

Prefactual Understanding and Dialogic Collaboration: Swimming Against the Therapeutic Mainstream of Postfactual Knowledge

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Abstract

Until today research and practice of psychotherapy center on expert knowledge derived from past therapeutic processes, e.g., empirically determined rules or past personal experience with clients. Utilizing these derivations experts mainly try to provide solutions for the problems of their clients by reducing the complexity, ambiguity and openness of present dialogic collaboration to postfactual principles (John Shotter, 2016, might call them “after the fact”-principles). By doing so one tends to disregard the actual unfolding of dialogic nets of relationships – present external dialogs, present inner dialogs, expectations and wishes for the present and future – seemingly neglecting the actual and future local contexts. Therefore, in professional reflections prefactual sensitivity and astonishment for the discontinuities, unpredictable facts and the co-creation of new meaning are rarely minded and appreciated.

In our way to understand psychotherapy as dialogic collaboration we plead for a philosophical stance (Anderson, 1997) accentuating “present dialogic sensitivity” (Deissler, 2016) in order to better grasp the prefactual therapeutic processes. Clients and professionals gain a more sensitive and responsive understanding of the unique dialogic moment of the actual professional-client collaboration. Centering the prefactual processes together, client and therapist construct novelty by dialogically collaborating thereby opening possibilities for the not-yet said, done, and known.

Key words: *prefactual; dialogic collaboration; present dialogic sensitivity; action guiding anticipation; not-knowing*

“Language only exists in conversation.”

Hans-Georg Gadamer

We developed the concept of “prefactual” dialogic collaboration based on John Shotter’s (2016) prepositional notion of “before the fact”. In the following article, we center our attention on the actual or present therapeutic collaboration in the practice of psychotherapy – meaning psychotherapy can be comprehended differently if we emphasize the actual dialogic process of collaboration. This proposal is meant to help understand the therapeutic process in a way to gain improved quality of dialogic collaboration. Questions then may arise concerning whom or what we should direct our attention to or what we should notice in the actual tendency of therapeutic collaboration.

To answer these questions from a social constructionist understanding, we propose that, ethically, therapists should dedicate themselves to what is happening in the actual process of therapeutic collaboration. This should happen in a way that it can contribute to the collaboration and the construction of meaning and understanding together with the clients. We use the term ethically in this context to refer to a relationally responsible attitude towards the collaboration

between clients and therapists (McNamee & Gergen, 1998). Accordingly, as McNamee and Gergen might say, in a relationally responsible ethics, therapists are attentive to the process of opening viable possibilities and potentials for the clients and to the actual unique interactive moment of the therapeutic conversation (see case example “Actual Dialogic Collaboration” below). Furthermore, we reflect on how these forms of working together dialogically can contribute to and be useful for the client’s present and future possibilities and better understanding what they want and expect to happen.

We propose that a psychotherapist should orient towards actual therapeutic collaboration rather than to postfactual knowledge and its derived concepts. By postfactual knowledge we mean the attitude of an expert, who refers to past experiences deriving conclusions for the present and the future. In other words, by utilizing postfactual knowledge, facts that are considered as proven from the hindsight of the past are being used as “foundations” to explain the actual behavior of the clients and utilized as actual therapeutic guidelines. For instance, for a client who feels depressed, the traditional postfactual expert position would primarily refer to scientific results gathered from past research. Therapeutic manuals and personal experience of the therapist concerning the therapy of depressed clients would result in applied interventions from this expert knowledge derived from past experiences. In contrast, a prefactual attitude would rather accentuate the actual dialogic collaboration with clients, being sensitive to how the client’s life-world unfolds while dialoging, trying to understand by responsively accentuating the joint presence thereby inviting actual and future possibilities together.

We call this knowledge postfactual because it invokes findings that were made up in the past compared to the actual therapeutic conversation. In postfactual thinking, exactly because these findings were gained in the past, they claim to be the foundations of the present actions and preparing actions for the future. If possible, one should disengage more from the concepts of postfactual knowledge and favor the sensitivity for actual relational therapeutic processes instead.

Metaphors

Talking metaphorically, adopting postfactual knowledge, you walk backwards to the future – looking firmly to the facts of the past; or you drive a car in the forward direction with a blinded windshield exclusively looking to the rear mirror. Adopting this attitude in the actual therapeutic process, the participants might lose what is the most important in the presence of the conversation: the unfolding dialogical nets of relationships, the present inner dialogs of the participants and their anticipations and wishes for the presence and for the future as well as the actual and future local relational contexts.

To illustrate the subtext of what we are trying to say we will use three therapeutic examples:

Times

Some years ago, a female teacher in her late 40s visited me (Klaus Deissler) in my psychotherapeutic practice and asked me if I could help her. She said she was in constant sorrow about her mother who was nearly 80 years old. Specifically, she was worried about her mother being depressed about her life. When I asked her if she could tell me more about her worries, she

said that she was wondering which kinds of trauma her mother had suffered during her childhood that caused her to be depressed today. I listened to her astonishingly while she continued to explain her worries further and wondering what we could do about her mother's trauma. At the end of the session, I asked her if she could imagine coming together with her mother the next time. She agreed and we made a new appointment for a few weeks later.

Next time mother and daughter came together. The mother told me that she had talked with her daughter about the session before coming and that she agreed that she was depressed – namely that she lived in the house of her elder daughter and that they were in constant conflict about everything. Furthermore, she said that her life did not make any sense to her anymore because she expected to live 10 more years at maximum, and she did not have any meaningful activities to occupy her for the rest of her lifetime. We went on to converse about these topics, and my impression was that the two women and myself were astonished – each in their own way – about the constructive flow the conversation was taking. The session ended in a relief for the participants. Mother and daughter seemed to be reconciled with their points of view of the problems and said they enjoyed the course of the conversation.

In my ongoing inner dialogs after the conversation, three different perspectives of time emerged: the daughter worried about the traumas the mother had had in her childhood and how these past traumas affected her depression today, while the mother suffered the present quarrels with her elder daughter and was depressed about what she anticipated for the rest of her life (future).

Backwards into the future

During my (Klaus Deissler) work as a therapeutic supervisor at a psychiatric hospital in Langenfeld (near Cologne, Germany), a psychiatrist from Bolivia who worked at the clinic asked me if she could invite her son who would visit her in some weeks to our supervision seminar and if he could give us a little lecture about Bolivia from the perspective of a social scientist. The members of the seminar agreed so we invited her son to the next seminar, and he gave his lecture as announced. I must admit that I hardly remember the contents of what he told us – except one thing: He said that Bolivian Indians had a saying about time, namely that “the future lies behind us.”

The members of the seminar wondered about the meaning of this saying. The reflections in the seminar mainly contrasted the European thinking that the future lies ahead of us and that this saying makes sense if we assume that one cannot foresee the future – therefore they might say that the future lies behind us.

Thinking further about this saying, it made more and more sense to me. Especially one might think that while we are moving (into the future) we are walking backwards so that we cannot see what will come next in the future (because it lies behind us) but what we can see clearly ahead (while walking backwards) are the “facts” that were made up in the past.

In this context it is rather striking that the notion of “fact” stems from the Latin verb “facere” (to make, build, act, produce ...). “Factum” (fact) is something that has been made. So postfactual is a state after something has been made while prefactual refers to the state before it has been made so it seems that we are always in the transgressing state between the two.

Finally, the Latin verb “facere” has a similar meaning as the Latin verb “construere” (to construct) while the latter stresses more the ‘doing it’ together. As the future lies behind of us, we cannot see the facts that have not yet been constructed as future facts. We illustrate this with the following metaphor.

Driving on sight

Here the metaphor of driving a car comes into play – namely that you cannot drive a car by looking exclusively into the rearview mirror. Extending this metaphor, a little further, imagine that the windshield of your car is totally blinded and the only way to drive forward would be to use your rearview mirrors – how can you go on forward? The result may be that you must drive very, very slowly, open the window so that you can hear what happens outside and from time to time get out of the car and look to where you are heading and repeating this procedure again and again.

However, driving a car in the usual way you can at least see the extended present, where the road leads you, whether there is traffic in front and behind you and if you go for the destination, where you want to go to. Anyway, you still cannot know what will happen after you have passed the aims of the extended present, such as the next curve or traffic light. In other words, one can “see” the next events of the extended present; you can plan or anticipate what will happen in the future but cannot see it or be sure of it.

Combining metaphors

Putting these three metaphors – Times, Backwards into the Future, Driving on Sight – together, we enter the middle of a dispute that Shotter (2016) provoked by making an epistemological difference between “after the fact” and “before the fact” events.

Summarizing his critique of the dominant scientific discourse he is saying that empirical sciences analyze the gathered data derived from past facts, try to find patterns of these past facts, and generalize them to derive predictions for the present and future. In this way, the present and future are linear continuations of the past. Applying these postfactual analyses we lose the processes of what is happening when we generate new relational responses, or we lose our sensitivity for what happens before and in the moment of creating new and unpredictable events, respectively. In other words, John Shotter sensitizes us to what happens in the very moment of creation and to sense the direction in which we want to go or what we anticipate from our dialogical future, respectively.

Actual dialogic collaboration

Taking Shotter’s premises as a useful orientation for psychotherapy, we propose that we not only emphasize the actual dialogic collaboration in its unfolding process but also request to be open for the new, the surprising, the unexpected and the discontinuities in the dialogic processes. As openness for novelty and dialogic collaboration seem to be sisters and brothers who foster and require each other mutually, a therapist should always be attentive and sensitive to both.

The actual dialogic collaboration can be considered as contextually bound. These contextualizations can be related or marked to persons and their relationships, localities, and times. For example, they can take place in multiple contexts, including:

- within certain relationships (work, family, leisure time)
- at certain localities (company, at home, resort) and
- in the present (time)
- they can as well reflect past events, say something about the present time or project future ideas or actions.

And the contents, topics or subjects of actual dialogs can be very specific as well as general, mixed, and chaotic and they can be more or less structured. For example, a therapist and a family can talk about actual present feelings in the room, feelings concerning absent family members in everyday relationship, both intermingled, distracted from the subject in original focus and talk in responding to a therapist's questions.

From a postfactual reception this may sound as if actual dialogues were determined by certain (postfactual) ordering principles – independently of the person who realizes or describes them. Beyond that, one could even conceive them as organizing in a way that was self-evident in equal ways for any participant listener or speaker and that anyone would agree on the same cognizance and conclusions.

In contrast to this position, we want to emphasize here that this is what we do not want to suggest, but that there are unlimited actual ways to describe something – depending on the more or less polyphonic coordinated interests, feelings, attitudes and the context within which participants of a conversation may partake.

We want to stress here that the actual dialogic collaboration always takes place in the present and points beyond itself to something that is not yet factual – “before the fact” as it is called by John Shotter. One could call the not yet factual “prefactual” in complementary contrast to the postfactual perspective. The notion of “perspective” tends to be rather visual and postfactually oriented to the observer (looking back to the facts of the past) while listening and dialoging rather relates to the actual context of conversation as well as the future anticipations and the not yet said, heard and done (the prefactual).

Adopting this, we proceed from the postfactual utilization of knowledge from the “perspective of the observer” to the prefactual understanding by taking part in the conversation and listening to the actual dialog. This sensitization for the present dialog can be utilized beneficially in the actual therapeutic context (see Present Dialogic Sensitivity below).

For illustration a little digression into how John Shotter (2016) would describe everyday language may be useful. Summarizing his ideas, everyday language can be considered as a thick, rich and constructing description of reality – providing especially expressions and phrases which are open for the future and equipped with high variety of meaning and constructing proposals for the understanding and future options for the possibilities and intentions of acting.

Many forms of therapy try to reduce the richness and complexity of actual everyday language used by our clients in therapy by trying to transform its open and prefactual ambiguity into singular, real meanings, drawing from the past and its derived principles.

They contextualize what is actually “on the way” to being said “retrospectively” looking back to past facts deriving backwards oriented principles to explain the actual process of speaking and what is in front of us – namely what we not yet know and what we have not yet constructed. Consequently, they try to construct exactly what lies ahead of us in our future with the help of the facts of the past, deriving rules about how the facts of the past can be used in the present to recreate the facts of the past and thus perpetuate them. Such a repetition of the past can inhibit creating novelty and can lead to a final collapse. And, how “collapsology” (the study of risks of breakdown of industrial civilization) demonstrates exactly this linear attitude – producing more of the facts that were successful in the past – may be counterproductive which eventually leads to the breakdown of the “more of the same”.

What is lost, however, is the openness for new, surprising twists that cannot be predicted by any postfactual method or principle. As already mentioned, we propose instead a prefactual understanding of the actual dialog, which allows other forms of listening and talking with one another. This understanding of therapeutic processes opens the possibilities for novelty in the realm of the not-yet-known and the not-yet-created.

To illustrate the subtext of what we are trying to say we will cite a therapeutic example.

A young man about 30 years old came to therapy with the following problem: he had an intense loving relationship; after some months his girlfriend got pregnant. For different reasons the couple decided for an abortion. The following months after the abortion however, both felt guilty, accused each other and these processes were discharged into steady disputes. After about a year of escalating conflicts the couple decided to split.

Some years later the male partner realized that he was no longer able to have new relationships not to mention having sex with a woman. He felt heavily burdened and traumatized by the story of the past relationship so that he finally sought therapeutic help to dissolve his trauma.

Being able to tell his story and find some understanding by the therapist was relieving for him and he felt encouraged to talk about his problems and blockages concerning the women so that he felt better after a few sessions.

Thereafter he reported having met a woman with whom he was able to establish a trustful and non-threatening relationship because she was lesbian, which meant that sex between the two was out of the question for both – although for different reasons.

Subsequently the client talked about different problems in his life and mentioned additionally that the relationship to his new girlfriend became more and more entrusting – they could talk about nearly anything, except his traumatizing relationship with his ex-girlfriend. He did not have the heart to tell her about it despite wanting to tell her.

In another session, the wish to tell her his story was the main topic. The client felt locked in between the wish to tell her and the lack of courage to do so. The therapist then proposed that the client write all of what he wanted to tell his lesbian girlfriend in a letter but not give it to her. The letter could serve as preparation for the next session and the topic could be reflected further at that time (Penn, 2009).

In the following session, the client reported that he had not written the letter but had talked about the trauma with his lesbian girlfriend. To his astonishment the conversation with his girlfriend had strengthened their trusting relationship even more. He confirmed this tendency in the next sessions.

Some sessions later he finally reported that both had started an intimate relationship within which also their sexuality began to grow, but he did not know how their relationship would go on further. Eventually he surprisingly stated that the former problem which triggered his wish to take part in psychotherapy had dissolved.

How then can therapists contribute to the actual dialogic collaboration? We will focus on this question in the next paragraph.

Present dialogic sensitivity

As proposed by Harlene Anderson and Harry Goolishian (1992), therapists should adopt a position of “not knowing” or “learning” to create an openness for the present becoming and future possibilities with their clients. This implies that therapists do not possess a higher position of postfactual knowledge than clients do or own a privileged access to insight. Experts are defined by a “knowing” position they operate by applying their knowledge. The negation of this kind of knowing is consequently not-knowing; one can also say that adopting the position of not-knowing suggests collaborating with their clients as a non-expert. What Harlene Anderson and Harry Goolishian did was to turn the whole paternalistic, expert thinking and attitude upside down and instead considered their clients as experts while they put therapists (and themselves) in a learning position. This was the offspring of shared expertise, or more precisely, therapeutic collaboration (Anderson, 1997). It was the exit out of the dead-end dance of counter-rotating attitudes of client-centered experts and expert-centered clients.

As soon as therapists admit their position as learners (not-knowing), they are more likely to invite their clients to be in an equitable relationship, enabling open and creative forms of dialogic collaboration. This enables knowledge to be socially constructed. To do this, therapists must leave their comfortable position of applying the principles of postfactual expert knowledge and start their part of collaboration from the insecure and unpredictable realm of present, prefactual, relational learning. Metaphorically speaking, therapists must swim within the tides of the ever-changing presence of dialogs and – more abstractly stated – emphasize the presence of the prefactual – the not-yet-said, the not-yet-done and the not-yet-known.

Accentuating prefactual processes implies sensitizing one to the actual moment of the client-therapist-dialog, the cultural and relationally unfolding contexts of the present dialog, and the actual inner dialogs of clients and therapists, which consist of their thoughts and feelings and the anticipation of consequences. We do this by “engendering in us both unique anticipations as to

what-next might happen along with, so to speak, ‘action-guiding advisories’ as to what-next we might do” (Shotter, 2016, p. 76).

It implies the therapist has no predefined “plan” in the sense of a concept for the result of the present dialog as well as not-knowing of the “right” decisions for the clients. A prefactual stance implies openness for emerging, uncontrollable, and unforeseeable events. As there is also an ongoing sensitivity and mutual understanding, it has to do with love (Shotter, 2016). This happens step by step by understanding the details of the environment of the clients. By adopting a prefactual understanding, we can help the clients in their wondering, “how to go on” (Wittgenstein, 2003, no. 151).

Tom Andersen (1997) contributed to this movement by guiding our attention as therapists to the sensitivity for conversations and dialogs. He was one of the few therapists who considered a higher sensitivity of a therapist as something beneficial for the dialogic collaboration between client and therapist. Accordingly, Anders Lindseth (2005) a Norwegian philosopher and Tom Andersen’s colleague in Tromsø, Norway, considered this therapeutic attitude as “not-knowing, yet being touched”. One might add that the capacity of being touched is the salient quality of being sensitive. Shotter calls these feelings “specifically vague” – similar to “participative” or “witness-thinking, the relationally-responsive kind of thinking and speaking we do spontaneously in our everyday conversations, in contrast to the kind of aboutness-thinking we do in referential-representational thought when talking philosophically or theoretically (Shotter, 2016, p. 24). He emphasizes that the aspect of thinking in conjunction with sensitivity leads to a sensing of openings and an understanding of transitions for the new. What we call present dialogic sensitivity then implies responsiveness of the therapist to the thick, prospective, common sense language of clients and therapists (Shotter, 2016).

On the other hand, a distanced, cold expert in the field of psychotherapy would be the other extreme. By looking back to past facts, they then would celebrate the postfactual posture of knowing. Thus, a not-knowing, being touched person would feel the relational dialogic processes in the presence preparing the prefactual and future relational processes in the present dialogic collaboration.

Of course, all this would not mean anything, if it would be practiced in a monological, non-appreciative, one-way communication. As Anderson (1997), Gergen, McNamee & Barrett (2003), Seikkula (2007) and Shotter (2016) proposed on different occasions, a dialogic orientation is necessary in order to learn with clients – being moved and being touched and open for the new possibilities. As Bakhtin (1984) suggests, we are always in the processes of intermingled inner, outer, and open dialogs and the creation of reality is rather a polyphonic endeavor instead of a monologic, one-way description (also see Deissler, 2016).

So, what shall we mean when we use the notion of present dialogic sensitivity for collaboration in the context of therapy? Of course, we can wonder what the word dialog meant in ancient Greek, consisting of two words – dia – meaning something like through – and logos – meaning speaking/talking. So, we could say, dialog in the context of therapy means to talk “through” to one another for therapeutic reasons and, as a therapist, you should be sensitive to that. However, writing this article would not be necessary if this were self-evident. So beyond simply making

postfactual statements about the meaning of dialog, we want to elaborate our intentions a little further and open some new realms for dialogic collaboration:

- (1) Dialogic collaboration is always in the process of transformation. It seems to us the central human activity that happens all the time when two and more people get together, e.g. in therapy. And it also will happen if you should not plan it or even try to hinder it.
- (2) In the process of dialogic collaboration, we should be oriented *prefactually*, meaning that we are on the way to generate, plan or anticipate something new through talking and acting together.
- (3) Via multiple (polyphonic) descriptions and listening mutually to what the others are saying, we are on the way to create mutual “responsive understandings” (Shotter, 2016), especially for the intentions and aims what we are heading for.
- (4) By engaging in these processes, we create a relational, dialogical space which is a kind of third realm. Within this space, these ongoing processes are fostered, bound and dissolved – and new possibilities and confidence for the future are created.
- (5) They finally result in something specifically new – this can be considered as new forms of talking with one another, listening differently to one another and reflecting together – in other words new forms of dialogic collaboration evolve. The results may also include a new language which opens new possibilities with a new vocabulary for old conflicts (as an example). These processes are always on the way and never finished – as often as they can be an intended product, they can be incidental and a non-intended byproduct.

Putting these parts together, we increase our present dialogic sensitivity for the prefactual processes. Having said all this, we want to conclude with a paradigmatic psychotherapeutic example of our practice:

A newlywed couple – the wife was 68 years old and the husband 72 – came to therapy desperately entrapped in continuously fighting. They declared if they went on like that and if therapy would not help them, they would divorce. The therapist was overwhelmed by the intensity of their fighting, and colleagues, whom he asked to support him in therapy, refused their support because of the hopelessness of their situation.

As they were not married for long, the therapist wondered that maybe something had happened that made them fight so desperately. When the therapist asked questions about this, the couple seemed reluctant to talk about it, and there seemed to be some more unexpressed issues between the couple. So, the next few sessions went on very tentatively and slowly.

Finally, in a single session with the wife alone, after a while of silence, she said that there was something they did not say in the previous sessions. Asking her if she was willing to talk about it, she finally agreed and told that she and her husband had taken a walk in a graveyard and during this walk she said to him that she wished to be buried beside him. She resentfully said that the husband reacted by blowing a raspberry. When asked what this meant to her, she got upset claiming that a therapist should know it after all his studies. The therapist questioned if it was a

matter of knowledge, but rather more of understanding her interpretation of the situation. So, eventually, she said that her wish to be buried beside him was a declaration of love to her husband and his negative reaction had hurt her deeply and she wondered if he wanted to be buried beside his first wife.

In the next session the husband came alone, and it seemed that the couple had talked about the last session with the wife alone. He said that he was an atheist, and he did not care where he would be buried and decomposed, but his wife could not comprehend his convictions. However, he admitted that he could understand that she might be hurt by his reaction. In the following sessions, both the wife and husband came closer together, confirming that they continued fighting about their different points of view.

The therapist felt that they had different philosophical languages – concerning life, death, love, and their future together and being separated by death. The wife seemed convinced that there was a life after death and that love would continue after death; therefore, she wanted to be buried beside him to continue their relationship after death. The husband stuck to his atheist point of view, convinced that life and love would end with death.

The therapist tried to talk with them in a sensitive way aiming to reconcile both points of view, or at least to develop a more sensitive way of talking about these topics or maybe eventually creating a new language together with them. The therapist also attempted to provide a more subtle (philosophical) vocabulary for both of their convictions, being mutually more sensitive for each other's feelings. In the course of the next sessions, they seemed more interested in their individual feelings and stayed highly critical about the convictions of the other. They asserted that a common language could not be developed or dissolve their main differences. Finally, they told the therapist that both had agreed that therapy could not help them any further to deal with their problems, and they therefore had agreed to stop therapy.

The therapist regretted that he was not able to be more useful for them and agreed to end therapy under the given circumstances – offering that they could come back anytime if they changed their mind. A few months later the therapist was walking through Marburg (Germany) and by chance saw the couple walking arm-in-arm looking thoroughly happy with one another. The therapist wondered if their therapeutic collaboration had been successful although the couple seemed to be dissatisfied at the end of therapy. Could it be that a new way to talk about sensitive existential problems had been helpful for them and maybe even have created new ideas of a philosophical language for them providing possible new ways of dialogical collaboration to dissolve their contradictions?

Contextualizing dialogic practice

In our last example of the newlywed elder couple and from an expert postfactual knowledge, one could conclude that the goal of the therapy was not reached thus not successful and so therapy was finished without the aimed results. A further development in the relationship of the couple in the form of discontinuities, unpredictable processes and evolving new meaning after therapy would not be considered as an explicit goal nor as an inherent result within and after the actual therapeutic process. As a result, in the postfactual view, the outcome could be seen as a coincidence and is not seen as one possibly evoked by the prefactual therapy process.

However, within our understanding of therapy, the transformational processes of collaborative dialogs are still unfolding and are appreciated from the beginning, during, and after therapy. Being sensitive to prefactual processes in actual therapeutic dialogs, a therapist stays open for the further development within and after the actual dialog by holding on to a present dialogic sensitivity, steadily open for the unforeseeable, the discontinuity and the astonishment for the new.

Thus, sensitizing oneself to prefactual relational processes such as unforeseen outcomes, namely a happy couple walking through the city after an ostensible unsuccessful therapeutic end, keeps a therapist mindful for new developments outside the realm of an intended standard outcome of the collaboration between therapist and clients.

Dialogic collaboration takes place in the presence and pointing beyond itself onto something that is not yet done, thus prefactual. It is the result of a prefactual collaborative dialog between client and therapist and their shared expertise towards the realm of the not yet known. Such results can be understood as emerging from the realm of a thick, prospective sense, which exists amongst all the members of a social community as an intuitive experienced tendency which comes up from within our dialogically structured activities (Shotter, 2016).

In our first example, the young man did not dare to talk about his past relationship with his new lesbian girlfriend. The proposal for the young man to write a letter to his new girlfriend and then have a dialog between client and therapist about it, opened other possibilities for the client, namely, not to write the letter and instead, to have a dialog with his girlfriend. This, in turn, opened a satisfying and completely new type of relationship, transforming the two former friends into lovers – an astonishing, before unforeseeable or, at least, unattended relational flow.

Staying sensitive for prefactual processes, client and therapist can dialog collaboratively on how to understand the relationship – a trusting one – and what the client could do – writing a letter or not – and doing something unexpected. Dialoging collaboratively in such a way can flow into the realm of novelties and in the direction of such a possible result by “action guiding anticipations... a shift from a concern with the content of patterns of already spoken words (as word forms) to a concern with the arousal of movements of feeling by our words in their speaking” (Shotter, 2016, p. 58). In this way, the prefactual processes in the dialog between clients and therapist make possible the collaborative construction of novelty, possibilities for the not-yet-said, -known and -done.

Prefactual reflecting remarks

Where do all these ideas stem from? Mainly we think they stem from our prioritization of practice before theory. The ideas imply that some ideas fit better to our forms of practice than others. In general, we prefer social constructionist, prefactual ideas to those of lineal, postfactual thinking.

Also, we thank our clients with whom we talk extensively about the problems that bring them to therapy and their expectations concerning the contents of therapy, as well as the forms and aims they want to fulfill for themselves through therapy. As we consider the practice as our guide for

therapy, working dialogically with clients and being sensitive for their present relational state seems to us most fruitful.

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