

About Expertise: Response to Peter Churven's Critique

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As someone who approaches therapy from a dialogical and discursive perspective, I shudder to think of my words conveying any sense of finality on the topic of collaborative influence. So, I am thankful to the editors to have this opportunity to go one step further in dialogue with Peter Churven.

Peter Churven directs our attention to the fact that it is our expert knowledge that clients seek in coming to see us, and that such expertise warrants our roles as professionals. I see this as a critical issue regarding how we construct our roles and invite our clients to relate to us, their presenting concerns, and their involvement in overcoming those concerns. The discursive therapies largely take the stance that knowledge is locally created and its application, whether in therapy or in the contexts of clients' living, requires locally developed expertise. So, therapeutic conversation, for these therapies, is viewed as a context for eliciting client-preferred forms of expertise that address client presenting concerns. For most expertise-driven forms of therapy this is a conversational U-turn, and can seem like an abdication of therapist responsibility. Peter Churven suggests that it is our ability to present expert non-local ways of knowing, in client-accessible language that is necessary for respectful dialogue; otherwise we are merely having friendly chats with clients.

In my view there is a very different rigour and competence involved in what Peter Churven is referring to as 'chats', one which involves skilful questioning attuned to clients' perceptions and preferences[m]and their views of their capacities and circumstances. Anyone familiar with the styles of questioning used by discursive therapists will see lines of inquiry and action developed from (not expertly inserted into) clients' local ways of knowing.

I share the ethical concerns raised by Peter Churven; and where he sees a slippery slope into professional irresponsibility I now see more value-based choices for clients and therapists, given a discursive view of therapy. The sensitivities a discursive therapist brings to meaning-making in therapy emphasise the potential for imposition at every conversational turn (assuming therapists orient to those potentials). So, what are we to make of Peter Churven's gullible or deferential client who could be seamlessly coerced out of his/her choices? Firstly, I share his view that our roles as therapists are constructed and experienced by clients as holding greater power. Reflecting together on the roles and conduct of therapy at the outset of therapy can be one concrete step toward creating the conversational space which clients require to counter the

meanings or enthusiasms of their therapists. Second, as a discursive therapist, I know I cannot operate without a value-based position. While I primarily orient my practice to clients' preferences and competencies, doing so for purposes that can violate value and ethical positions important to me forces me to recognise what I bring to the two-sidedness of dialogue. But, I believe that with most clients I seldom experience such violations (what value declarations need I make in therapy?), that there is plenty of room for me to practise discursive flexibility, and that creative and rigorous challenges are involved in collaboratively developing solutions from clients' experiences.

Two other quick points. I admit blushing a little seeing my admission that 'not having to be an expert was a great relief' appear so nakedly in Peter Churven's response. Such a comment clearly requires further context. The relief I experience is tied to a former view I held regarding how my 'expertise' translated for clients beyond the consulting room. While I take any contribution that I make to therapy seriously, I recognise that my discursive approach prizes the elicitation of clients' expertise as one of my primary aims. Seeing clients leaving conversations with me who now feel 'expert' in facing situations that formerly left them feeling incompetent is a relief. Finally, Peter Churven's concerns about 'shared intentionalities' gets at the heart of what I believe goes on in how power is shared in the discursive therapies, and it can be almost as sensitive a process as how potential lovers negotiate their sense of mutuality through a first and subsequent dates. Without such a sensitivity, grounded in a relationship where clients' encouraged preferences are heeded by us, we are only left with our idea of collaboration, a concern I apparently share with Peter Churven.

In closing, I am reminded how poorly equipped our normal vocabulary is for approaching subjects like collaboration, dialogue, and mutuality. By writing on collaborative influence from a discursive perspective, I wanted to reflect upon this subject anew. Collaboration during therapy's modern era meant anything from 'letting' clients decide on goals, to trying to co-opt their frame of reference in making directives. Particularly thanks to the contributions of feminist and postcolonial writers, it is clear that there are many dimensions to sharing power and succeeding in therapy that need further consideration. My comments are intended to probe further into those considerations and generate further dialogue, which I am thankful the editors and Peter Churven have made possible here.