

Co-generating Dialogical Spaces: Challenges for Open and Anticipation Dialogues and Dialogical Practices in General

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Abstract

This article discusses co-generating dialogical spaces as a core task in dialogical practices. Dialogical spaces are understood consisting of five interdependent dimensions: the physical space and what is made of it, the space in time and how to use and share it, the social space of inclusion and safe presence of togetherness, the mental space of openness and empathy, and the discursive space affording hearing and being heard. To study these dimensions, I “benchmark” two network-dialogical practices, Open Dialogues and Anticipation Dialogues, in their respective contexts of practice and arrive concluding that co-generating dialogical spaces with those present could well be a core task in not just these two but in any dialogical practice, network oriented or not. I wish to present a reflective practitioner and hope to encourage curiosity and exchange across schools of thought.

Key Words: *dialogicity, dialogical space, social networks, otherness, worries, control*

I will look at Open Dialogues as used in psychiatry and Anticipation Dialogues as used in the no-mans-land between health, social, education and other services around common clients. By dialogicity I mean a responsive way of being with fellow beings that draws from a respectful interest in how others see and experience things from their unique position in the social world and a willingness to enrich personal understanding in joint activity.

Dialogical practices – be they encounters in everyday life or in professional contexts – take place as concrete events in the world that take up time; they involve several people and call for both an open-minded mentality and a responsive (as opposed to a unilateral) discourse. These five dimensions – physical, temporal, social, mental and discursive – together make for a *dialogical space*.

Dialogical spaces come and go at ease in everyday life but in professional contexts they take more effort to generate and especially to preserve. Open Dialogues and Anticipation Dialogues are special cases, in that they are network-oriented multi-actor approaches to generating dialogues, but given their particular challenges, they could inspire reflection on other dialogical approaches, too.

“Original” OD and AD

Open Dialogues (OD) originated in mental health work around acute psychic crises and prolonged treatments. The core ideas have since been applied in other contexts and the approach has evolved with each new context. Nevertheless, it is the “original acute work OD” that will serve as the point of departure in the discussion below. Anticipation Dialogues (AD) originated from seeking ways to get unstuck in complex “multi-agency muddles”. Before considering the challenges, however, let us first briefly remind ourselves of the bare bones of AD and OD. (For a

more detailed description of both practices, see Seikkula & Arnkil 2006 and 2015, Spanish 2016 and 2019.)

Through a comprehensive case-analysis of Open Dialogues in 2011 researchers found seven core elements that brought success in practice encounters with severe acute psychic crises (Aaltonen et al. 2011). There have been several studies since, but the seven principles uncovered by research also serve well in describing briefly the original approach:

1. *Immediate help* within 24 hours after contact with the psychiatric system.
2. *Social network perspective*: inviting the family as well as other social network members.
3. *Flexibility* by adapting to the unique needs of the situation instead of following a pre-set protocol.
4. *Responsibility*: whoever is first contacted takes responsibility for organising the first meeting.
5. *Psychological continuity*: the team that is gathered takes charge of the entire treatment process for as long as needed.
6. *Tolerating uncertainty* by increasing safety and avoiding ready-made solutions.
7. *Generating dialogue* to find the best ways to progress in the treatment.

Unlike OD, Anticipation Dialogues were not developed within a treatment practice, although the approach may contribute to healing. The practice was aimed at improving cooperation between players in fragmented multi-helper situations. This cooperation was sought through a set of future-oriented questions in a joint meeting involving persons from the private social network and the professional network. Two facilitators would interview participants as if they were in the good future already and encourage them to recall the steps that took them there. These “recalled” steps are material for making a concrete plan of joint action. The first questions directed to the client and family:

1. A year (or whatever span of time agreed at the beginning of the meeting) has passed and things are quite well. How are they for you? What are you especially happy about?
2. What did you do to bring about this positive development - and who helped you and how?
3. What made you worried "a year ago" and what lessened your worries?

The professionals involved in the case are asked:

1. As you heard, things are quite well in the family. What did you do to support the good development - and who helped you and how?
2. What made you worried "a year ago" and what lessened your worries?

The second part of the meeting brings the participants back from the future and a concrete plan of *who does what with whom next* is assembled from the elements the participants expressed.

Dialogical Spaces

In analysing AD and OD – and relevant to the challenges for dialogical practices in general – I want to first elaborate on the concept of *Dialogical Space*. Among the many authors discussing

dialogical spaces between people, I have found the work by Ikujiro Nonaka et al. (2001) especially inspiring. They call the dialogical space “Ba” – referring to a concept originally developed by the Kyoto-school philosopher Kitaro Nishida. The Ba is simultaneously a *physical* space, a space of *presence* and a *mental space* generated in encounters. (For Nonaka et al., the space of presence can also be virtual). In wishing to incorporate important Mikhail Bakhtin and Emmanuel Lévinas -inspired dimensions, I would modify Nonaka’s conceptualization only slightly. In my discussion below, dialogical spaces are simultaneously:

- ✓ *physical spaces*
- ✓ *spaces in time*
- ✓ *social spaces*
- ✓ *mental spaces*
- ✓ *discursive spaces*

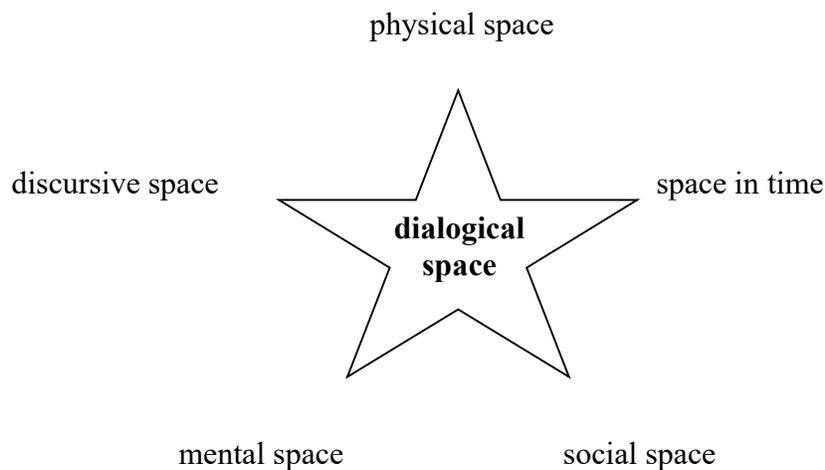


Figure 1. Dialogical spaces.

The dimensions are interdependent. In generating dialogical spaces, OD and AD practitioners generate it together with others who are taken into the meetings. Dialogical spaces are co-generated. OD and AD are, of course, not the only professional practices co-generating dialogical spaces. There are several other dialogical and collaborative practices and on top of that a great number of approaches that put dialogicity into practice without referring to the approach as being dialogical or using the concept at all (I shall return to such practices towards the end). After all, the main source of dialogical encounters and spaces is not to be found in professional contexts, but in everyday life. Friends who gather to discuss a film they just saw will seek an appropriate space, give it the necessary time, will form a kind of a “micro-cosmos” around the topic and, hopefully, listen to each other’s view without demanding others ascribe to one interpretation.

Dialogical spaces emerge without effort between people and also vanish as the action ends. In professional life they often require more determination to generate and especially to preserve

(my focus here is on the *relational professional practices* of doctors, psychologists, social workers, teachers and the like). When encountering situations that give rise to worry, professionals may be tempted to take shortcuts to gain control and follow an authoritative rather than a dialogical route. It needs to be pointed out, however, that the divide between dialogical and authoritative discourse is not a divide between good and bad, as there is a place for determined authoritative action and a place for responsive dialogues. Getting people out of a burning building calls for precise commands and for following orders, not network dialogues, and there are a myriad of less dire situations where authoritative action is the appropriate way to go. Nevertheless, there are situations where dialogues would be the more appropriate approach even if one feels the urge to assume authoritative control. Relational professionals come across such situations all the time – and this is where generating and preserving dialogical spaces is particularly tested. As both OD and AD were originally developed in contexts where worries grow and loom over a situation, these contexts are therefore particularly useful for discussing the general challenges for dialogicity.

Dialogicity and physical spaces

While attending workshops or conferences you may have observed how the physical space was arranged: an auditorium with rows of benches facing the podium, or a possibility for face-to-face contact between participants. Physical settings are not quite as innocent as they may seem - they “epitomise” ideas. Anyone interested in Foucault (e.g. 1980) will think of *genealogy*: for example, which “theory” of human encounters and communication “solidifies” itself in the given physical arrangement?

For dialogues, practitioners will want to find an appropriate meeting site and to arrange the settings, making sure everyone sees and hears each other properly, ensuring flexible possibilities for small group discussions, and so on. Physical spaces and arrangements do not enable or inhibit dialogicity as such, but they can enhance or hamper possibilities in significant ways. If we add *spaces in time* in the picture and look at combinations of physical and temporal spaces, we start to see how dialogical spaces do or do not emerge: Have you attended auditorium-seminars with presentation after presentation on the podium and no gaps for discussion? These might not be the most dialogue-friendly combination of physical space or spaces in time, but it is not an uncommon one either. Something like this can even be found at workshops with Dialogues in the title!

There is always *some* combination of physical and temporal space at play, albeit not necessarily intentional. Let us next consider spaces in time and the connection to dialogical spaces.

Dialogicity and spaces in time

A profound dialogue will require more than a couple of minutes, even between just two people, and more time is required with several people present discussing weighty matters and especially if all the voices are to be appreciated and heard.

The first Open Dialogues meeting in an acute psychotic crisis should be arranged without delay. After the initial meeting you may need more meetings, and the treatment process may require a whole sequence of meetings. Each meeting within the sequence will need appropriate time. To

“wedge” such sequential time-spaces into the structures of treatment-as-usual is a huge challenge. There are strong currents against this in mental health systems, where multi-actor network meetings can be seen as less “cost effective” than compartmentalising the problem and treating each component separately.

Making Anticipation Dialogues happen in the hectic temporal rhythm of services-as-usual is a considerable challenge, too, even though AD practitioners are asking for *one single meeting only* plus perhaps a follow-up session. It is a tough task to get professionals from their various agencies to attend even the one meeting, and on hearing it will take two to three hours, a gasp is not uncommon. “Two to three hours? We never have that much time per client!” professionals might exclaim, not noticing they in fact allocate *more* time per client but do it in small time-chunks spread over the calendar. AD lacks the strong driving force that you would expect to see with a mental health crisis, and this is reflected in the challenges of securing the necessary spaces in time.

Multi-agency muddles around clients and families are more likely to be stuck than to be moving along rapidly, with a history of frustrated attempts to bring about change. Unlike a psychiatric crisis that naturally positions the psychiatric system and especially the crisis team at the centre, prolonged multi-problem situations have no evident centre. In the diffuse situations that AD was created for, actors may be trying to anticipate unwelcome outcomes but not necessarily knowing what others are doing and wishing someone would take more control of the overall situation. The situations in which OD originated are also bewildering and even chaotic and alarming and there may be more problems involved than mental health distress alone, but nevertheless, the mental health issue generates a centre of gravity for the matters and proposes a more or less clear hierarchy of responsibilities between the actors. A diagnosis is, according to a sociological view, a charter of responsibilities, with the responsible definer placed at the top of an implicit hierarchy. There is nothing of this clarity available for AD, which starts out in a no-mans-land between multiple agencies and actors. It is, in fact, the basic task of AD to bring clarity to this no-mans-land, and this must be achieved within the very narrow time-space available.

As already mentioned, the suggestion of an AD-appropriate 2-3 hours for a meeting will typically be met with disbelief, and a sequence of meetings is simply out of the question. The Anticipation Dialogues happen in a single meeting, and this is generally all there is to achieve clarity in an opaque situation and thus better helping the client. The aim is a concrete plan of who does what with whom next and that the participants leave the meeting more hopeful than they arrived. How the spaces in time are arranged *within the single meeting* is of great importance in ADs. Follow-up studies show that clients and family members observe very closely how time is shared in the AD meeting: Do the participants get an equal share or does someone get to dominate, and so on. This may well be the case in OD, too, where participants will notice allocations of time, though with more meetings to come there are also more possibilities to compensate for any imbalances. Families interviewed in follow-ups of the AD process expressed great surprise in how equally they were treated in the meeting, and this is good news, of course, but also sad news: Did their experiences in “services-as-usual” lead them to expect inequality? (More experiences of respectful dialogical encounters may lead people to expect respectful dialogical encounters as the “new normal”, and this could provide an important push for cultural change.)

To better understand how important spaces in time are for generating dialogical spaces, let us focus on some of the finer details and examine the role of *utterances and responses* in encounters.

A separation of talking and listening (uttering and responding) takes place in both OD and AD, though it is more distinct in AD than in OD. This practice, originally inspired by Tom Andersen's work (1991), aims at making space for both external and internal voices to be heard. There is a *polyphony of voices* present even in one-on-one dialogues, let alone multi-actor meetings involving several participants. Besides taking part in dialogues *between* the people present, each participant takes part in dialogues with their *inner* voices. OD and AD practitioners want to make space for this multitude of voices, and they find that separating the talking and listening is helpful in this.

Separating talking and listening is so important in AD that the facilitators introduce a "rule" for it at the beginning of the session. This strictness arises from the need to secure a dialogical instead of an authoritative discourse (I will return to discuss discursive spaces). Securing a temporal space for polyphony is made in more subtle ways in OD than in AD, but is nevertheless still present.

Separating talking and listening slows down the pace of dialogue, thus the addition of such small "pieces" of time is necessary to *help each speaker to hear properly what they are saying and thinking themselves*. As the Lev Vygotskian (1972) view of thought and language makes clear, the thoughts of a speaker are not ready in sentences in syntax somewhere in the mind waiting to be released by the tongue, but are formed rather in the process of formulating the words and sentences, and the speaker herself/himself thus becomes the first hearer of their own utterances. Affording spaces of time helps the speaker to hear their own utterances and think their thoughts more clearly. The facilitators in AD and team members in OD will *repeat* the words of the speaker now and then and do this *verbatim*, trying to avoid altering the words or producing interpretations: "I heard you saying xxx. Did I hear you correctly?", maybe asking the person to tell a bit more. By means of this the facilitator/team member opens *a space in time for the voice of the speaker to be heard by the speaker themselves and also by the others present*. By repeating the speaker's words the facilitators/team members also augment polyphony: the repeated words are the same as the speaker's but uttered and heard in a second voice.

There is truly a lot happening in network dialogues where every utterance is made in the presence of others – and not just *any* others but people involved in the given matters, relationally connected people, significant others. So far, we have touched upon *physical spaces* and the importance of *spaces in time* in generating dialogical spaces. Let us now turn to the next dimension listed earlier, that of *social spaces*.

In generating social spaces the aspect of inclusion and exclusion is prominent. There is always some sort of "genealogy" at work, even if we do not realize it: Who do we consider as necessary to invite to the sessions, and who do we consider as not so important? Do we choose to see people as disconnected individuals or do we see them as profoundly relational beings? Viewing individuals as more or less independent suggests treating them more or less separately, whereas a relational view prompts us to approach each individual as an actor in their social networks. The second aspect to consider is how to generate the social space of presence once you have people

together – and this calls for the creation of a safe and welcoming atmosphere that encourages a feeling of “us here now together”.

Dialogicity and social spaces

Dialogues can be rich with polyphony and polyphony can be rich with a plurality of voices. The number is not as crucial as the variety of perspectives. As mentioned earlier, there is polyphony present even when two people meet, and the appropriate spaces of time can enable both external and internal voices to be heard. A relational view of human beings does not imply arranging network meetings around every issue, but it does suggest at least taking up relationships as a starting point. When this is insufficient for finding ways forward, more resources are sought by bringing together significant persons from the social network. But who are the “significant persons” and who points them out and how?

Assembling important relational resources is a bit different in an acute psychic crisis than in the no-mans-land situations between sectors in which AD originated.

An acute mental health crisis by its own dynamic operates to point out and gather together significant persons: There is the distressed person and maybe alarmed family members and there are pleas for help and contacts with services. Frightened people may not know the correct place to contact and may call the wrong number, but practitioners trained in OD principles will not steer them away but take responsibility and arrange the first network meeting together. The mental health unit and the crisis team become the drivers in the professional setting. They encourage the patient and the family to bring to meetings those persons they consider to be important supporters, be they kin, friends, neighbours or whoever. It is thus for the people involved to decide who are the significant persons in their private networks, although the OD team will emphasize the importance of family ties. Which professionals besides the crisis team would be invited to a meeting depends on the issues connected to the case and could include a social worker, a teacher, a physician, a manpower officer and so on, according to the matters at hand.

AD is not for crisis work. Assembling the network lacks the imperative of a crisis. Someone – most likely a professional – in a “multi-helper situation” finds him/herself worried about the fragmented situation and would welcome joint action. A worry is not a demanding driver that demarcates professional responsibilities in the way that a mental health crisis can. For AD, there is not the alarm to galvanise the players, nor a centre of gravity weighty enough to determine the structure between them. Both the motivation to assemble and a structure between the players have to be generated.

The petition for AD is a plea for help, not in a terrifying situation, but in a fragmented situation pointing to increasingly worrying outcomes for the people involved unless better cooperation is achieved. The worried person – usually a more or less frustrated professional though it could be anyone from the private network – asks for help in making the worry smaller by means of dialogue and coordination. The first people to talk to are the client and the family, who will decide who from the private network and who among the professional network players they want to be invited. It is thus the initiator’s worry and the discussion with the client and family that informs about the significant network: who are the persons we need to get into a dialogue to

make the worry smaller. The assembly of people necessary is *negotiated* with the persons involved, and as in OD, the client/family are encouraged to invite *multiple* voices.

After success in motivating the participants to attend (which is supported by their possible worry and frustration), the next task is to generate the social structure between the players. Professionals from different sectors and agencies typically have no given structure that automatically connects them. It is therefore an urgent task for AD to *generate a provisional structure in the professional no-mans-land*. There is a single meeting for this – and the small amount of time space emphasizes the need for the facilitators take the lead in the AD meeting. (I will return to this below when discussing the challenges faced in keeping the discourse dialogical versus authoritative.)

Both AD and OD aim at *integrating social network resources*. This includes helping private network players find mutuality and liaison as well as supporting cooperation between professionals. These are not separate goals but linked: professional skills and knowledge serve to support an integration with the most important resources the people possess – their social relationships. The integrated plans of action made in the open in OD and AD do not exclude individual work by individual experts. On the contrary, the plans made upfront afford the basis for actions by the various players, individually or in combinations. Each expert comes to know how their work can integrate with the life-world of the client and how it links with the work of other professionals in the context. In the OD meeting it can, for example, be decided that there will be sessions of individual psychotherapy for the patient. Those therapy discussions will then remain behind closed doors and would not be processed with others unless agreed. In AD, where the point of departure is the anticipated good near future of the client and family members, a joint plan of action consists of deeds that would materialize the steps towards that good future. “Who does what with whom next” is the concrete integrated plan summoned from what the participants expressed in “recalling a good future”.

Co-generating social spaces with opportunities for dialogicity thus starts with deciding who to bring together, and here dialogical practitioners need to reflect carefully on who might be potentially excluded by their choices, and to aim at a diversity of voices and views. When the invited people assemble, there remains work to be done towards generating a safe and welcoming *social space of togetherness*. Each participant enters the situation from some other situation and it takes psychological steps to form the new “us, here, now” social space, while practitioners do their best to provide a safe atmosphere. Joining is thus necessary at the initial stage of the encounter, but is of course not limited to the start and needs attention throughout. This takes us to the next dimensions, the mental space and discursive space and their significance in dialogicity.

Dialogicity and mental spaces

Returning to the example of workshops: Did you experience that you and the other participants were treated as unique persons worthy of listening to, or were the participants rather positioned as recipients? There is, of course, a place and the time for unilateral communication where the speaker does not consider it necessary to find out what the listeners are thinking, but a more responsive mental stance is often more productive even in situations one would want to control.

Training provides professionals with the appropriate means of *control*: Generating and preserving dialogical spaces would however often benefit from *refraining* from these means. Upon writing our book “Open Dialogues and Anticipations. Respecting Otherness in the Present Moment” (2016, Spanish 2019), I inquired of Jaakko Seikkula if he thought the seven principles of OD in crisis work were still valid in his new work-context, which involved couples in less dire situations and only a co-worker instead of a crisis team. “Do not put your best tools for change to work, there are better things on the way”, was Jaakko’s summary of the guiding principles, referring to those tools he had access to as a trained family therapist. Refraining from jumping into control allows room for insight – for both the client and the therapist – he concluded, this is what is valid in Open Dialogues in every context.

I would characterise a mental space that is auspicious for dialogicity as having “the certainty of not knowing”. Both Emmanuel Lévinas (2004) and Mikhail Bakhtin (1984) emphasized the importance of *difference* for dialogicity: dialogues are both necessary and possible precisely because we are *fundamentally different* and not alike. We are forever foreign to each other and *the Other is always more than one can ever grasp*, Lévinas underlined. The surest thing one can know would thus be that one does not know, that the Other is certainly more than I assume and hypothesize. John Shotter (1993) emphasized the *psychological uniqueness* of each person by pointing out that *each person occupies a unique place in their network of relationships*. Every individual occupies therefore – literally and not only figuratively – a unique point of view, a point for viewing the world that no one else can occupy. Harlene Anderson and Harry Goolishian (1988) first introduced the term “*not-knowing*” as an important position for psychotherapists and emphasized the importance of curiosity over pre-held theory-informed conceptions. Following Lévinas, who reminds that the Other will always remain more than we can grasp, I would like to add certainty in not-knowing in the sense that we certainly do not know the Other even if we have wonderful theoretical tools for interpreting. And this is why we need dialogue.

The mental stance embodied as “the certainty of not knowing” preserves room for the unique Other. One cannot see the world as the Other sees it and cannot experience it from the same point in relationships. One needs to *listen* to the Other and thereby find out and understand more, while acknowledging it is ultimately impossible to understand even the closest person through and through. One needs to respect and cherish this “inaccessibility” of the other and not jump into conclusions of knowing. Such respect for Otherness is tested when one feels the need to control the Other. One may be tempted to set conditions for hearing the Other out in the sense that they should meet some criteria of approval before deserving to be heard. Respect for unique Otherness is, of course, especially tested when one cannot approve of the deeds or values of the Other.

Unconditional respect for Otherness is at stake in situations where various *categorizations* are used for navigating complex social phenomena. Categories like gender, ethnicity, age, nationality, social status, and creed likely provide important resources for understanding social phenomena but narrow the mental space necessary for dialogue if they are used for “reading” individuals through them and supplanting their uniqueness. Taking the assumed characteristics as depicting all the members of a category renders pointless listening to the unique voice. One extreme in this is of course racism.

Relational professionals are not protected from categorizations when encountering complex social phenomena. On the contrary, in bewildering situations they face special temptations to substitute individual uniqueness with category-characteristics. “Schizophrenics are like this, depressed couples are like this, single mothers are like this, unemployed adolescents are like this, illiterate Near Eastern immigrants are like this....” Scientific taxonomies can be useful but also dangerous. Reading unique Others through categorizations can provide a means for navigating complex social situations but the door is likewise being held ajar for disrespecting Otherness.

Respect for the uniqueness of each individual does not imply isolating the individual mentally but to see unique individuals as occupying unique places in their networks of relationships. Instead of individualizing the individual, the relational view emphasizes *respecting unique relational individuals*.

Emphasizing the foreignness of the Other should not, however, hide the fact that while one cannot know the Other through and through, people can at the same time *understand the other person well* – and not only well but *perfectly*. We can feel the feelings that the Other is feeling. Emotions are “contagious” as Surakka (1999) puts it. As corporeal beings embodied in relationships, we attune to each other without effort and all the time, as shown in the study of Seikkula et al. (2015), for example. Although we cannot “read” each other’s feelings, we can nevertheless *feel* them. You meet a friend in tears and you shed tears, a laughing fellow makes you laugh. One does not need to “turn on” the feeling – it takes effort to turn it off.

Paradoxically, we can understand others and not understand them, and a “final explanation” of the Other will never be reached. We can, however, reach a *richer* understanding, but this requires *openness to multiple voices* instead of pursuing the uniform truth. Bakhtin underlines the *polyphonic* nature of truth, which is not an aggregate of partial views stitched together that would constitute the truth, but an inconsistent and evolving multitude of voices. To open up to such polyphony requires openness to the voices, an unrestricted respect for the unique Otherness of each person. The voices are easily restricted by setting requirements: “I will listen to you, if...”. A mental space that brings opportunities for dialogicity is open: I will respect your Otherness unconditionally.

On the one hand you could say that a mental space that is favourable for dialogicity is a prerequisite: if the participants are not respectful, curious and empathetic, a dialogical space will be hard to achieve even if you have an opportune place, plenty of time, and a safe enough social space. However, a respectful and sympathetically curious mentality is also an *outcome* of dialogical encounters. There are some initial conditions that need to be met, such as the readiness to reject hostility, but as the process evolves in a responsive manner, there will be more and more conditions met and the dialogical process in a way “feeds itself”. Dialogical spaces are *co-generated*.

Thus, to summarize the reflections above, it is important to avoid narrowing the room available for voices and to avert categorizations and strong convictions. It is also important to be alert to opportunities for empathy. The mental space could perhaps be described as “the certainty of not knowing through and through while also sharing emotions”. The challenges are somewhat different for OD practitioners in the mental health context than for AD practitioners in the no-mans-land between sectors and agencies. Mental health practitioners are expected to provide

diagnoses. AD facilitators, on the other hand, encounter worried professionals seeking concerted assessments of the problem. These challenges are met in generating and preserving *dialogical discourse* and trying to keep authoritarian discourse at bay.

Dialogicity and discursive spaces

Mikhail Bakhtin (1984) pointed out how utterances – all utterances, not just verbal ones – are simultaneously *responses* and *invitations to respond*. By uttering we respond to something and also invite responses to our utterance – and the responses are, again, invitations to respond, whether meant as such or not. Participants respond not only to something occurring in the immediate context but also continue dialogues elsewhere. Have you discussed e.g. disappointing arrangements at work with a colleague? Were you in a way addressing also the boss not present?

Let us return to the example of workshops: What kind of responses was the presenter inviting? Was the audience supposed to embrace the presenter's ideas or were they invited to elaborate on the ideas? In *authoritative discourse*, utterances are finite, completed already without the listener joining to develop them, so to speak; they do not require or welcome others to modify them. You are supposed to acknowledge the authority of the speaker and others are invited to absorb the ideas. In *dialogical discourse*, on the other hand, utterances are open and invite modifications and even playing with them. Discussing authoritative discourse with finite utterances inviting compliance Bakhtin (1981) points to religious dogma and other such hierarchically superior ideas that demand unconditional allegiance. I use the concept here to point to professional assessments, definitions and the like positioning the presenter as an authority.

In worrying situations where one anticipates unwelcome developments, there is the – very understandable – temptation to take shortcuts to control. One would want the Other(s) to see how things should be seen and act as the situation calls for. Such attempts to make the Other see it like I do and act as I deem necessary are in many cases motivated by care and taking responsibility, yet making the Other see things like I do and act accordingly is, nevertheless, hoping for the impossible. The Other does not and cannot occupy the same point in the social world. In situations of great danger, it is, of course, necessary to disregard this fact and assume authoritarian discourse or to submit to it, but there are countless situations where such shortcuts are not the way to go even when worries are growing.

Lévinas underlined how the fundamental *difference* between people is the basis for dialogicity. For Bakhtin, it is likewise precisely this difference that makes dialogues both necessary and possible, emphasizing how the differences *enrich* one's possibilities for understanding. A discursive space that gives opportunities for dialogicity would be a space where *richer views are sought instead of an alleged unanimity in views*. We can and certainly do extend our inevitably limited views by allowing ourselves to be impacted by others. The “end-result” will never be sameness. The pitfall in authoritarian professional discourse – and in authoritarian “lay discourse” as well – is the inadvertent epistemological assumption that there is a view “out there” achievable by all who try hard enough. There may be facts “out there” but they are inescapably viewed from unique and un-interchangeable places in the social world. People have different views before entering into dialogues and they have different views after dialogues, though after a multi-voiced dialogue their views are richer. There will be joint understanding in the sense of shared feelings, but not joint understanding in the sense of shared views.

The challenges that OD and AD practitioners face in generating and preserving dialogical discourse differ somewhat, I think. In the mental health environment OD team members navigate expectations around diagnosing and matching to treatment programs, and such expectations are not only requirements of the service system but also hopes that are sometimes expressed by apprehensive family members. These members may also, in some cases, appreciate a more authoritative stance by the team.

In AD the facilitators lead the process with their questions. The greatest challenge to generating and preserving the space for dialogical discourse comes from the participants who feel most frustrated in the fragmented situation. These would in most cases be professionals worn out by repeated though fruitless attempts to bring order to a situation that is disjointed and not going anywhere. If you add a growing worry to feelings of frustration, you have reasonable attempts to get the other players to understand what the situation is about and what needs to be done. Efforts to bring order in the work can be seen as caring for the client and taking responsibility, but they may nevertheless result in attempts at controlling how others think and act – and the door to authoritative discourse while disregarding Otherness is wide open.

The AD facilitators have the task to preserve dialogical discourse, and this requires remaining at the lead in the meeting rather than handing over control. AD meetings are therefore much more structured than OD meetings. The facilitators support open dialogical discourse by keeping to the rather strict rules of separating talking and listening and encouraging participants, through their interviewing, to talk in the first person and to express their subjective views arising from their unique place in the social world. The facilitators will not rest at subjectless “general” views or “standpoints of the profession” and will inquire politely, how is this *for you*.

An AD meeting is thus *very structured and very open at the same time*. There are no predetermined aims for the process besides the hope that everyone leaves the meeting more hopeful than when they came, knowing clearly who does what with whom next. Two facilitators take the lead and interview each participant individually while others listen. A polyphony emerges and accumulates, not by intense commenting, but by the utterances resonating within each other and in the inner dialogues. In taking and keeping the lead, the facilitators generate *a provisional structure* that provides a *dialogical space* in the opaque no-mans-land between sectors and agencies.

Conclusion

Discussing the challenges that practitioners face in generating and preserving dialogical spaces in the context of Open Dialogues and Anticipation Dialogues can help, I believe, to both expound the concept of “dialogical space” and in reflecting upon the challenges faced in other dialogical practices. While OD and AD network-oriented approaches are “special cases” among the wide variety of dialogical practices, perhaps there are common tasks in:

- ✓ arranging the physical place to make it appropriate for dialoguing,
- ✓ making sure there is adequate time and that it is “distributed” in a dialogue-favourable way,
- ✓ including the significant persons and helping them to join in the social space of presence,

- ✓ encouraging the open mental space for respectful curiosity and empathy, and
- ✓ preserving dialogical discourse jointly with the others in the encounters and averting authoritative discourse.

Perhaps this “five-fold” concept of dialogical space could be used as a tool to help prepare for dialogical practices and to reflect upon them afterwards. A further point, however, needs to be made about “dialogical practices”. Which practices are dialogical – and can structured Anticipation Dialogues be included in them at all?

First, there is a vast number of professional practices that call themselves dialogical. Most of these are one-on-one ways of working. On top of that, there are several network-oriented multi-actor approaches besides OD and AD that refer to themselves as dialogical or collaborative and dialogical. And then there are innumerable practices that under closer inspection have a dialogical heart, although they do not refer to themselves by that name and use other concepts for self-analysis.

Seikkula, Laitila and Rober (2011) present a tool for analysing “dialogical happenings of change” in family therapy. They followed how utterances and responses join interlocutors to create shared experiences. A careful analysis that includes the smallest details in the process brings into light both dialogical and not so dialogical moments in the practice. It is likely, that even the best dialogical practices are not and cannot be “wall-to-wall-dialogical”. The focus of analysis should therefore be in the moments of change that make the difference.

Marikki Arnkil (2019) applied and modified the tool to analyse a practice that did not call itself dialogical at all – an Italian pedagogical approach called “Conversational didactics” – and found a “vein of gold” of dialogicity in the practice. It could well be, as Jaakko and I suggested in our book (2016, Spanish 2019), that *all* relational practices that succeed in bringing about positive change have in fact a dialogical heart of responsiveness somewhere in the practice. My guess is that such practices are generating *dialogical spaces* and thus enable *dialogical happenings of change* to emerge – and that it is this that qualifies them to be considered as dialogical, regardless of the name that is given to the approach.

It would be worthwhile, I think, to search for further dialogical nuggets in relational practices regardless of their title. It is my hope that discussing the challenges for AD and OD in generating and preserving dialogical spaces will benefit discussions across the different schools of thought on dialogicity in general.

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