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FLATTENING HIERARCHIES? THOUGHTS ON COLLABORATION AND PSYCHOLOGICAL DIALOGUES THAT CLIENTS MIGHT CONSIDER SOCIALLY JUST

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ABSTRACT. For many psychologists, social justice involves consideration of social and cultural factors worth addressing beyond the immediacies of their dialogues with clients. In this paper, I examine factors relating to the psychologist's often asymmetric participation in dialogues with clients. By asymmetry, I specifically refer to the psychologist's professional authority exercised over meanings and actions to be determined in dialogues with clients. "Flattening the hierarchy" is a colloquial phrase referring to recent developments from collaborative action research and dialogic approaches to therapy. These forms of research and therapy share a social constructionist theoretical perspective, wherein meaning and action is seen as negotiated. This paper raises conceptual resources and actions aimed to promote such negotiations between psychologist and client, and the authority shared in them, in 'flattening hierarchies'.

> Once practitioners notice that they actively construct the reality of their practice and become aware of the variety of frames available to them, they begin to see the need to reflect-in-action on their previously tacit frames. (Donald Schön, 1981, p. 311)

Typically, when practicing psychologists talk about social justice they talk beyond the immediacies of their dialogues with clients. Their focus tends to be on unjust social realities beyond the consulting room and what can be done about those realities. Codes of ethics point to psychologists' responsibilities for addressing social injustices, and people entering helping professions like psychology commonly share a value of contributing to more socially just lives for others. Within the profession, psychologists have taken huge strides to expand and enhance their helpfulness to people of non-dominant cultural groups, and they regulate themselves to ensure professional expectations for socially just practice are upheld. So, as judgments about the process and focus of professional-client dialogue develop in ways that are increasingly the prerogative of psychologists, I will use this paper to reflect upon potential social justice issues arising from the exercise of this prerogative. I will refer to "flattening therapeutic dialogue's hierarchies" and offer some conceptual resources I hope readers find useful.

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Socially just psychological dialogues in the postmodern era

> There is no metalanguage. There are only genres of language, genres of discourse. (Jean-Francois Lyotard, 1985)

Given psychologists' concerted efforts in identifying and addressing social justice issues, the concerns of critical psychologists (e.g., Prilleltensky, 1994; Rose, 1990) about socially unjust psychological practice can seem heavy handed, if not unfair. Psychologists have generally turned to their science to inform developments in practice, but the starting place - in areas such as multicultural competence, learning disabilities, or organizational human resource policies – has been psychologists' sense of right and wrong. Such developments demonstrate how psychologists listen carefully to the people they help, and then turn their scientific and ethical efforts toward addressing what they have heard and understood as unjust. The concerns of critical psychologists tend to focus on other developments, especially on the language and science used (e.g., Danziger, 1997; Gergen, 1982) and what follows from this use (Rose, 1990).

Knowledge and expertise have recently become suspect terms, particularly as these terms have been used in the social sciences and their applications (Collins & Evans, 2009). A critical assault on psychological science and its applications has been under way for some time (e.g., Bayer & Shotter, 1998; Cushman, 1995; Foucault, 2008; Harré & Secord, 1972; Wittgenstein, 1953). The primary thrust of these concerns is that the presumed neutrality of language and the methods of natural science are crude, if not inappropriate, as warrants for acquiring and applying expert psychological knowledge. Such concerns are amplified as psychologists increasingly adopt a medical stance on practice (Wampold, 2008). But, the still-dominant view, articulated by David Barlow (2009) at a recent Canadian Psychological Association convention, is that psychological science has almost eliminated the need for schools of therapy, enabling therapy to converge on a few evidence-supported conversational scripts. Barlow was renewing a quintessential modern psychological promise: that concerns can be correctly diagnosed and treated in basic algorithms of practice (Rush, 2001) – a promise that can be either deeply satisfying or concerning depending on one's point of view.

Translated to the dialogues psychologists have with clients this concern or satisfying promise cues up very different ways of conversing with clients (Anderson, 1997). From a modern expert stance, the psychologist typically manages therapeutic dialogue while the client's role translates to one of information provider, recipient of expert psychological knowledge, and enactor of psychologist directives. Client resistance, by this account, is tantamount to a failure to live up to this presumed cultural or institutional contract. To psychologists who practice dialogically, from a critical or

social constructionist approach, 'resistance' amounts to a failure by psychologists to work within clients' preferences, life contexts, and abilities (de Shazer, 1984). The key difference comes down to how psychologists flexibly or inflexibly respond to clients in therapeutic dialogues (Strong, 2008). Some of that flexibility or inflexibility relates to how one views using psychological knowledge in therapeutic dialogues. While the dominant thrust has been toward standardizing psychologists' use of evidence-based, manualized conversational protocols, a sizable minority of psychologists (e.g., psychodynamic, narrative, feminist, family) shares judgments about therapy's conversational processes and meanings *with* clients. I characterize sharing such judgments in therapy as 'flattening the conversational hierarchy'.

Constructing therapeutic roles, problems and client-psychologist dialogues

> For the constructionist words are themselves a form of social practice and it is imperative that these practices not remain closeted in the house of privilege (Gergen, 1999, p. 142).

To this point I have been arguing that it is largely how psychology has constructed its terms - like therapy, therapist, client, client problems, solutions – that positions clients and psychologists in hierarchical relations, or not. A particular mechanistic "root metaphor" (Pepper, 1977) has guided psychology's development, furnishing a corresponding scientific vocabulary (Danziger, 1997) and applications. For most psychologists, this root metaphor and its vocabulary have succeeded in framing not only most of psychology's knowledge and interventions, but the dialogues in which such knowledge and interventions are seen to be "transmitted and received" (Lakoff & Johnson, 1980). When combined with institutional, legal and administrative expectations, such a view actualizes a standardizable and rationally accountable approach to psychological practice (Reid & Silver, 2002). For critical psychologists, for whom reality is understandable in more than such standardizable ways, such an approach can actualize a particular neo-liberal, ideological view and practice of life (Prilleltensky, 1994).

Understandably, psychologists bristle at the notion that they might be practicing in ways that others could construe as ideological. This is despite a couple of generations' of criticism from feminists and non-Euro-Americans about feeling excluded from mainstream psychology's understandings of and treatments for "mankind". Missing has been a sense of what is unaccounted when psychologists engage with peoples' otherness that they cannot predict or address with their definitions and prescriptions. Taking up this criticism, and dialogic or social constructionist linguistic insights (from thinkers such as Bakhtin, 1984; Foucault, 2008; Gadamer, 1988; and Wittgenstein, 1953), has been an expanding group of therapists (e.g., Anderson, 1997; Seikkula & Arnkil, 2006; White & Epston, 1990) and researchers (e.g.,

Reason & Bradbury, 2001) who see human language use as inescapably diverse – and *negotiable*.

A stance, where the language of psychological interaction might be negotiable – in words and ways of talking agreeable to both client and psychologist – can be a departure from a stance where such language use is determined according to the psychologist's prerogatives. At first glance, this may seem a call for linguistic anarchy or an abdication of professional responsibility. But, a different conception of what it means to be a client, of what talking and listening accomplishes, and of what passes for authority or expertise is found in an increasing number of therapeutic approaches (e.g., Anderson, 1997; Duncan and Miller, 2000; Gergen, 2006; Seikkula & Arnkil, 2006). By this stance, clients and therapists engage in dialogic activities (White & Epston, 1990) wherein clients are invited to critically reflect upon and revise meanings and practices en route to resuming authority (in Sennett's, 1981, sense), over their lives.

Contestable meanings and practices?

> …who is to fix the 'rights of knowledge' and the limits of the pursuit of knowledge? And can these rights and limits indeed be fixed? (Antonio Gramsci, 2000, p. 341)

In Paulo Freire's pedagogy (e.g., 1996), a sure way to stay colonized is to passively live according to the colonizer's language. To psychology's credit it has long been sensitive and responsive to this kind of critique despite spokespeople like David Barlow celebrating the seeming imminence of a standardized language of and approach to practice. Some might want to dismiss the point I am raising as trifling over semantics. As narrative therapists (e.g., White & Epston, 1990) point out the words used to name problems evoke very different stories and performances of life. Many psychologists, for locating problems *inside* people, can be dismissive of clients' experiences of social injustice, but they can also prescribe their words in ways that can estrange clients from their 'local' words and ways of knowing (Hermans, 2004; Weingarten, 1992). This is not to suggest that narrative therapists wouldn't invite critical reflection on those local words and ways of knowing, as a step toward understandings and actions clients deem as viable and preferred. For the philosopher, Wittgenstein (1953) what matters are "perspicuous representations", the best language people decide that they can put to experience. Thus, deciding what words or ways of talking are "best" is not something psychologists can decide *for* clients.

For Russian literary theorist, Mikhail Bakhtin (e.g., 1984), dialogue is where people creatively understand each other by reconciling their use of words, together, and in accord with the prior uses of such words by others. In this manner, speakers bring their interpretive histories in using words to any dialogic exchange, and it is their differences over such words that bring dialogues to life (Hermans & Kempen, 1993).

Social constructionist or narrative therapy practitioners often raise concerns about the dangers of meanings that have gone stale, lost their aptness, or that lose their negotiability (e.g., Riikonenen & Madan Smith, 1997). Consistent, for these practitioners, are concerns about people living by language that has closed down adaptive possibilities. Accordingly, what matters for them are dialogues that keep words alive without foreclosures on meaning (Butler, 1997). Psychologists, by this account, cannot solely be accountable for such words. Indeed, what keeps Bakhtin's notions of dialogue creative and alive are speakers negotiating how they go forward together in a *shared* language (Honneth, 1995).

In stark contrast to the alive and negotiated dialogues I have been describing, David Rennie (1994) found that clients, even in client-centered therapy, often simply deferred to their therapists, to be 'good clients'. Clients clearly have a thought or two about what they want from therapeutic dialogue (see Duncan and Miller's, 2000, "heroic client") yet such thoughts, if expressed, could be heard as "resistance" (deShazer, 1984; Proctor, 2002) by many therapists. What does it mean then for psychologists to negotiate their dialogues with clients, when they have been used to thinking they manage such dialogues themselves? For starters, it means that they responsively open themselves to client resistance, as legitimate input on the choice of words or ways of talking in the therapeutic dialogue. Such resistance is seen as a cornerstone of discourse ethics by thinkers like Judith Butler (1997) or Axel Honneth (1995). Bottom line, such an approach to negotiating the dialogic process and content with clients involves avoiding impositions of meaning, a willingness to engage with clients' meanings, and an openness to arrive at and converse by mutually acceptable meanings (Strong & Sutherland, 2007; Weingarten, 1992). Conversational hierarchies are antithetical to such dialogic negotiations.

Negotiating Helpful and Psychologically Just Dialogues with Clients

> If we privilege either side of a dialogue, we miss the point. (E. E. Sampson, 1993, p. 187)

Suggesting that dialogues with clients be seen and undertaken as negotiable can seem antithetical to psychologists given their considerable training and ethical obligations. When proposed as an ethic of practice (e.g., Anderson, 1997; Seikkula & Arnkil, 2006) concerns about expertise arise; specifically, whose should count. This is where some old metaphors of practice and communication for psychology can come up short (Lakoff & Johnson, 1980): people need to not be seen as computational transmission/reception devices (Dreyfus & Dreyfus, 1986); client resistance is neither unhealthy or a failure to comply with a static contract (Bohart, 2000); and therapy itself need not be nailed down in tight scripts or monologues of practice (Anderson, 1997; Strong, 2008). Fortunately, established traditions within psychology and psychotherapy

regarding collaborative accomplishments and dialogic relations (Billig, 1996; Hermans & Kempen, 1993; Pollard, 2008; Sampson, 1993; Vygotsky, 1978; Wertsch, 1991) offer more relationally grounded metaphors of self, knowledge, and dialogic processes consistent with the views advanced in this paper. By these accounts, humans are anything but encapsulated and self-directing individuals who selfishly act but somehow still coexist. Proposed instead is a social ontology where the languages and processes by which people live are socially and culturally permeated and negotiated in macro- and micro-social ways (Billig, 1996; Hermans & Kempen, 1993). What is to be negotiated and optimized are languages and social processes people, such as clients and psychologists, will use, paraphrasing Wittgenstein (1953), in going on together.

Micro-analyses show ample evidence of these negotiations occurring between client and therapist, along with what gets accomplished in those negotiations (Perakyla, Antaki, Vehvilanen, & Leudar, 2008; Roy-Chowdhury, 2006; Strong, Busch, & Couture, 2008). Phrases like "negotiated accomplishments in dialogue" suggest that the words used by clients and therapists in the conversational turns of therapy be taken seriously. I am not suggesting that eureka or 'aha' moments hinge on such turn-taking irrespective of factors beyond the immediacies of therapeutic dialogues. However, if therapeutic dialogue is to be taken seriously (an increasing challenge in an era where psychopharmacology is seen to be on the rise, see Lakoff, 2007), then attention to what transpires that makes a therapeutic difference is needed. How linguistic differences are welcomed, critically reflected upon, negotiated, and collaboratively transformed seems important (Lyotard, 1988; Pollard, 2008). Good dialogue, as writers like Bakhtin (1984) and Gadamer (1988) have suggested, is transformative for both speakers: in the present case, client *and* therapist. Simply mapping clients' words on to the therapist's discourse, to be translates into therapist-prescribed understandings and actions, can, from the dialogic perspective just mentioned, be seen as a form of "conversational hijacking" (Strong, 2008). The challenge for dialogic therapists is to become engaged in an influential "interweave" (Ferrara, 1994) of discourse shaped by clients' words and their own.

I have been suggesting a very different mode of participation in dialogue than has been the norm for psychologists. It involves seeing therapeutic dialogues, and the words used within them, performed (cf, Austin, 1962; Edwards & Potter, 1992; Strong, 2006) in ways that can be consequential for how clients and psychologists talk their ways forward. Seen as exchanges of computational information relayed by an objective expert, such words are meant to flip cognitive switches not elicit or evoke whole body resonances or visceral disagreements. Thus, it is easy for one to put any problematic effects of such transmissions of information down to 'receiver issues' while insisting on the informational value of what was transmitted. But, inside the conversational realities of people's relationships (therapy being one) an embodied and responsive kind of "facework" (Goffman, 1967) typically is at stake. People don't just say anything to each

other, regardless of the professional platform they might see themselves as speaking from.

Working alliances and non-hierarchical dialogues?

In response to an earlier draft of this paper I was reminded that there has been a considerable literature on the quality of client-therapist relationships; most notably, dating back to Carl Rogers' (1961) pioneering work. The dialogic writings of Hermans offer a contemporary perspective on the different discursive positions that client and therapist can engage from as they converse, with particular focus on therapist positioning. The most cited research on therapeutic relationships pertains to the 'working alliance' and its measurement (e.g., Horvath & Symonds, 1991; Horvath & Bedi, 2001). The emphases across these writings tend to be on what therapists bring to their relationship with clients; how they manage the therapeutic dialogue *for* clients.

In the case of Rogers' work, his focus – partly informed by his interactions with Martin Buber – was on what therapists bring as qualities to the therapeutic dialogue (congruence, genuineness, empathy), or what he referred to as 'facilitative conditions' (1961). While there is an openness and non-directedness to Rogers' conversational practice, his focus was on 'client-centered' conversations, through therapist qualities that elicit and privilege what had gone problematically unspoken for clients. Operationalized, these qualities have been translated to a discrete focus on performing micro-skills (Ivey, Gluckstern, & Ivey, 1997). At worst this micro-skills focus emphasizes an instrumental side to therapy that could come at the expense of responsiveness to clients. To converse non-hierarchically, therapist and client need to be jointly influential on how their dialogue proceeds, and not just according to a particular therapist conception of that dialogue.

In the writing of Hermans and his colleagues (Hermans, 2001; Hermans & DiMaggio, 2004; Hermans & Kempens, 1993; Lysaker & Lysaker, 2001) one is brought to a more postmodern and complex notion of dialogue. Gone is the humanist sense one finds in Rogers of there being a single, true client voice seeking authentic expression in good therapeutic dialogue. Instead one finds in this writing reference to a Bakhtinian polyphony of voices or discursive positions within individuals and arising between them. Dialogue, viewed this way, involves articulating and coordinating relevant dialogic selves and voicings of therapists and clients, a dialogic management challenge of collaboratively moving forward for therapists. Flexible therapist meta-positioning is advocated (Hermans, 2004), to remain cognizant of and responsive to client voiced positions as they are evoked and/or invited. Of central interest is a responsive dialogue that welcomes and extends a dialogic interplay of differently voiced positions: those of therapist and client, and those found within the inner dialogues of the client (e.g., Lysaker & Lysaker, 2006). Thus, staying constructively in therapeutic dialogue, through the therapist's discursive flexibility in dialogically engaging the client's voiced

positions, is key to such an approach. Where narrative therapists, such as Winslade (2005) refer somewhat monolithically to a therapist's discursive positioning, Hermans and Hermans-Jansen (2004) refer more expansively and relationally, to 'coalitions of positions and shifting loyalties in the self'. The importance of Hermans' dialogic view to what I have been calling "flattening hierarchies" rests with the dynamic positioning of the therapist in engaging with clients' changing positions in responses that go well beyond a Rogerian privileging of particular client monologues.

The research on therapeutic relationships seems to be still catching up with these kinds of dialogic developments, with most therapists (e.g., Cormier and Nurius, 2003) taking the view that the client is the articulator of therapy's goals while therapists are the managers of the therapeutic dialogue. In the case of the working alliance, the focus on the relationship tends to be global, on the overall quality of the relationship with respect to client evaluations of the therapist with respect to working on shared goals, agreed to tasks, and an emotional bond between client and therapist (Horvath & Symunds, 1991). These general areas of practical focus are consistent with the non-hierarchical dialogues promoted here, though a further element of therapeutic dialogue can be obscured by such global measures: therapist responsiveness to clients in the immediacies of conversational turn-taking. Such responsiveness equates to a therapist's discursive flexibility to improvise beyond the professional platforms and familiar discourses afforded by their role and therapeutic model, in ethical ways.

Beyond differends, monologues and divergent narratives?

Discourse analyst, Deborah Tannen (1998), decried our expanding "argument culture". Relational therapists frequently find themselves addressing client concerns over whose position should matter most for the couple or family in going forward. The same can happen when therapists present an understanding or prescription that clients don't want to take up. At issue here are the kinds of differences in position that become non-negotiable, that break down into Lyotard's (1988) differends, or into diverging narrative streams that find no confluence. In institutional settings, like those where therapy is typically performed, dialogue tends to have an institutional or professional skew (Heritage & Clayman, 2010). At the same time, clients now come with increased expectations for their roles in therapy, and for taking away from therapy what they alone find useful (e.g., Duncan & Miller, 2000). At worst, therapists and clients can find themselves talking in monologues past each other, or conflicting over how to proceed.

What is generative about human interaction is the way such potential differences are reconciled into acceptable syntheses, or, 'ways of going on together' (Wittgenstein, 1953). But for such syntheses, or ways of going on together to occur, the people involved need to be predisposed to engage with each other's differences and be at least partly changed by them (Gadamer, 1988; Kelso & Engstrom, 2006). In her PhD research Couture (2005) examined the conversational moves and resources used by

family therapist, Karl Tomm, as he worked with an adolescent and his parents, after the adolescent had been discharged from a psychiatric unit, following a suicide attempt. The son and father had locked themselves into complementary but conflicting positions over a suicide contract that had been developed with the son as part of his discharge back to the family. Tomm's positioning, as he alternatively engaged with father and son, was to welcome each position, and then extend and negotiate the positions, en route to re-opening a negotiation of dialogue between the father and son that had not been possible when their positions, and how they engaged from them, promoted heated arguments. The full discussion, examined using conversation analysis, is well beyond the scope of this paper, but Tomm's dialogic efforts focused on seeking what might be negotiable between father and son, without taking an expert position of his own on what the clients should do or see as negotiable. As potential areas of negotiability came from his questions and responses – responses given to Tomm but overheard by the son or father who was not immediately engaged – the positions softened. This enabled Tomm to invite new forms of dialogue between father and son that came to eventually enable them to move forward together in a more shared position.

In a related fashion, Lysaker and Lysaker (2006) conceptualize schizophrenia as barren, cacophonous, or monologically impoverished narratives (positions) occurring within clients' inner dialogues. For each of these impoverished client narratives they suggest particular conversational interventions for therapist to use in engaging with such client presentations in therapy. Their recommendations are made with an ear to helping clients restore a sense of narrative flow where impasses, such as differends (in the case of cacophonous narratives), have occurred. Particular to their conversational interventions are flexible modes of dialogic engagement that aim to engage clients' forward moving narration where it had been stuck.

Flattened Hierarchies – Relationally Responsive Stories in the Making

> Humanity is not captured in common denominators – it sinks and vanishes there. The morality of the moral subject does not, therefore, have the character of a rule. One may say that the moral is what *resists* codification, formalization, socialization, universalization. The moral is what remains when the job of ethics… has been done. (Zygmunt Bauman, 1993, p. 54)

"Flattening the hierarchy" as I am referring to it denotes ethical dialogues based on an acknowledgment that clients will do with therapists' words what they will anyway – including ignoring them (Rennie, 1994). Bauman, author of the lead quote above, is taking a broadside at what psychologists typically cite as their ethical grounds for a hierarchical relationship of expertise with clients: evidence derived from normative social science. I have been referring to participating in the immediacies of dialogue in ways that defy such normative predictions. Normatively predictable therapy,

ostensibly, is the ratio-technical pipedream of psychologists enamoured with scripted, evidence-based, practice, such as David Barlow (2009). Presumably, the clients' role is to take up assigned parts within this psychologist-directed monologue.

In non-hierarchical dialogues people can say to each other things like "wait a minute" or haggle over wording until they and their conversational partner get words right – in *their* estimation. Given that psychologists are seen to hold culturally and institutionally privileged roles to begin with, welcoming clients' disagreeableness, their corrections, and their editorial say on the content and process of therapeutic dialogues, can run counter to what clients expect. But, despite such traditional expectations, psychologists cannot expect to be able to speak *for* clients (cf, Alcoff, 1992) either. Perhaps counter-intuitively, given what I have written thusfar, I propose some constructive ways this hierarchical expectation can be used – to invite traditional therapy's deconstruction: namely, its roles, and manners of participation (Parker, 1999). Through such invited dialogues unconsidered conversational spaces and possibilities can be opened up.

A different language is required to describe the kind of dialogic practice I have associated with "flattening the hierarchy". Since language is the negotiated resource and medium by which processes and outcomes are accomplished in this approach to therapy, a dialogic conception of meaning and action is required. Discourse analysis and discourse theory has offered much to this way of understanding practice (e.g., Edwards & Potter, 1992; Perakyla, et al, 2008; Strong, 2006): questions can be seen as invitations for clients to speak from unfamiliar discursive positions or ways to control the interview (Wang, 2006), therapist responses to what clients say can possibly 'thicken' particular accounts of experience (White & Epston, 1990), or words might be collaboratively put to formerly inchoate, but strongly felt, experiences (Shotter & Katz, 1999). What matters is what clients do with therapists' questions (and therapist responses) to what they say. Seen in the manner suggested by Duncan and Miller (2000), therapy is an opportunity for therapists to help clients articulate and enact personalized solutions, in *clients'* language and according to client preferences and resources. Others have related to this approach to therapy as improvised in ways that keeps meanings dynamic (Newman, 2000). The last say on what is taken from therapy is the client's anyway; so these therapists responsively attune their use of language to engage with clients' language, taking great lengths to explicitly invite clients' editorial decisions on dialogically going forward. Thus, a key tenet in dialogical approaches to therapy involves inviting clients contesting or improving on the inadequate language they might otherwise live by (Butler, 1996; Honneth, 1995; Strong & Sutherland, 2007). This extends to the therapist's language, and hopefully a therapist's openness to having their language agreeably improved upon, from the client's perspective. Basically, dialogic communication is an unending concatenation of responses without any final say ever being arrived at (Linell, 2001). Therapists can, however, presume to have the last say on

therapy's developments even though this may drive clients' thoughts and language underground (Rennie, 1994).

'Final' Thoughts on Extending a Dialogue on Flattening Hierarchies

> What is wrong, blatantly wrong, with putting System and Categories first is that to do so misconstrues the nature of ethical responsibility and in effect helps to diminish it. It is the individual that is responsible and he is so with respect to what is singular not universal. (Arne Vetlesen, 1997, p. 12)

Throughout this paper I have proposed an ethics of psychological practice wherein the dialogue between therapist and client has no hierarchy. This is not to suggest that therapists defer to the client, or vice versa. Instead, a flattened hierarchy of dialogue implies a different ethics, conception and practices through which the conversational work of therapy gets done (Gergen, 2006). Vetlesen's concern above relates to expectations that translate, in the present case, to fitting clients' words into psychological monologues where the language and ways of talking have already been decided. Given that psychotherapy's progress is often depicted as needing to converge on scientifically warranted understandings and ways of practice (Barlow, 2009) concerns like Vetlesen's are warranted. Flattening therapeutic dialogue's hierarchy is not intended as a prescription, but has been proposed in ways I hope highlight unconsidered dimensions of collaboration and social justice – namely, shared decision-making (or authority) on therapy's process and understandings – for dialogues psychologists have with 'their' clients.

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