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A Critique of 'Collaborative Influence'—Is there a Role for Expertise?

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I want to thank Tom for his paper. I reviewed it and was stimulated enough to ask Tom, via the editors, if I could write a reply. From a collaborationist perspective it is vital to be aware of context. Mine is relevant. As a medical specialist in child psychiatry, I am a member of a white male middle class power elite. Growing up in Australia, during the Cold War, as the son of a (Russian) migrant I was very aware of being a member of a discriminated against minority. This has made me very sensitive to issues of power, colonisation and easy answers to complex issues. While Tom's paper articulates many of the reasons that have led me to work collaboratively, it also crystallises my concern with some of the claims made in collaborative rhetoric.

The most stark of these claims is made in the final paragraph. Tom states that 'Not having to be an expert was a great relief'. In my view, effective collaboration requires *more* expertise than other styles. Collaborative therapists have to be expert *both* in their professional field, e.g. psychology, child development, family systems, etc., *and* in collaborative dialogue. It is our professional knowledge that is the basis of our claim to be therapists. It is this knowledge that allows us to inform clients, to offer them the news of a difference that is the very reason for clients coming to us. On the other hand, this news can only be heard by clients in a language they understand, in the course of a helpful dialogue. A helpful dialogue respects their autonomy. This is a very skilled activity involving ethical practice that is not generally well taught. Tom's paper will help therapists develop a better understanding of this vital aspect of their practice. However we should not confuse respectful therapeutic dialogue with friendly neighborhood chats. Our effectiveness, and value, as therapists comes from having knowledge, by definition, from *outside* the client's local ways of knowing, but presenting this news from *inside* a shared language that is necessary for a respectful dialogue.

I have attempted to argue that we have to take responsibility for the power embodied in our considerable expertise that underpins effective collaborative therapy. I think we are confronted by an interesting and important ethical issue. We live in an era of increasing concern, and litigation, about ethical clinical practice. One of the conventional benchmarks of ethical practice is the obtaining of informed consent from clients for any procedures that the expert (therapist) is advising. As I understand it, in collaborative therapy we aim to achieve a seamless dialogue with clients utilising (shared) local language as a path to growth and change. Where is the space, in this process of respectful dialogue, for clients to make a meaningful choice about the process? Skilled collaborative therapists or salesmen could/do sell real estate on swamps if not the moon! I think at some point the difference (if there is one in the particular case) between the therapist's and client's *value* positions has to be made explicit. As an example, I am reminded of the problem of couples who use physical violence in disputes. I generally state in the first session that I do not accept violence as an interpersonal problem solving strategy. I then explore their story to help them realise they have a choice: 'It seems to me, that since you have a Black Belt in Karate, and you can kill with one blow, the fact you have never even put her in hospital indicates to me that you have huge control even when you 'lose it' when she 'nags' you! I don't believe in violence in relationships. Are you willing to use your martial arts discipline to stop hitting her whatever the 'provocation'?' If he refuses I cannot go on working with the couple, though I may see her. The point is that, while in a collaborative dialogue, using their language, the therapist has to be prepared to take a stand explicitly on the basis of his/her expert or ethical understandings. Furthermore this explication generally leads to healthy change.

A further issue is Tom's idea of developing 'shared intentionalities' with clients. Is the term 'intentionality' part of the 'local' knowledge or language of most therapists? If it is not, is its use justified? To me it was 'news of a mystery' until I spent four years doing a philosophy degree. Intentionality is a concept, as I now understand it, borrowed from philosophy: in that field intentionality has various meanings. One of them is that intentionality is central to a person's subjectivity, to their unique way of seeing the world, and hence being themselves. As such, I am not sure how it can be shared. In keeping with Tom's clear commitment to collaboration he might better use straightforward notions like 'intentions'. It is my intention as a collaborative therapist to engage in respectful dialogue with clients that is grounded in both our shared lived experience and my expert knowledge. We should not allow our wish to transcend the oppression of the 'power-over' stance with the necessity to develop and to avoid taking responsibility for the power or knowledge implicit in our role.

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