities involved. The concepts of Before-Event, Event, and After-Event have been suggested (P2). These concepts, in my opinion, could indicate a direction for further research. The concepts offer the possibility of diffracting the moment and bringing experience and anticipation into descriptions and understandings of movement and change.

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**Appendices 1-4:
Published papers**

Paper 1



Change is an Ongoing Ethical Event: Levinas, Bakhtin and the Dialogical Dynamics of Becoming

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In this article, we use the intersubjective ethics of Bakhtin and Levinas and a case illustration to explore change in therapy as an ethical phenomenon. We follow Lakoff and Johnson in their emphasis on the way our conceptions of change seem permeated by metaphors. Bakhtin and Levinas both suggest through a language in which metaphors play a crucial role, that human existence—the consciousness and the subject—emerge within the dialogue of the encounter. They both describe the dynamics of human existence as ethical in their origin. Following this, we argue that change may be seen as an ongoing ethical event and that the dynamics of change are found in the ways we constantly become in this event. We investigate the ethical dynamics of this ongoing event through three themes illuminating the contributions of both Bakhtin and Levinas: (1) we become as responsible, (2) we become in speaking, (3) we become in answering the unknown. We explore these themes through a case illustration. Finally, we briefly point out some possible implications for mental health practice.

Keywords: Bakhtin, dialogical practice, ethics, Levinas, mental health, metaphor

Key Points

- 1 Change has its dynamics in dialogue as an ethical event.
- 2 We understand change through metaphors.
- 3 Emmanuel Levinas and Mikhail Bakhtin say we become through responsibility.
- 4 Our thoughts, feelings and acts are responses to others in the joint event of life.
- 5 Mental health practice and therapy is an ethical event.

This article explores the possibility of understanding change related to mental health as an ethical phenomenon. We elaborate this ethical–relational perspective on change with the help of Mikhail Bakhtin (1895–1975) and Emmanuel Levinas (1906–1995) and through a case illustration from practice. Inspired by Bakhtin's (1993) notion of *being as an ongoing event*, we use the formulation 'change is an ongoing ethical event' as a starting point. It should be noted that our point of departure is that change is a general human phenomenon, where mental health practice including therapy is one of many arenas for change in human life. We start by referring to the role of metaphors in our attempts to understand the dynamics of change.

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Understanding Change: A Matter of Metaphors?

The observation by Shotter (2011b) that ‘metaphors reveal and conceal’ entails that we should recognise the way we speak, think, and understand through metaphors. We are also urged to question the metaphors we use in an ongoing search for new and diverse metaphors. Lakoff and Johnson (1980/2003, 1999) show us that the ways we think and speak about human phenomena are embedded in metaphors, and they point to the essence of metaphor as understanding and experiencing one kind of thing (target domain) in terms of another (source domain) (1980/2003, p. 5). They point to the way we are dependent on metaphors to think and speak of various aspects of human life. These metaphors permeate our everyday language in such a way that we no longer recognise them as metaphors. They have become *conventional metaphors* (Lakoff & Johnson, 1980/2003, p. 139).

Indeed, Western views on change seem dominated by the idea of causation. Lakoff and Johnson (1999) suggest this idea of causation is based on metaphorical thinking. A causal perspective of change is built on the prototypical metaphor: the *manipulation of objects by force* (p. 177). Examples relating to mental health include: ‘He’s in a *deep* depression (...) She’s *out of* her depression.’ (p. 180). Thus, depression is understood metaphorically as a location you are *in* and can be moved *out of*, by some *force*. Our conceptions of change as causal are in this way based on metaphorical thinking. Concepts from our experience with physical objects in time/space (the source domain), are applied in our understanding of complex aspects of human life (the target domain). Through this kind of metaphorical understanding, change may take on a mechanical character.

Change, as a concept, may have connotations of this causal understanding. Our investigation in this article implies an exploration of other ways of understanding change outside this language of (mechanical) causation. From a dialogical point of view, as we shall see, human existence cannot be conceived as a fixed state that can be changed from the outside by a manipulating force that results in a new fixed state, so to speak. Instead, human existence may be seen as constantly emerging in the interplay of the world with others in this world. This implies a shift from speaking of human existence in terms of *who we are* to speaking in terms of *the way we constantly become*. Change, then, is the question of how our experiences, thoughts, feelings, and ways of acting are constantly becoming.

Clearly, this approach to change remains dependent on metaphors, but may imply different metaphors or different uses of metaphors. We can see that the metaphors we use could have their attachments to various ‘models of the world’. An illustration of this can be found in Shotter’s (2003) quote from Heidegger: ‘A world picture, when understood essentially, does not mean a picture of the world but the world conceived and grasped as a picture’ (p. 27). Shotter suggests that this overriding metaphor in Western thought (i.e. ‘the world is a picture’) permeates our conceptions of change in both everyday life and in science. Change is understood by identifying demarcated, static entities in this picture and through (metaphorical) theories of causal connection.

Shotter (2003) emphasises the need to alter our metaphors for change within human existence, as humans are living, expressive bodies who experience and move through interaction rather than demarcated elements in a picture. In his philosophy,

Shotter (2003, 2010, 2012), based on the works of Bakhtin among others, is in search of metaphors that place us *within* the dynamics of a joint world. Shotter (2003) writes metaphorically in his search for an understanding of change outside a causality model based on the picture metaphor *vis á vis* the world and says that our becoming is our '*walking into a landscape*' (p. 17).

In this landscape that appears between ourself, the world and others in the world, we should explore change. Our assumption in this article is that this space between us is ethical in its origin and in its dynamics.

Relational and Dialogical Practices

In the last decades, *relational and dialogical practices* have emerged within a contextual approach to mental health (Brown, 2010; Larner, 2010; Seikkula, 2011a; Shotter, 2011a). The case we present is drawn from a dialogical practice inspired by Open Dialogue Approach, as developed in Western Lapland, Finland (Aaltonen, Seikkula & Lehtinen, 2011; Seikkula, Aaltonen, Alakare, Haarakangas, Keränen & Lethinen, 2006; Seikkula & Arnkil, 2006). Open Dialogue Approach emphasises that help should start immediately and have a social network perspective from the outset (Seikkula & Arnkil, 2006). The approach is need-adapted through flexibility and mobility. In social network meetings the practitioners aim to give occasion to a diversity of feelings and utterances without being instructive or conclusive. Tolerance of uncertainty is emphasised in facilitating this process.

From a metaphorical perspective, we find bodily and spatial metaphors emphasising the inter-human sphere. Occasioning change is seen as an (metaphors in italics) *inter-subjective*, dialogical enterprise, where professionals themselves are situated *within* the process of change and the understanding of the crises evolves from *inside* the encounters and dialogues. Emphasis is placed not on what goes on *inside* our heads or minds but rather on what goes on *between* us. These are metaphors that offer a position *inside* a shared event. It should be noted that along with these metaphors that point to what we are *in* together there are also metaphors that point to the fundamental alterity *vis á vis* others, as in the Bakhtinian concept of *outsideness* (Bakhtin, 1990; Pollard, 2011), or in the way Levinas speaks of a *distance* in the proximity of the other (Dueck & Parsons, 2007; Levinas, 1998).

What are the dynamics of this event in the space between us? In narrative approaches emerging from social constructionism, the suggestion is that the creation and recreation of narratives, meanings and understandings is the healing element in therapy (Larner, 2008). Within the *Open Dialogue Approach*, the social network meetings can be seen as a space for a semiotic process that constructs new meaning (Seikkula, 2011b). Dialogical practice increasingly addresses also the ethical aspects of the dynamics of change (Seikkula & Trimble, 2005; Shaw, 2011). There is perhaps an ethical modality of the dynamics of change that is not captured by the semiotics of the dialogue focusing on meaning, narratives and understanding. More succinctly, some ethical aspects inherent in these semiotic processes are worthy of further elaboration.

It is precisely these ethical aspects of the dynamics of change that we want to investigate further. This investigation must depend on and concern metaphors. However, before we look more closely into Bakhtin and Levinas we will introduce an illustrative case.

Philip and His Story

In 2010, a program for research and development related to dialogical practices titled 'Dialogical collaboration in Southern Norway' was established in Agder, Norway. The program includes a study of the dynamics of change as they relate to adolescents receiving network-oriented, dialogical help. In this study, we interviewed adolescents seeking help, along with at least one person in their social network, focusing on change related to a variety of social arenas that are important during adolescence (e.g., home, school, friends, and leisure activities). The present study was approved by *The National Committee for Medical and Health Research Ethics* and the case illustration presented here was collected from the study. We interviewed a boy, we here name him Philip, and his brother three times during a 9-month period.

Philip, aged 16 years, lived with his parents and his older brother. He was referred to the mental health service by his general practitioner after his mother reported sleep problems and an increased tendency toward isolation. Philip's brother reported that he had noticed paranoid thinking in Philip. The mental health practitioner invited a colleague to join him in the case and in the first meeting they met Philip and his mother. Philip's mother participated in nearly all the meetings. Philip's father, brother, and his teacher attended some. Over a period of around 9 months, regular meetings were scheduled two times per month or when needed.

Philip told us that his difficulties began in second grade, when his schoolmates bullied and rejected him and talked about him behind his back. Such attitudes and behaviours were new to Philip and he suffered confusion and hurt, saying: 'I didn't understand. Why did they do those things to me? (...) They shut me out all the time. So gradually I got like problems. After a while I didn't dare speak with them'. Consequently, Philip stopped approaching others and spent more time alone.

Philip viewed the social-network meetings as a chance to 'learn to be more social.' Over time, he began to feel that 'people [were] not rude or cruel,' that they 'respect me and what I say'. He valued the meetings as a place where people spoke with him about his problems, adding that his mother or brother can 'help [me] talk in case [I] don't find anything to say'. We will return to Philip and his story, bringing with us notions of the ethicality of change drawn from Bakhtin and Levinas.

Change is Our Becoming in the Ethical Event

Both Bakhtin and Levinas have impacted on a variety of disciplines and practice fields (Aasland, 2007; Bell & Gardiner, 1998; Linell, 2009). The dialogism of Bakhtin has had substantial impact in mental health practice and psychotherapy. Within self-psychological perspectives, Hermans (2001, 2003), drawing on Bakhtin, has contributed to a theory of a dialogical self and corresponding approaches in psychotherapy. Within cognitive analytical psychotherapy, Leiman (1997, 2012) and Pollard (2011) have contributed to the approach through Bakhtinian perspectives. Within family therapy, Bakhtin has inspired the emphasis on the multi-voiced (polyphonic) aspect of therapeutic meetings (Anderson & Gehart, 2007; Rober, 2005, 2010). In the Open Dialogue Approach we find a social network-oriented approach focusing on a multi-voiced, transdisciplinary collaboration involving those concerned by the crises (Holmesland, Seikkula, Nilsen, Hopfenbeck & Arnkil, 2010; Seikkula, 2011a; Seikkula & Arnkil, 2006).

Levinas also has inspired an ethically grounded intersubjective psychology (Gantt & Williams, 2002; Kunz, 1998). Further, initiatives in therapy and mental health practice influenced by Levinas explicitly put ethics at the core of the therapeutic encounter both in family therapy (Andersen, 2001; Larner, 2008) and individual psychotherapy (e.g. Dueck & Goodman, 2007). Some present the implications of Levinas' ethics as incompatible with a modern approach based on diagnoses and corresponding methods (Dueck & Parsons, 2007). Another possibility we see in Larner's (2011) suggestion that Levinasian relational ethics can offer a context for an integrative practice in which knowledge and methods from modern approaches is included in assuming responsibility.

Bakhtin and Levinas—similarities and divergences

Several scholars view the intersubjective perspectives and ethics of Bakhtin and Levinas as similar as regards their understanding of how the subject arises through dialogue in the interpersonal encounter (Erdinast-Vulcan, 2008; Gardiner, 1996; Murray, 2000; Nealon, 1997). In the view of both Levinas and Bakhtin, subjects only arise in the intersubjective realm. The encounter with the other determines the subject as it arises as an answer to the other(s) in the event of this encounter. The subject cannot be described as if it existed prior to, and independent of, the interpersonal encounter. According to Erdinast-Vulcan (2008) both Levinas and Bakhtin outline 'the ethical subject as living on borderlines, facing the other, irremediably vulnerable and infinitely responsible' (p. 43). The animating 'force' at this borderline is the fundamental *alterity* of the other. When my consciousness and my actions are seen as responses to the other, this presupposes his/her fundamental alterity. I will never coincide with the other. Still this fundamental alterity of the other sustains the ongoing dynamics of the encounter, and, through this, the ongoing dynamics of myself as subject. Both Bakhtin and Levinas would claim that without this alterity of the other, dialogue ends. This responsiveness in the roots of our being is of an ethical nature, as the demand for a response exposed to us inevitably is a demand to recognise, respect and take care of the other. In this way they both offer an ethics built not on our universal sameness, but on our radical alterity (Erdinast-Vulcan, 2008, p. 49).

Apart from these similarities, fundamental divergences are also noted. In a comparative analysis Nealon (1997) notes that the 'radical asymmetrical intersubjectivity' of Levinas emphasises my approach towards the other and his strangeness, to the point where I give myself for the other. My movement towards the other is with no return. On the other hand Bakhtin in his intersubjectivity aims at returning to oneself in an enriched way. Nealon concludes by favouring Levinas for his ethics as an ethics of the *other* in which he breaks with Western subject-centred philosophy. Erdinast-Vulcan (2008) points to the way Bakhtin's dialogism gives an understanding of ethical intersubjectivity *within discourse* and thus offers an ethics of *reciprocity*; whereas Levinas moves beyond discourse and rejects any notion of reciprocity, as he sees responsibility for the other as an unconditional subjection before the demand of the other. Erdinast-Vulcan favours the ethics of reciprocity within discourse that Bakhtin offers. A third possibility is presented by Murray (2000) who regards them as complementary where Levinas provides a metaphysical account of the other that is missing in Bakhtin's architectonic structure of dialogism (p. 148).

To some extent we follow Murray in his view that Levinas may supplement Bakhtin in the way his ethics points to the otherness of the other as the centre of gravity in dialogue.

As indicated, both Bakhtin and Levinas put *responsibility* at the heart of human existence. Further, they both put language and our *speaking* at the core of this responsibility. This responsibility, answered in speaking, is awakened by the alterity and *unknown* of the other. We now explore the ethicality of our ongoing becoming through the following headings: I become as responsible, I become in speaking, I become in answering the unknown.

The ethicality of ongoing becoming

I become—as responsible. In Bakhtin's (1993) early work 'Toward a Philosophy of the Act', he puts *the ongoing event of being* at the heart of our existence in the world. Our existence is explored in terms of the way we *act* within life as an *ongoing event*. The literal meaning of the Russian word for act—*postupok*—is 'the taking of a step' (Bakhtin, 1993; s. xix). Thus, my existence is my ongoing steps into life as an event. Bakhtin gives an account of the way these steps are *answers* to the event and to the others in this event. In this way, Bakhtin places *answerability* at the core of human nature (Bakhtin, 1990, 1993). We become as an answering act, and Bakhtin incorporates our thoughts, feelings, and actions in this act:

'[E]verything in me – every movement, gesture, lived-experience, thought, feeling – everything must be such an [answerable] act or deed; it is only on this condition that I actually live, that I do not sever myself from the ontological roots of actual being' (Bakhtin, 1993, p. 44).

In what way is this answerability, through which I become, ethical? Bakhtin says the event of being appears to us as an '*ought*' (p. 30). I am obliged to act. And further; I am obliged to act in a way that answers the other and creates a space for *his/her* answers in this joint event. The ought, and thus my answerability, is in this way ethical, and no one can replace me and my answerability in the event. This is what Bakhtin identifies as *my non-alibi in Being* (1993, p. 42). This ought which I cannot escape elicits my acts, my steps and my existence.

Levinas perhaps even more radically puts the other at the core of the event of being, when he says that responsibility to the other precedes my freedom and my subjectivity (Burggraeve, 2007; Levinas, 1998; Murray, 2000). For Levinas (1969), the consciousness is always a moral consciousness. In what he calls 'the first event of the encounter' (p. 199) the strangeness, nakedness, and vulnerability of the other haunts me and demands something from me—it demands my response. This ethical obligation to the other is the predisposition of my being. Levinas puts *the face* in the midst of this event. It is the face of the other that exposes a vulnerability that interrupts and animates me as my thoughts, feelings, and actions are responses to the demand of this vulnerability.

I become—in speaking. From both Levinas and Bakhtin we can draw an understanding of language as ethical in its origin. Language and our speaking originate with a concern for the other. For Bakhtin, language gradually became the centre of his philosophy. He continues his exposition of an ethical subject; only now *the word* takes place of *the act* from his earlier works (Morson & Emerson, 1990). Bakhtin found in

the dynamics of the word also the dynamics of human existence. Thus, Bakhtin (1986) may say that our being is semantic not psychological (p. 170).

Bakhtin describes our consciousness in terms of utterance, speech and voice. Our consciousness has its dynamics in our voice, including both what we say and what we leave unsaid, as inner speech. In this way our consciousness has its life in language and dialogue. The ethical is inherent in the dynamics of language as our voice, our utterances and words (both the said and the unsaid) arise to answer other's voices.

Our consciousness, as inner and outer speech, is born on the *threshold* of the other. A threshold constituted in language as dialogue. On this threshold our existence is at risk:

'To be means to communicate. Absolute death (non-being) is the state of being unheard, unrecognized, unremembered (...). To be means to be for another, and through the other for oneself. A person has no internal sovereign territory, he is wholly and always at the boundary' (Bakhtin, 1984, p. 287).

In this way our *saying*, our *voice*, and thus our *being*, is *first* for others and *then* for ourselves.

Levinas delineates an essential distinction between *the saying* and *the said*, where saying precedes the said (Levinas, 1998). The said pretends to identify what *is*, falling within *ontology*, whereas the saying is our turning toward the other, our approach toward him/her and therefore saying is *ethics*. In this 'ethical event of communication' (Levinas, 1987, p. 125), our saying is the origin of our becoming. Our existence, as saying, originates in the space opened by the other. My speaking, my words, have their roots in the vulnerability of the other revealed to me in his face. As Levinas puts it:

'I accept without question that speaking is the most godly thing in us. The word is breath par excellence, from the beginning formed for, and turned to, the Other, my life for the Other' (Levinas in Goud, 2008, p. 25).

My consciousness is brought to life when the other touches me (i.e., in the *saying*) even before I recognise him, before I *represent* him in language (i.e., in the *said*) and thus see him *as something*. When the other's speaking touches me, I am brought in contact with his singularity. My response lies not in establishing knowledge of him, which would violate his singularity, but in my approach towards him, in my *saying*. We live by the word—not in the *said* as knowledge, but in the *saying* as ethics.

This may imply that the ethical dynamics of change unfolds within this event as an *event of saying* and not in the *said* as some product of this event. In the said we are too late—the becoming event has passed by.

I become—answering the unknown. The answering act that 'I am' is born through *doubt* (Bakhtin, 1993; p. 45; see also Bender, 1998). The *ought* that appears in the event imposes *doubt* about how to conceive the event and doubt about how to answer, how to take a step into it. In this doubt is incorporated a fear that my act, or my word, could suppress others in the event—not giving them place. This makes the doubt an ethical doubt. Therefore, one might say that our consciousness is doubt (i.e., the presence of many possible answers). My answer in the event is an answer to 'everything that is not I' (Bakhtin, 1993, p. 42), acknowledging that the other, as a unique being in his *alterity*, is the centre of my answerability.

Paradoxically, within the event of being, the roots of my existence lie in the other where the other in his/her alterity is *unknown* to me. Bakhtin's concept of *outsideness* points to the way the other always brings a surplus to my being and I bring a surplus to his/her being. The reciprocal fundamental outsideness vis à vis the other secures the ongoing productiveness of life as an event. The fundamental alterity, the fundamental outsideness with respect to others prevents 'the merging of all into one' (Bakhtin in Pollard, 2011; p. 9). This unknown of the other which I am obliged to answer gives my being a fundamental 'open-endedness' and 'unfinalizability' (Bakhtin, 1984). Hence, our existence is always in the hands of others, always 'yet to be determined' (Bakhtin, 1993; p. 36, see also Shotter, 2012). We are constantly in this undetermined ethical leap, answering the unknown, and ourselves waiting to be answered.

Perhaps even more radically, Levinas suggests that there is a danger that the primordial and fundamental strangeness of the other from which we emerge may escape our efforts to describe and understand human existence. This danger of totalisation in knowledge is where the infinite and otherness of the other is forgotten and rejected. Knowledge suppresses alterity. From the Levinasian perspective, any attempts to understand the person (psychological, sociological, biological, philosophical and so forth) may lose sight of this origin, which is situated in that which we cannot grasp. Our existence is an answer to this unknown of the other that is beyond knowledge.

As Levinas (1998) says there is an 'abyss in proximity' (p. 93). He suggests an event that is, metaphorically speaking, on the *edge* of an *abyss*, the origin of our existence. We become by approaching what always escapes; the unknown and the absence that approach me in the other are the source of my becoming. In this paradoxical tension and movement between proximity and distance, contact and apartness, presence and absence, grasping and losing the other, we become while our consciousness is constantly awakened by an interruption of our being. The subject itself is 'a rupture, an interruption of being' (Levinas in Goud, 2008; p. 5). The otherness of the other, the trace of vulnerability in his/her face, which escapes my attempts at grasping it, is the starting point of my becoming. 'The psyche', Levinas says, 'is the way a relationship between uneven terms, without any common time, arrives at a relationship' (Levinas in Bevis, 2007, p. 324).

Metaphors in Bakhtin and Levinas

As we see, metaphors originating in the domain of the sensing–expressive body's presence in the world are key components of the philosophies of Bakhtin and Levinas (see also Bevis, 2007; Erdinast-Vulcan, 2008; Küpper, 2000). In Bakhtin we find metaphors such as *the voice, being heard, borderline and threshold*; whereas in Levinas metaphors such as *face, approach, touch, proximity, and distance* appear. The metaphor of the face (Levinas) and of the voice (Bakhtin) is core to their notions of responsibility. Interestingly, Erdinast-Vulcan (2008) noted that the face and the voice may be understood both literally and metaphorically. Consequently, words such as *face, voice* and also *boundary, proximity, and distance* for Bakhtin and Levinas have literal significance as physical, bodily phenomena. At the same time, such words tend towards a metaphorical significance that surmounts the literal, blurring the line between non-metaphorical and metaphorical meaning. Their textual use of face and voice originates literally in the lived body, suggesting both Levinas and Bakhtin be considered philosophers of the body. At the same time, the meaning exceeds the literal; the face means the face and more. Or as in Bakhtin, 'having a voice' and 'being heard' means

exactly that: being able to make the oral sound with my body and other people hearing, with their bodily senses, the sound that I produce. At the same time, 'having a voice' and 'being heard' clearly contain meanings that point to aspects of being human in relation to the world and others in the world that exceed their literal meanings. Their metaphors point perhaps, not to aspects 'outside' the physical body, but to experiences of embodied life that are beyond what can be captured in literal speech.

Levinas and Bakhtin each in their own way use metaphors to create an inter-subjective landscape of an ongoing ethical event with its own dynamic of change. Our existence comprises our continuing steps into this landscape of ethical event-ness opened by the other. This landscape is embodied and is both literal and metaphorical.

Change as Ethics and Philip's Experiences

Our impression is that Philip describes his difficulties in a manner that consistently refers to interactions with others in his life. What we refer to as *ethical-relational terms* appear to be at the core of how he expresses his difficulties. He tells us about how his difficulties began with bullying, rejection, exclusion, talking behind his back, personal violation and fear of making a fool of himself. He tells us that this resulted in him becoming 'like unsocial', 'afraid to make a fool of himself', 'has to be very careful of what he says to others', and 'gave up approaching the others'.

The way he is pushed away and the way he himself withdraws from relationships could be characterised as an *ethical-relational breakdown*. This breakdown in turn leads to what we could term mental health difficulties of emotional, cognitive, and existential complexity. In line with the way both Levinas and Bakhtin describe the subject as constantly emerging from the intersubjective encounter, one might say that Philip's descriptions disclose the way his existence is at stake: In these difficult experiences, Philip's being, consciousness, and acting in the world are losing their roots.

Similarly, Philip uses positive ethical-relational terms when he describes how things have improved: 'dare talking to the others', 'say what I want to friends', 'they answer me', 'they were kind to me', 'be more social', 'be praised', 'be comforted'.

In what seems to be the heart of Philip's story of his way into his difficulties, he tells us: 'If I went over to some friends, they would leave. In some way they didn't want me to be with them. And then they suddenly began to talk behind my back. It wasn't any fun.' When we ask how he felt about this, he answers by posing a question, which he repeats in a tone of emotional despair: 'I felt like "Why would they do such a thing?" I just felt inside like "Why would they do such a thing?"'. And when he makes an attempt to enlarge his description of how he felt, he utters some striking words: 'It's like being killed'.

The meaning of Philip's surprisingly powerful words reverberate and expand within the framework of Levinas and Bakhtin through Bakhtin's (1984) words: 'absolute death (non-being) is the state of being unheard, unrecognized, unremembered' (p. 287).

When we ask Philip about what he calls 'the problems inside', strikingly, his answers do not point to something within him, but instead to his relationships with others: 'It's ... It may be some things that I want to say, but then I don't say them.'

After all, because I think ‘maybe he thinks what I say is weird’. That’s something that is inside of me’. What Philip refers to as ‘problems inside him’ seems intrinsically intertwined with his relationships to others, and these difficulties in relation to others give rise to difficult emotions, thoughts, and doubts on how to act. He describes his ‘problems inside’ as related to whether he feels he can dare to speak to others or not.

Philip goes on to tell us that his schoolmates talked behind his back, and that this hurt him and made him feel uncertain and rejected. Talking behind someone’s back might be a way of using language that also represents a *relational–ethical breakdown*. As discussed earlier, both Levinas and Bakhtin regard language as ethical in its origin, meaning that in our saying and in our words reside a concern and care for the other. Following this, we might say that talking behind someone’s back, as in Philip’s experience, represents a use of language that departs from its ethical origin.

According to Bakhtin, all language is dialogical, yet he points to how persons in their utterances can pretend not to be dialogical, and in this way their speaking may take on a monological character (Morson & Emerson, 1990). Monologue is dialogue rejecting its dialogicity. In such attempts to detach utterances from dialogue, language no longer answers the other. Language now represents the other and language becomes a monological attempt to deny place to the other. ‘Monologue pretends to be the *ultimate word*’, expecting no answer (Bakhtin, 1984, p. 293).

In this way, Philip’s experiences may be seen as being met by a monologising approach or a ‘misuse of language’ that strikes him in his very existence. He is deprived of a place to speak and consequently he is deprived of a place to become. Without a place in dialogue, he is lost in the distortion of language: ‘I always was afraid to say something. When I saw that they behaved that way to me, that nearly all of them were like that, then I didn’t dare do anything’.

Both Philip and his brother find the network meetings helpful, and his brother says that the conversations ‘seem to have left traces in him. I absolutely think there should be more meetings. He has to talk about things; he must put things into words...because through that he can find himself a bit’. In our last meeting with Philip, we asked how he is now, compared to when he sought help almost a year ago. He says: ‘It’s easier now. I can tell my friends what I want and they answer me in a good way. They really answer me if I ask them something. And they no longer talk behind my back. So I feel better now’. Phillip changes in the event of speaking and being answered.

Concluding Reflections

If change is an ethical event, we can consider therapy in mental health practice as an ethical event. This ethicality lies not simply in the norms and principles of the professional or the institution. Changing practices within mental health are ethical from ‘within’ the basic dynamics of the encounters.

Within a modern scientific paradigm, core elements in the changing enterprise of mental health practice would be the professional’s knowledge and skills within a process of identifying the problem/disorder and applying appropriate treatment modalities. Within a postmodern paradigm, the changing enterprise in mental health as we find it are in approaches derived from social constructionism; knowledge and meaning is still in focus but is now seen as contextual co-constructions. One might

say that knowledge, as a co-construction of reality, still remains the 'layer' that is of most interest. The ethical aspects we have addressed in this article point to a primordial 'layer' prior to knowledge and meaning. A 'layer' of language prior to and more fundamental than the linguistic representation or co-construction of reality: the ethical in the event of saying. Mental health practice in this way may have its fundamental dynamics in the saying, not in the said; in the answering, not in the answers; in ethics, not in ontology or knowledge.

What is the challenge to the family therapy practitioner in this? If therapy is an ethical event, this may lie in letting this dynamic of change emerge through a presence of sensitivity and ethical responsiveness. The *form* of the communication, not the *content* comes into our focus.

Thus Philip and his family took new steps during their search for help—steps that brought them into new encounters within the social network meetings. Philip said he felt respected in the meetings and that he could say what he wanted without being afraid of making a fool of himself or being rejected. Perhaps then, the main challenge for the practitioner is to respond to aspects of the encounter that lie in the unknown or in the otherness of the other. This sensitivity is of an ethical kind, as it is a kind of readiness to care for and respect the other through one's response.

In the case of Philip, his experience of being respected and heard in the meetings could be because of the practitioner's way of receiving his presence and his utterances through responses—not simply because of the content of what he said, but perhaps more importantly because his saying was an exposure of his vulnerability. Perhaps the value of the practitioner's answers lay not in their content, but in their hospitality, welcoming and respectfulness. The practitioner is perhaps challenged to put himself/herself, his/her knowledge and even his/her judgments on hold, and to be sensitive to the particularity of the other and of each meeting as a singular event.

The starting point in eliciting our right action as a therapist is perhaps not found by asking an ontological question such as: 'What *is* this?' or 'What is this for the client?' or even: 'How can we together make meaning of this?' The crucial aspect may be found in asking an ethical question such as: 'How can I find a way to step into this encounter in a way that creates space for other participants to take their steps?'

Perhaps Tom Andersen is referring to the ethicality of the encounter residing in the unknown, in his concept of '*neither-nor reality*' (Andersen, 2007; Seikkula, 2008). He proposes that our approach to some aspects of reality, the visible non-moving, is to identify them as '*either-or*'. We approach other aspects of reality, the moving and visible, by asking for a multiplicity of possible perspectives as '*both-and*'. Andersen suggests a third interesting aspect of reality: the moving but invisible, the '*neither-nor reality*'; something is happening, we are in touch with something that we cannot grasp, yet it is fundamental to our being.

How are we able to describe and appreciate such a '*neither-nor*' aspect of reality? Tom Andersen (2007) points precisely to the metaphors to assist us in getting a feeling of what we are in touch with (p. 83). Our steps into this landscape of ethical '*neither-nor*' is perhaps what Shotter (2003) metaphorically describes as 'the '*move*' to an orchestrated, indivisible world of '*invisible*' presences' (p. 17). It is in this world of becoming through metaphor and dialogue, that change in therapy can be understood as an ethical event.

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Paper 2

“She Offered Me a Place and a Future”: Change is an Event of Becoming Through Movement in Ethical Time and Space

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Abstract Within mental health research, the promise of exploring the lived experience of those affected is increasingly acknowledged. This research points to the significance of social aspects. The present study is part of a series of qualitative studies exploring network-oriented practices in southern Norway. The aim of this study was to explore the social dynamics of change related to adolescents in psychosocial crises. From the perspective of lived experience the study focused changes related to the adolescents’ ways of existing in various social arenas. Data from qualitative interviews with adolescents receiving help from a mental health service, persons in their social network, and the practitioners involved were explored through a dialogical phenomenological–hermeneutical process. Two co-researchers, on the basis of their own experience with mental health problems, participated throughout the

research process. Concepts from the thinking of Mikhail Bakhtin, Françoise Dastur, and John Shotter were used as interpretative help. Main theme: change is the event of becoming through movement in Ethical Time and Space. Two dimensions, conceptualized as Ethical Space and Ethical Time, were identified: (1) “A place for me” or “No place for me” (Ethical Space), and (2) Before-Event of anticipation—Event of movement—After-Event of experience (Ethical Time). Four aspects within these dimensions emerged: (1) an opening Before-Event: offering space for my movement; (2) a closing Before-Event: not offering space for my movement; (3) a life-giving After-Event: the experience of being valued; and (4) a life-deteriorating After-Event: the experience of being devalued. The results are discussed in relation to other studies investigating how bodily responsiveness is at the core of human becoming.

“She Offered Me a Place and a Future”—condensed meaning, not exact quote.

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Keywords Change · Dialogical practice · Ethics · Lived experience · Mental health · Movement · Participatory research

Introduction

Before, I always sat alone in the corridor. At this new school, if I go out and see someone sitting on the bench I can just go over and talk to them. I know them.

Perhaps the simple way in which this girl speaks of change in her life captures an essential aspect of what mental health is about: our experience of being able to move—or not—in relation to others. The aim of this study was, precisely, to explore the social and existential dynamics of change related to people in psychosocial crises from the perspective of lived experience. Both ways into, and out of, psychosocial difficulties are explored in terms of ways of being in the world together with others. Qualitative interviews form the empirical basis for the study. Phenomenological and hermeneutical perspectives from Mikhail Bakhtin, Françoise Dastur, and John Shotter were included in the exploration to reveal aspects in the material that otherwise could have gone unnoticed and to conceptualize the findings. The context of this study was mental health services in the southern part of Norway, where dialogical and network-oriented practices in mental health have been implemented and developed over the two last decades (Ulland et al. 2013). In 2010, a program for research and development related to dialogical practices titled “Dialogical collaboration in Southern Norway” was established and provided an opportunity for a series of qualitative studies of dialogical practices (e.g., Bøe et al. 2013; Grosås 2010; Hauan 2010; Holmesland et al. 2010; Lidbom et al. 2014; Ropstad 2010; Ulland et al. 2013), from which this study emerged.

The Perspective of Lived Experience

Mental health can be, and has been, explored from various perspectives; for instance, through observation and the descriptions of the observer or through neurobiological approaches made possible by technological advances. Such approaches may represent a kind of “externalism” related to mental health (Wifstad 2008) that fails to include the subjective perspective found in the *lived experience* or the *lifeworld* of the ones suffering (Kogstad et al. 2014). From this recognition of a bias, leading to a neglect of people’s lived experiences of suffering and recovering, we now see a growing body of studies from the perspective of lived experience (e.g., Borg and Davidson 2007; Davidson et al.

2008; Wickstrom 2009; Hartzell et al. 2009, 2010). The concept of lived experience, as used in the phenomenological and hermeneutical tradition, derives from Husserl’s concept of “*erleben*” which literally means “living through something” (Van Manen 2004), and Husserl’s point was exactly that the phenomena of the world could not be investigated from any position outside (externalism), only from the way that they were experienced or “lived through.” Accordingly, describing and understanding mental health should start with an exploration of the way that it is experienced.

Previous Research

Reviews of studies of mental health and recovery from the perspective of lived experience clearly point to the significance of social aspects (Leamy et al. 2011; Tew et al. 2012). When persons describe their *difficulties* it seems to be about their lives and experiences in various social arenas: family, work, friends, school, and society (Topor et al. 2006, 2011). These difficulties could be interpreted as resulting from a feeling of not being recognized or as struggles for recognition (Andersen and Svensson 2012; Eriksen et al. 2012) or in terms of feeling outside, or denied access to, social arenas and relations (Davidson et al. 2001). Furthermore, their difficulties could be experienced as a kind of “not knowing how to make their way in the world,” like “being stuck” or in an “impasse” (Davidson et al. 2010, p. 101 and p. 105), or like “living in a maze” or a “social death” (Biong and Ravndal 2009, p. 8), or “feeling like a stranger in life and places” (Andersen and Larsen 2012), or “not belonging” (Mezzina et al. 2006). These experiences may be in the realm of personal relations (Topor et al. 2006) or in the sense of being outside society, deprived of civil rights or citizenship (Andersen and Svensson 2012; Mezzina et al. 2006; Tew et al. 2012).

Experiences and accounts of *recovering* similarly point to the significance of relations and social aspects (Schon et al. 2009; Topor et al. 2006) and the qualities of the communication they are involved in (Guregård and Seikkula 2014; Lidbom et al. 2014). In one study, Mezzina et al. conclude that recovery could be seen as an “ongoing interpersonal and social process” in which the significance of others can be expressed in terms of “standing alongside me,” “being there for me,” or “doing more for me” (Mezzina et al. 2006, pp. 63, 68, 77). Choosing carefully whom to turn to for help and doing this through making sound judgments about persons available is described as an important aspect (Topor and Di Girolamo 2010). Additionally, material aspects such as having a home and having an occupation and money are directly or indirectly conditions for access to social arenas that are important during recovery (Borg et al. 2005; Topor et al. 2011) and

the significance of dealing with crises in an everyday life context is emphasized (Borg and Davidson 2007; Winness et al. 2010). Social aspects also seem to include being able to *accept* support from family, friends, or services as well as being able to *give* support to others (Schon et al. 2009).

Some of these studies suggest that mental health perhaps should be understood as a relational and social concept belonging to the interpersonal, social, and political domain (e.g. Andersen and Svensson 2012; Mezzina et al. 2006; Strong et al. 2014).

This research indicates that further advances in mental health could be made through exploration of (1) the social aspects of processes of change related to a variety of social arenas, (2) practices where social network perspectives are included, and (3) the social–relational aspects of the phenomena that we refer to as mental health difficulties. This was the origin of the present study.

Theoretical Perspectives

In the following, we will give a brief sketch of some ideas and perspectives that helped us in our process of interpretative analysis. In a “corporeal turn” (Sheets-Johnstone 2009) within the phenomenological tradition, we find the recognition of the *body* as a point of departure in exploring human living and experience. Bodily movement *and* the way that we experientially relate to the movement, our own and others, should be at the core of investigations into human existence (Gallagher 2012; Gallese 2005; Merleau-Ponty 2011; Quillman 2012; Sheets-Johnstone 2011; Shotter 2010).

Movement involves the categories of *time* and *space*, and phenomenological perspectives suggest that time and space should be examined in terms of “something” that we experience and not “something” objectively (pre)given (Dastur 2000; Merleau-Ponty 2011; Tucker 2013). Time and space are “experiential realities” that emerge from our interplay with the world and others in the world (Sheets-Johnstone 2009). In this study, such a notion provided the possibility of interpreting the descriptions of the respondents as experiences of movement taking place in what we conceptualize as *Ethical Time* and *Ethical Space*. The term “ethical” here refers to an experiential quality (This will be further explicated when presenting the findings).

Bakhtin (1993) puts “the ongoing event of being” (p. 17) at the core of his thoughts on human living, and we become, he says, as we participate in “being-as-event” through our “answerable acts” (p. 39). We have explored change as *event*, and the accompanying ethical aspects, in a previous study suggesting that change may be described as an “ongoing ethical event” (Bøe et al. 2013). Drawing on the intersubjective ethics of Emmanuel Levinas and Mikhail Bakhtin, we suggested that responsibility (Levinas)

and answerability (Bakhtin) seem to be fundamental in the dynamics of change. We become, and change, in a realm of intersubjective *responsiveness* as our acts, thoughts, and feelings are addressive in nature and originate as responses to others. This responsive becoming take place in the event. Becoming happens.

Dastur (2000), in her article “The Phenomenology of the Event,” explores these relations between the event, time, and human becoming. The experience of time “as a succession of events,” she says, “requires (...) not to be completely immersed in time” (p. 179), and human becoming is found in a multifaceted kind of temporal relating: to what has happened (the past), in *experience*, and to one’s own possibilities (the future), in *anticipation*. “We never experience the events of life as contemporaneous,” she says, “only (...) in a past time, in the mode of “it happened to me” (p. 186), in a kind of “*After Event*” (p. 183). Lived experience emerges *in delay, relating to what (just) happened*.

Shotter (2005, 2012) explores the significance of relating to the future, to what is about to happen, and suggests that we orient ourselves, and move, from sensing and imagining the continuance of what is happening. Our movements are conditioned by this sense of the future through “action guiding anticipations” (Shotter 2005). Shotter refers to a quote from Kierkegaard: “We live forwards, but only understand backwards” (Shotter 2012, p. 136). He adds to this that the steps that we take seem to gain their landscape from a judgment in which our *sensing* and *imagining* of what is “yet to be,” the future, are included. We move and relate to movements both by “looking” backward (relating to the past) and by “looking” forward (relating to the future).

These perspectives seemed to reveal significant aspects of the experiences described by the adolescents and were used as aids in organizing and interpreting their lived experiences.

Aim of Study and Research Questions

The aim of this study was to explore the social dynamics of change related to people in psychosocial crises from the perspective of lived experience. The focus was on life as lived and experienced in various social arenas (and consequently, the impact of the services was not a key focus). The goal was to contribute to an elaborated understanding of the social dynamics of change in a language deriving from lived experience, useful to advances in practice. Our focus was on change related to mental health in general, although respondents were recruited from cases related to adolescents.

The study originated in the following questions. How do people in psychosocial crises describe their experiences of

the way that their lives are changing? How can their experiences help us to understand the social aspects of the dynamics of change related to mental health?

Methodology

Methodological Approach: Participatory Research

In this study, two co-researchers (Ruud Lindvig and Zachariassen) participated, on the basis of their own experiences with mental health difficulties, throughout all stages of the research process. This kind of involvement is used increasingly in mental health research as a means of attaining findings that are as relevant, valid, and useful as possible (Borg and Kristiansen 2009; Moltu et al. 2013; Rautiainen and Seikkula 2009; Telford and Faulkner 2004; Trivedi and Wykes 2002; Wallcraft 2012; Wallcraft et al. 2009).

A group of adolescents with experience of mental health difficulties helped us both in our preparation of the study and in the process of interpretation through discussion of preliminary findings. Practitioners involved in the selected cases and the researchers met regularly, and preliminary findings were discussed, and the practitioners, in this way, contributed to the process of exploring the material. This participatory research design provided an ongoing two-way opportunity: the participants' contribution to the exploration and validation of the study, *and* the study's ongoing contribution to practice and participants (Borg et al. 2012). This process of including practitioners and adolescents went on parallel to the methodological procedure described below.

Participants

The participants in this study were eight adolescents aged from 16 to 18 years in psychosocial crisis and seeking help from the mental health care system for the first time, and receiving network-oriented help. The adolescent chose one or two additional respondents from his or her family/social network. Practitioners involved were included as respondents in the final interview in each case, together with the adolescent (in two cases, such an interview was not conducted). In total, we interviewed the eight adolescents referred to, four mothers, one father, two friends, one sister, and six practitioners; i.e., 22 respondents in all.

Creating Data: Procedures

Twenty-eight interviews, lasting from 1 to 2½ h, were conducted by the first author and the two co-researchers. The participants were interviewed individually or together

with the respondent(s) one person in from their network, according to their own choice. Interviews took place in settings chosen by the participants: at Sorlandet hospital or in the respondent's own home. In two cases, only one interview was conducted. In six cases, a series of interviews were carried out over a period varying from 7 to 12 months. To get a close sense of the bodily expressive way in which the participants responded, interviews were videotaped and transcribed by the first author. A diary note (five pages long) that was obtained from one of the adolescents was included as data.

Procedure of Analyses and Interpretation

The first author and the two co-researchers formed a working group in the process of analysis and interpretation, and met regularly.

First, we read through the texts with "deliberate naïveté" (Kvale and Brinkmann 2009), to get a sense and first impression of the material. Impressions and ideas were discussed, and notes were taken.

In a second step, following Sullivan's (2012) dialogical approach to qualitative data analysis, we reread the texts and identified "key moments" throughout the material. A key moment, as suggested by Sullivan, is a sequence of utterances/voices in which we find a significant meaning unit, and the key moment is characterized by its readiness for further responses (p. 72). Key moments were chosen from a mix of what we were struck by, what seemed most interesting, what seemed particularly laden with feelings and importance to the respondent, and what seemed most relevant to the research questions.

Attention to what seemed laden with feelings was an important aspect when choosing key moments. Drawing on Bakhtin, Sullivan puts the concept of "voice" at the core of his analytical approach. In the voice, a point of view is expressed through *intonation*. "Intonation is the sound that value makes" (Sullivan 2012, p. 44), and "such intonation gives discourse a textured feeling of heaviness and lightness and also colour as discourse becomes *lived experiences*" (italics added). When exploring lived experiences, focus cannot be reduced to the said (content); the saying (expressiveness) must be included. Consequently, attention was given to the emotional aspects and expressiveness of what was said: tone of voice, bodily gestures, pace in speaking, and so on.

In a third step key moments were analyzed by the first author, identifying units of meaning and possible themes. Following Sullivan (2012), and drawing on Cresswell (2012), the analysis of key moments also included identifying the conditions in which meaning and possible themes emerged, in terms of addressees (who is talking to whom),

discourse genre (in what kind of language/words), emotional aspects (with what feelings), bodily dynamics (with what gestures and movements), and ethical aspects (how are expressions answered). This helped us to take into account how lived experience, meaning, and dialogue are interconnected.¹ Preliminary suggestions of themes were discussed with co-researchers, and key moments were reread in light of emerging ideas.

Following a dialogical hermeneutical approach (Cresswell and Smith 2012; Sullivan and McCarthy 2005), we, in a fourth step, included theoretical perspectives (introduced above) as interpretative help in the explorative-analytical process. These outlined steps were not chronological but rather an ongoing multivoiced process of co-creation of meaning in which theoretical perspectives were included.

Ethical Considerations

In this study, adolescents and persons in their network were invited to be interviewed about sensitive aspects of their lives. It was emphasized that respondents should not feel compelled to speak about themes uncomfortable to them. The interviews could have a character close to therapeutic conversations, and clarifying the role of the interviewers was important. Possible emotional difficulties from interviews could be followed up in the ongoing mental health care initiatives. The study was approved by The National Committee for Medical and Health Research Ethics.

Findings: Emerging Through Explorative Dialogues

In the following, we present the emerging findings in a way that also displays the dialogical explorative process. This is done through three steps. First, we describe some sensitive points in our exploration that were decisive for the findings. Key moments from two of the cases are introduced. Then, we present the findings in terms of a main theme, two dimensions, and four aspects, and display these in a diagram. Finally, we explore these findings further through key moments from a third case by pointing to a possible dynamics of change in the girl's movements into, and out of, her difficulties. Although they are presented through key moments chosen from three cases, the findings emerged on the basis of all data.

¹ These dialogical conditions were taken into account in our process of analyzing but are only indirectly part of our presentation of results.

Meeting Phillip²

Movement in Relation to Others' Movement: A Matter of Life and Death

Phillip, a 16-year-old boy, told us about how he was bullied in school.

I walked over to some friends, but they walked away. I felt, "Why would they do such a thing?" (said with a raised voice and in a tone of despair). It was violation. It hurt so much it was hardly bearable. It was like being beaten to death.

This utterance stood out as particularly laden with feelings and made a strong impression and moved all three of us (First author and co-researchers). We again and again returned to this key moment in our discussions.³ We saw that this utterance turned out to be a possible prism in our search for crucial experiences in the respondents. Phillip's description of this event is about *movement*, it is about *movement in relation to the movement of others*, it is about his *experience* of movement. And—perhaps the reason that his utterance is so striking—he experiences this event as *a matter of life and death*.

This key moment, along with *movement* and *experience of movement* as key concepts, we brought with us in a new reading of all the chosen key moments, and we found that many of them involved movement in relation to the movements of others.

Meeting Monica

Dimension 1: A Place for Me—No Place for Me (Ethical Space)

In our ongoing exploration of the material, we found some concepts that helped us to find a way of revealing aspects related to movement and experiences of movement that seemed to run through many of the chosen key moments. From Monica, we got the idea of the first dimension that we found essential in many of the adolescents' experiences: *Ethical Space: A place for me—No place for me*. Monica told us that at a difficult time in her life, she had a quarrel with her foster parents, and they "called me some very nasty things," which ended with her foster father's voice saying, "You have totally disappointed me. Please leave." Monica remembered this very well and felt it as very hurtful; it was like a betrayal, she says, and continued as follows.

² All names are pseudonyms.

³ This utterance and the story of Philip are elaborated on in our article "Change is an ongoing ethical event: Levinas, Bakhtin and the dialogical dynamics of becoming" (Bøe et al. 2013).

Because then I went to my room and I sat there for, I don't know how long I ..., and I cried and I cried and I cried and I cried. I didn't know where to go. You are in so much pain that you consider taking your own life. It's a bit difficult to explain.

She expresses her despair in “*I didn't know where to go.*” She felt that the ones that she always knew she could go to were no longer there for her. This feeling literally turned into thoughts of killing herself. It was a matter of life and death socially, existentially, and bodily. Monica also expressed the way that things turned for the better, after a period of withdrawing from her social life, in terms of having someone to go to and somewhere to go: “My friend, she got me out of my shell. She is my rock.” Her friend offered her a space in which she could move, we might say. “She gave me safety,” she said.

This spatial feeling of “a place for me” or “no place for me” seemed to articulate a dimension at the core in the adolescents' experiences of their difficulties *and* ways out of difficulties. We conceptualized this as *Ethical Space* to capture the way that their sense and experience of this space seemed to have a fundamental relational and ethical quality. This space, as an experiential reality, seemed to be ethically laden by the way that others valued or devalued their movements. To move and feel alive, they needed this *life-giving* Ethical Space to be offered to them by others. Conversely, not being offered this space seemed to lead to a feeling of *deterioration*, space taken away from them.

Interpretative Help from Bakhtin, Dastur, and Shotter

Dimension 2: Before-Event of Anticipation—Event of Movement—After-Event of Experience (Ethical Time)

The second dimension, *Ethical Time: Before-Event of Anticipation—Event of movement—After-Event of experience*, was articulated with help from some of the theoretical ideas and concepts presented above. We found that the concepts of “event,” “anticipation” (of the future in advance), and “experience” (of the past in delay) seemed to offer a possible understanding of how movements, and the experience of movements, were interrelated. These concepts were found in the writings of Bakhtin, Dastur, and Shotter, as briefly presented above. Following Bakhtin, the episodes, or events, that the respondents describe are about their participation in “being-as-event”, and what is at stake is their ongoing becoming through responsiveness to these events. Dastur (2000) points to a diachronicity in our becoming. Our experience is always in delay, in what we could name an *After-Event of experience*. In this After-Event, the adolescents relate to the movements of the event, their own and others. Furthermore, following Shotter (2005, 2012), their

movements seem to be formed from, or made possible (or not possible), by their *anticipations* of the future, their sense of the continuance of the movements of the event. This we could name, as a correlate to the After-Event of experience, as a *Before-Event of anticipation*.

This temporality of Before-Event—Event—After-Event seemed to articulate another essential dimension at the core of the adolescents' descriptions of their experiences. We conceptualized this as *Ethical Time* to capture the way that their sense of time seemed to have an ethical and relational quality. This Ethical Time, as an experiential reality, seemed to emerge from the valuing responses of others, experienced in the After-Event or anticipated in the Before-Event. To move and feel alive, they needed this life-giving time to be offered to them by others. Conversely, experience and anticipation of devaluing responses led to a feeling of *deterioration*, time taken away from them.

In the case of Phillip and the episode in the schoolyard, the *Before-Event of anticipation* is his sense of the situation that he is moving into, of the landscape that he enters, in a way prior to the event itself. He approaches the others in *anticipation* that he will be met and answered by them. This makes Phillip's steps toward the others possible. Then there is *the Event of movement* itself, his actual bodily steps in the schoolyard and the actual movement away by the other children. Then there is the *After-Event of experience*, in which Phillip is left with a difficult, hurtful feeling.

It is at this point that we would like to summarize and organize conceptualizations of ethical time and ethical space that we have so far used in making sense of Philip's and Monica's experiences:

Main theme: change is an event of becoming through movement in Ethical Time and Ethical Space. Two dimensions: (1) A place for me—No place for me: Ethical Space, and (2) Before-Event of anticipation—Event of movement—After-Event of experience: Ethical Time. Within these two dimensions, we suggested four aspects: (1) an opening Before-Event—offering space for my movement, (2) a closing After-Event—not offering space for my movement, (3) a life-giving Before-Event—the experience of being valued, and (4) a life-deteriorating After-Event—the experience of being devalued.

This could be displayed as a multifaceted “event of becoming through movement”, as in the following diagram⁴ (Fig. 1).

⁴ We present such a diagram with hesitation. Life and experience cannot be captured in any diagram. As said in a meeting with the adolescent-group when we presented a version of this diagram: “Life isn't just this, it's always so much more”. Still the youths participating in this meeting related many of their own experiences to the display of the diagram. Our hope is that it may reveal, or point to, aspects of living, despite the fact that it may hide other aspects of living.

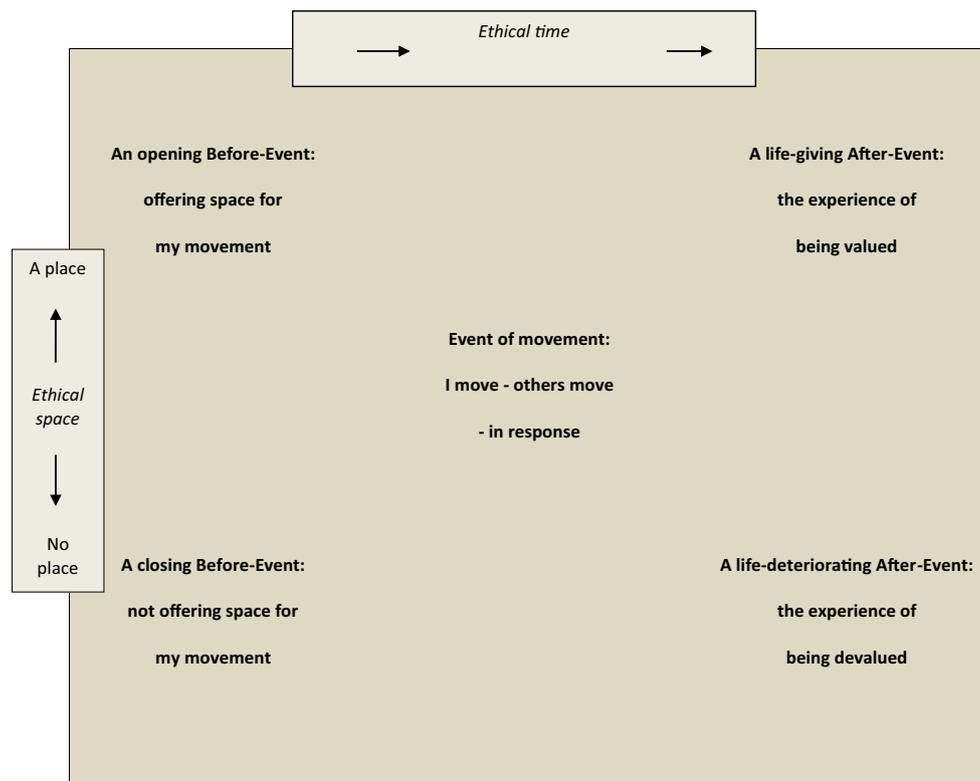


Fig. 1 Event of becoming through movement

This diagram offers a possible way to display the many aspects involved in “the event of becoming through movement” in which the dynamics and processes of change happen. It is not a model that shows the dynamics by identifying a certain process of change with a starting point and an end point. Rather, it displays the multifaceted nature of the ongoing event of becoming in the sense that the adolescents are always in movement, always in the After-Event of what (just) happened *and* always in the Before-Event of what is about to happen—all at the same time. Its meaning is to show the way that this event of becoming through movement is constituted at the threshold between past and future, at the threshold between “me” and others, and at the threshold between what happens and my relation to what happens.

We have already met Philip and Monica. We now turn to Katherine to explore these findings further by pointing to the possible dynamics of change in the girl’s movements into, and out of, her difficulties.

Meeting Katherine

The Way they Said My Name—I was Frozen Out—I Became a Zombie

A primordial line of becoming in human living may be found in the way that we are welcomed by others in the

world and through this are called and allowed to move; as an *opening Before-Event*—*offering space for movement*. In a way, we see this in what Katherine tells us. When she was a child, she says, “I could just walk around and talk to people.” Her movements *find space* within her anticipation of being offered space (opening Before-Event) and the experience of being responded to and valued (life-giving After-Event), but then, something happens that she does not quite understand. The other children at school *look* at her, *speak* to her, and *move in a way* that she, at first, does not understand. She remembers this as follows.

[C]ruel looks and mocking words and me walking past the row of boys in the class, who quickly jerk away when they see me... Their faces twisted in disgust. (*From diary note*)

“It hurt,” she says; it was “like being frozen out...,” but I couldn’t tell anyone, because, in a way, it wasn’t anything.” This may be identified as *A closing Before-Event: not offering space for my movement*. In this episode, we see the way that it starts from the bodily way that the others respond to her approach (movement). The future, and her space to move in, gradually closes through the voice, the gaze and the movement of others. She is left with an experience (of what she now names as bullying) that was obscure but hurtful, and we may say that it was an experience of being devalued, *A life-deteriorating After-Event*:

the experience of being devalued. The vital conditions for moving and feeling alive were deteriorated, taken away from her.

She said, “I withdraw to my own world” and “I stopped talking to them, because if I did, my last hope that they might like me could be lost.” She withdraws somewhat from the threshold of *senses* and *relations* to others and into her own secluded *imagination* to protect herself. At school, she is a “Zombie,” she says, one of the living dead.

I couldn't say a word. I feel excluded and alone. I feel that I am in a completely wrong world. I don't belong at all. Everything in me turns inwards. Nothing in me manages to go outward to meet other people. As if I am behind walls of glass that shut out all air, colors, light. I promise myself never to become visible again, never to speak if no one asks me to, never to look into the eyes of others, never to attract any attention, never to hope, 'cause it just hurts if you fall. (*From Diary note*)

In seeing and hearing and being seen and heard, she may lose her existence through the devaluing gazes, voices, and gestures of others; still, in *not* seeing and hearing and *not* being seen and heard, she also may lose her existence through the lack of valuing responses. She is on the verge of life, on the verge of falling out of the movements of life.

She Asked Me to Go With Her—I was About to Say No—But I Said Yes

Katherine describes her need of, and search for, a way out of this withdrawal to her imaginative “preferred world.” She wants to take the steps into a living in which she again manages and dares to meet others. She says, “I wish I didn't need any of them,” but she realizes that she does. In terms of our findings, she is searching for *An opening Before-Event: offering space for her movement* and hoping for a *life-giving After-Event: the experience of being valued*. As a kind of turning point, Katherine describes an episode when she walked over to a new girl at school and started to talk with her. “Suddenly, I just did it” in a “bang” as she says, somewhat despite herself. What happened? She found, perhaps, a kind of invitation coming from this girl; she sensed hints of possibilities in the way that the girl moved and expressed herself, and these inviting hints perhaps played along with a readiness in Katherine. She now could respond in a way that was previously impossible when her decision was to withdraw totally from the world of others. Her attention now was more open to others, and she was able to discriminate between invitations and absence of invitations in others' demeanor. It seemed to happen, in terms of our findings, as an ethical event of becoming, located on the threshold

between her and the other girl, constituted by moving and sensing. Change in a way originated in the other girl, or on the threshold between them. An invitation was given, an opening was offered, and Katherine noticed and was ready to say “Yes”.

And it is questions like that I look for, that they would take the initiative so that I dare to go with them. And some days later, another girl asked me and then, kind of, again I was about to say “No,” I felt that but managed, kind of, *not* to do it, and actually to say “Yes.”

To move and to be visible became a possibility. The world, as a future, as a place—also for her—is again offered, and she enters it.

Discussion

The findings of this study seem to be in accordance with other studies based on lived experience by the way that they point to the significance of social aspects (e.g., Mezzina et al. 2006; Tew et al. 2012; see also the ‘[Introduction](#)’). When we ask the adolescents to describe their difficulties and their ways into and out of these difficulties, they tell us about happenings and experiences in relation to others in various social arenas. Based on their descriptions, we have presented a possible elaboration of what these social aspects are “about” by describing a “landscape of becoming” in which experience, movement, time, space, relations, and ethics interrelate. Although the adolescents do not necessarily use these words, it seems that their hurt and joy, hope and hopelessness, shame and pride, fear and safety, trust and mistrust, regret, anxiety, self-condemnation, guilt, sense of belonging, sense of meaning, love, and suffering..., all seem to emerge within this interplay, on this threshold between the themselves and others in the events of life. In this multifaceted ongoing event of becoming, their “movement-generated experience of aliveness” (Sheets-Johnstone 2011, p. 124) may arise—or not arise, we might add, as we have seen in the adolescents' experiences of “being a zombie,” “being beaten to death,” and “having nowhere to go.” Perhaps what we refer to as mental health could best be described and understood in terms of the way that feelings and experiences appear in the life-deteriorating or life-giving qualities of this interplay.

In our study, we found how profoundly movements of the body were present in the adolescents' descriptions. This is in accordance with other studies pointing to the way that human existence perhaps is best described in terms of bodily responsiveness (Gallagher 2012; Quillman 2012; Sheets-Johnstone 2008, 2009). Sheets-Johnstone, through her studies, shows how human movement should be

considered to be “our mother tongue” (2008, p. 213) and explored as *language*, because movements are expressive, semantically laden, gestures directed toward an addressee (2009, p. 223). This implies that movements are relational and meaningful. What we *feel*, and even what we *believe* and *value*, have a dynamics congruent to the dynamics of movement in this domain of intercorporeality. “[I]t is not only *that* one moves, but *how* one moves that is doxically and axiologically meaningful, for others as for oneself” (Sheets-Johnstone 2008, p. 212). What we corporeally express in our movements, Sheets-Johnstone says, is authenticated and affirmed through the responsivity or lack of responsivity of the addressee of the movement (2009, p. 231). Bodily movements are evaluative vis-à-vis others and in that sense ethical.

Our study revealed how the descriptions of movement included various aspects and modalities: movement is the *movement of the body (mine and others) directed toward or away from something/someone*, as indicated by the respondents in “He moved toward me” or “I wanted to flee.” Further movement is *the body’s expressiveness, such as tone of voice, facial expression, gestures, and posture*, as indicated in “The way she said ‘Hey’” or “The way they looked at me.” Movement also is *a physical activity, like heartbeat, sweating, and bodily tension and so on*, as in “I felt sick,” “My heart thumped,” or “I felt a rush in my body.” All these aspects and modalities were involved in “the event of becoming through movement” as described by the respondents. We also find the significance of these various aspects of movement, and the way that they are interwoven in communication, in studies from therapeutic settings. Quillman (2012) pointed to the way that aspects like the tone and pitch of our voice, facial expressions, and the posture of our body, seems to be of more importance in therapy than the content of what is said. We respond to our sense of these bodily appearances of others through our own bodily responses, “as in the rumble of panic in the belly when we feel dropped by another or the flush of pleasure in the chest when we feel seen, accepted, loved” (Quillman 2012, p. 5). This seems to be in line with the way that our study revealed not only the relation between movement and change but also the way that there is ethicality (“feel dropped,” “feel seen”) in the midst of significant events of movement.

We also found that *metaphors* deriving from the domain of bodily movement were important in many of the descriptions of the respondents (although the line between literal and metaphorical meaning often could appear blurry), as in “They froze me out” or “Everything in me goes inward, nothing goes outward,” and even the experience of space, as in “A place for me—No place for me,” focused on in this study, could be identified as having both literal and metaphorical meanings. This indicates that

experiences that we can identify as social or existential are given meaning through everyday language related to bodily experiences (see also Bøe et al. 2013). Furthermore, this may also indicate that the connection between our bodily living and what we identify as social or existential aspects of living are more interwoven than is usually thought.

If we again turn to Bakhtin (as presented by Sullivan 2007) he expresses precisely this fundamental dependence on others. Social and existential aspects are inherent in the bodily event of the encounter: We “find ourselves” through the “emotional–volitional tones of others” (p. 112) and only these tones of the voice, the look, the gestures, the movements of others “can’ vivify’ or give life to the self from outside the self. This cannot be done alone” (p. 113).

Philip, cut to the bone, expresses it as follows.

Now I can go to them, they say ‘Yes’, they don’t say ‘No’. So now I’m much better.

Strengths and Limitations

It seems that the participation of the coresearchers, and the way that they used their personal experience, facilitated a focus on the most significant aspects of the lives of the respondents, both during interviews and in reading the material. We also invited other adolescents and practitioners to share their thoughts related to presentations of preliminary ideas in our interpretative process of analysis. This, we suggest, may have contributed to valid and useful findings, and to keeping close to practice and lived experience. Our study made use of certain theoretical perspectives that revealed certain aspects of the material but probably concealed others.

Conclusion

What may be the implications for practice? Perhaps we again could turn to Shotter. He suggests that research is not about “‘seeing’ finished patterns existing objectively in the world” but rather is about finding possible articulations of “unfinished processes still open to many different kinds of *expressive* realizations” (Shotter 2014, p. 4). In this way, research can offer, in Shotter’s terms, a kind of “showing sayings” from which we can re-relate, re-orient and “see” “possibilities previously unnoticed” (pp. 4–5). The findings presented in this study—deriving from the language of the adolescents and molded by us in a further dialogue with theoretical perspectives—perhaps may show possibilities previously unnoticed in the lives of people in psychosocial crisis as well as within the initiatives of the practitioners. We could point out that this study indicates the importance of developing initiatives with a network orientation where

people from within the social arenas of the client are included. The significance of what happens in various social arenas should be recognized. The study also indicates that attention should be given to bodily aspects, expressiveness and responsiveness, within the encounters facilitated by the services. Through our bodily expressiveness, we may offer an Ethical Time and Space—a place and a future—that may be life-giving to those we meet.

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Paper 3



‘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 sister¹)

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; Pinosof & 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*, *wordslaction*, *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 video-taped, 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. Shotton (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 quotes⁴ (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 | | |
|---|--|--|---|--|
| Dimensions of speaking | Temporal Dimensions | 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 ‘booted 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 quiriness 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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Paper 4



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 |
| <p><i>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?</i></p> | <p>Yes, so you can ask them if you need information on something that's important for you?</p> <p>So what do you say that makes it easier for you?</p> | <p><i>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</i></p> | <p>What is it that makes you ... feel better about yourself?</p> <p>Yes</p> <p>So it's easier for you to ask now?</p> <p>Yes</p> | <p><i>I was shy 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</i></p> | <p>Mm... no (almost whisper) I'm not so quiet. If I need something important I ask my friends</p> <p>Yes, I have become better at doing that</p> <p>(Nods)</p> <p>Maybe my new friends like foreigners?</p> <p>Mm</p> | <p><i>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.</i></p> <p><i>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.</i></p> | <p>Mm</p> |

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 |
| <i>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.</i> | Can you do that...if you are unsure of where you shall meet or what you shall do? Can you raise your hand and ask the teacher...or? You do that? That's good 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. Yeah...so that's working out fine 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? | | | | Yes Yes (Nods) Yes Yes Mm 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 But in the lessons I cooperate with the others, but not in the breaks But sometimes I see those who pass me and then I say "Hi" to them. | <i>This, what TI 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 TI is pressuring him; it is very good.</i> | |
| | Yes Okay Yes, in the breaks Yes..... | <i>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 TI asked those questions. This has been a theme before, but now Philip is telling this more openly, and this is</i> | How is that for you? Yes | | | | |

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 |
| <p><i>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.</i></p> | <p>Yes</p> <p>Mm</p> <p>Is it difficult for you to make contact with the others after the lessons? So you could be with them in the breaks?</p> <p>Or are there a few that are together in the breaks because they don't know each other so well?</p> | <p><i>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.</i></p> <p>So it's okay in the lessons then?</p> | <p>No... it's not really a crisis, or I don't feel sad or something like that... because we eat in the breaks.</p> <p>So when there is a new lesson, we start to cooperate again</p> <p>Yes</p> <p>Yes</p> <p>Um... it's like I don't know the others so well</p> | <p><i>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 bearing too much. It is harmful to hear this.</i></p> | | | |

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 5:
Information and declaration of consent, the adolescent and guardians
(in Norwegian)

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 terapisaamtale 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 det 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 intervjuer 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 egne erfaringer 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.

Slutt dato for forskningsprosjektet er satt til 2018. Data vil da bli aidentifisert 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 skrevet. 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, 7. april 2011

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

(Underskrift av forelder eller foresatt, dato)

Appendix 6:
Information letter and declaration of consent, persons in network
(in Norwegian)

Forespørsel om deltagelse i forskningsprosjektet:

Livsverden og dialog i psykisk helsearbeid - En studie av endringsprosesser i nettverksorientert hjelp til unge i krise

Til:

Pårørende eller annen person i nettverket til en ungdom som får tilbud av Avdeling for barn og unges psykiske helse.

Hensikt og bakgrunn

Vi spør deg med dette om å delta i en studie der hensikten er å utvikle kunnskap om hjelp til unge i krise. Studien er en del av forsknings- og fagutviklingsprogrammet Dialog og samhandling på Agder som drives i et samarbeid mellom Universitetet i Agder og Avdeling for barn og unges psykiske helse (ABUP) ved Sørlandet sykehus.

Hva innebærer deltagelse i forskningsprosjektet?

Du er pårørende, eller en annen person i nettverket, til en ung som får hjelp ved ABUP. I den forbindelse ønsker vi å intervjuer deg om de tanker og opplevelser du har rundt hjelpen ABUP gir og om hvordan denne hjelpen, sammen med andre forhold, påvirker livet til den unge.

Vi ønsker å intervjuer deg to, kanskje tre, ganger. De to første intervjuene gjennomføres med ca en måneds mellomrom og så et mulige siste intervju om ca et halvt år. Alle intervjuene vil trolig vare rundt 1 – 1 ½ time og vil bli filmet. Du vil også bli bedt om å fylle ut et par enkle skjema hver gang du er med på samtale ved ABUP. Disse tar det bare noen få minutter å fylle ut. Det er hele tiden frivillig og opp til deg om du vil trekke deg eller være med videre i studien

Mulige fordeler og ulemper

Noen kan oppleve det å bli intervjuet om personlige tema som ubehagelig. Du kan la være å svare på spørsmål om du synes det er ubehagelig. Hvis det skulle oppstå ting du synes er vanskelig kan du ta dette opp i samtale med forskeren eller be han formidle kontakt med en du kan prate med. Samtidig er det slik at personer som lar seg intervjuer ofte opplever dette som positivt og meningsfullt. Om du deltar i denne studien kan du bidra med kunnskap som igjen kan være med å forbedre den hjelpen psykiske helsetjenester gir til unge.

Hva skjer med informasjonen fra deg?

Intervjuene og de utfylte skjemaene vil bare være tilgjengelige for autoriserte forskere, veiledere og personell som alle har taushetsplikt. Studien har med to medforskere forskningsprosessen. Medforskere er engasjert med bakgrunn i sin egen erfaring med psykiske vansker. De er blant annet med for at vi i studien kan stille så gode spørsmål som mulig og for å være med å forstå så godt som mulig det vi finner. Disse vil være med i gjennomføringen av intervjuene. De to medforskerne er Gunnhild Ruud Lindvig, erfaringskoordinator, og Karianne Zachariassen, erfaringskonsulent, begge tilknyttet Sørlandet sykehus.

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

Hvis sitater fra intervju med deg blir brukt i artikler eller andre former for publisering, vil dette, så langt det mulig, gjøres uten at det er mulig å gjenkjenne deg.

Slutt dato for forskningsprosjektet er satt til 2018. Data vil da bli aidentifisert 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 tilbudet til den unge eller for din videre deltagelse i tilbudet. 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.

Vi ber om at du svarer inne 10 dager fra du har mottatt dette skrivet. Du kan levere det til ABUPs terapeut i saken eller sende det til:

Tore Dag Bøe
Forskningsenheten ABUP,
Sørlandet sykehus HF,
Postboks 416,
4604 KRISTIANSAND.

Kristiansand, 7. april, 2011

Vennlig hilsen

Tore Dag Bøe
Forsker, ABUP, SSHF

Samtykke til deltakelse i studien

Ja, jeg er villig til å delta i studien.

(Underskrift av deltager, dato)

Appendix 7:
Interview guide, adolescents (in Norwegian)

Intervjuguide, den unge

Innledning

- Vi holder på med en undersøkelse om ungdom som går til samtaler ved Avdeling for barn og unges psykiske helse (ABUP). Derfor har vi lyst å snakke med deg. Du har mye informasjon og kunnskap som er viktig for oss, så tusen takk for at du har sagt ja til å prate med oss.
- Vi er en forsker og en med egenerfaring.
- En av samtalene du har hatt har vært filmet og Per Arne har intervjuet deg om samtalen. Denne samtalen med deg er en fortsettelse av dette...
- Du trenger ikke svare på alt vi spør om, du bestemmer hva det er ok å snakke om.
- Er det noe du har tenkt på eller vil spør om før vi går videre?

1. Faktadel:

Før vi begynner er det noen opplysninger vi ønsker å få fra deg: Se eget ark.

2. Erfaringer, beskrivelser og refleksjoner:

Først om livet ditt i ulike sammenhenger:

- Kan du fortelle litt om hvordan du har hatt det vanskelig nå og den siste tiden?
- Hvordan merker du dette vanskelige i livet ditt på de ulike arenaer og sammenhenger du er med i? Hvordan har du det på de ulike arenaene i livet ditt for tiden?
- Hvem er særlig viktige for deg i ditt liv? Nevn 3-5 personer. Fortell om ditt forhold til dem. Gjerne en konkret gang dere hadde det fint sammen.
- Er det noen du har et særlig vanskelig forhold til? Nevn 3-5 personer. Fortell om ditt forhold til dem. Gjerne et konkret vanskelig møte.
- Kan du beskrive en typisk dag? Hjemme, skole, med venner, arbeid, for deg selv.
- Kan du beskrive en eller flere gode hendelser i livet ditt i det siste?
- Kan du beskrive en eller flere vonde/vanskelige hendelser i livet ditt i det siste?
- Hvordan har livet ditt vært i endring (til det bedre, til det verre) den siste tiden? Hvor har disse endringene skjedd? Hva er blitt annerledes? (Har det endret seg "inni deg" eller mellom deg og andre rundt deg?)
- Finnes det noen vendepunkt-historier i livet ditt?
- Hvordan har du det økonomisk? Hva har penger/mangel på penger å si for ditt liv på ulike arenaer?

Så om samtalene ved ABUP:

- Hvordan har samtalene ved ABUP vært? Særlig nettverks-samtalene. Fortell gjerne om et konkret møte; hvem var der, hva ble sagt, hva sa du, hva følte du, hva tenkte du?
- Hva har samtalen ved ABUP betydd for deg og (vanskelighetene i) livet ditt?
- Tror du samtalene ved ABUP har gjort at ting har endret seg også på andre områder i livet ditt?
- Hvordan har du opplevd filmingen og intervjuene til Per Arne Lidbom? Hva har de betydd?

Så refleksjoner om endring:

- Har du tanker om hva som har gjort at du har fått det bedre, eller verre? Hva har hjelpen fra ABUP hatt å si? Hva har nettverksmøtene hatt å si? Hva tror du skal til for at du skal få det (enda) bedre?

Er det noe vi ikke har kommet inn på? Noe som du vil fortelle?

Til slutt: Vi ønsker å intervju deg igjen én eller to ganger til (gjøre avtale?). Vi ønsker også å intervju en person i nettverket ditt. Er det greit? Hvem kunne det være?

Man kan tenke at intervjuet har tre deler/dimensjoner:

1. Faktadel (bli kjent, kartlegge)
2. En beskrivende, fortellende del (fenomenologisk: hva skjedde, hva tenkte, følte, gjorde du, os.v.).
3. En mening/refleksjon/fortolkningsdel (hermeneutisk: hva synes du om det?, hva har det betydd for deg?, hvordan har møtene virket inn på livet ditt?, hva slags sammenheng ser du mellom...., hva tenker du er grunnen til at det ble bedre?).

Disse vil ikke være adskilte, en vil bevege seg inn og ut av de ulike dimensjonene!

Ulike tids-faser og ulike sosiale arenaer:

| Før Krise/Før hjelp | Krise: | I og etter krise: | I og etter krise: |
|------------------------|--------|-------------------------------------|-------------------------------------|
| Kroppen | | Kroppen | Kroppen |
| Den unges indre verden | | Indre verden | Indre verden |
| Familie | | Familien | Familien |
| Skole | | Skolen | Skolen |
| Venner | | Venner | Venner |
| | | Behandlingsverden, nettverksmøte | Behandlingsverden, nettverksmøte |

Appendix 8:
Interview guide, persons in network
(in Norwegian)

Innledning

- Vi holder på med en undersøkelse om ungdom som går til samtaler ved Avdeling for barn og unges psykiske helse (ABUP). Derfor har vi lyst å snakke med deg. Du er pårørende/nærstående til en ung som får hjelp og dine erfaringer og din kunnskap viktig for oss, så tusen takk for at du har sagt ja til å prate med oss.
- Vi er en forsker og en med egenerfaring.
- En av samtalen har kanskje vært filmet og Per Arne har intervjuet deg om samtalen? Denne samtalen med deg er en fortsettelse av dette...
- Du trenger ikke svare på alt vi spør om, du bestemmer hva det er ok å snakke om.
- Er det noe du har tenkt på eller vil spør om før vi går videre?

1. Faktadel:

Før vi begynner er det noen opplysninger vi ønsker å få fra deg: Se eget ark.

2. Erfaringer, beskrivelser og refleksjoner:

Først om livet til deg og den unge i ulike sammenhenger:

- Hvilken arena er det du har felles med den unge?
- Kan du fortelle litt om hvordan den unge (og personer nær han/henne) har hatt det vanskelig nå og den siste tiden? På ulike arenaer og særlig den du har felles med den unge.
- Hvordan er din relasjon til den unge? Beskriv et godt møte eller et vanskelig møte. Hvordan opplevde du det møtet.
- Kan du beskrive en typisk dag på den arenaen du har felles med den unge, eller kjenner til?
- Kan du beskrive en eller flere gode hendelser.
- Kan du beskrive en eller flere vonde/vanskelige hendelser.
- Hvordan har livet til den unge vært i endring (til det bedre, til det verre) den siste tiden? Hvor har disse endringene skjedd? Hva er blitt annerledes?

Så om samtalen ved ABUP:

- Har du vært med på samtaler ved ABUP? Hvordan har samtalen ved ABUP vært? Særlig nettverks-samtalene. Fortell gjerne om et konkret møte; hvem var der, hva ble sagt, hva sa du, hva følte du, hva tenkte du? Hvordan var dette møtet for den unge, tror du?
- Hva har samtalen ved ABUP betydd for deg?
- Hvordan tror du samtalen har blitt opplevd av den unge?
- Hva tror du samtalen har betydd for den unge? Tror du samtalen ved ABUP har gjort at ting har endret seg også på andre områder for den unge og hans nærmeste?
- Hvordan har du opplevd filmingen og intervjuene til Per Arne Lidbom? Hva har de betydd?

Så refleksjoner om endring:

- Har du tanker om hva som har gjort at den unge og evt du/dere har fått det bedre, eller verre? Hva har hjelpen fra ABUP hatt å si? Hva har nettverksmøtene hatt å si? Hva tror du skal til for at den unge, du eller dere skal få det (enda) bedre?

Er det noe vi ikke har kommet inn på? Noe som du vil fortelle?

Man kan tenke at intervjuet har tre deler/dimensjoner:

1. Faktadel (bli kjent, kartlegge)
2. En beskrivende, fortellende del (fenomenologisk: hva skjedde, hva tenkte, følte, gjorde du, os.v.).

3. En mening/refleksjon/fortolkningsdel (hermeneutisk: hva synes du om det?, hva har det betydd for deg?, hvordan har møtene virket inn på livet ditt?, hva slags sammenheng ser du mellom...., hva tenker du er grunnen til at det ble bedre?).

Disse vil ikke være adskilte, en vil bevege seg inn og ut av de ulike dimensjonene!

Ulike tids-faser og ulike sosiale arenaer:

| Før Krise/Før hjelp | Krise: | I og etter krise: | I og etter krise: |
|----------------------------|---------------|-------------------------------------|-------------------------------------|
| Kroppen | | Kroppen | Kroppen |
| Den unges indre verden | | Indre verden | Indre verden |
| Familie | | Familien | Familien |
| Skole | | Skolen | Skolen |
| Venner | | Venner | Venner |
| | | Behandlingsverden, nettverksmøte | Behandlingsverden, nettverksmøte |

Appendix 9:
Approval Norwegian National Committee for Medical and Health Research
Ethics (2010/2973-2)



UNIVERSITETET I OSLO

DET MEDISINSKE FAKULTET

Professor Kjell Kristoffersen
Universitetet i Agder
Fakultetet for helse- og idrettsfag
4604 Kristiansand

Regional komité for medisinsk og helsefaglig
forskningsetikk sør-øst D (REK sør-øst D)
Postboks 1130 Blindern
NO-0318 Oslo

Telefon: 22 85 05 93

Dato: 04.02.11

Deres ref.:

Vår ref.: 2010/2973-2

E-post: post@helseforskning.etikkom.no

Nettadresse: <http://helseforskning.etikkom.no>

Livsverden og dialog i psykisk helsearbeid. En studie av endringsprosesser i nettverksorientert hjelp til unge i krise.

Vi viser til svar på merknader av 20.01.11 i forbindelse med godkjenning av det ovenfor nevnte forskningsprosjekt.

Prosjektleder er professor dr. polit. Kjell Kristoffersen.

Forskningsansvarlig er Sørlandet sykehus ved øverste administrative ledelse.

Vedtak:

Komiteen har vurdert søknaden med svar på merknader og godkjenner at prosjektet gjennomføres slik det nå foreligger, jf. helseforskningsloven § 10.

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

Det er ikke nødvendig å innvilge fritak fra taushetsplikt for medforsker i og med at denne nå er ansatt i et engasjement ved ABUP.

Komiteen forutsetter at data lagres på et nettverk som er godkjent for dette og under kontroll av prosjektets forskningsansvarlige institusjon. Forskningsprosjektets data skal oppbevares forsvarlig, se personopplysningsforskriften kapittel 2, og Helsedirektoratets veileder for «Personvern og informasjonssikkerhet i forskningsprosjekter innenfor helse- og omsorgssektoren», <http://www.norsk-helsenett.no/informasjonssikkerhet/bransjenormen/Personvern%20og%20informasjonssikkerhet%20i%20forskingsprosjekter%20v1.pdf>

Tillatelsen gjelder til 31.12.2018. Av dokumentasjonshensyn skal opplysningene likevel bevares inntil 31.12.2021. Opplysningene skal lagres aidentifisert, dvs. adskilt i en nøkkel- og en opplysningsfil. Opplysningene skal deretter anonymiseres eller slettes.

Prosjektet skal sende sluttmelding til REK Sør-Øst D senest 31.06.2019.

Med vennlig hilsen

Stein A. Evensen (sign.)
professor dr.med.
leder

Ingrid Middelthon
seniorrådgiver

Kopi:
Sørlandet sykehus