

Psychotherapy Research as Social Discourse -

Proposal for the Qualitative Research of Therapeutic Collaboration 1, 2, 3

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*It's not the poets task to conform to any reality
and to praise it, but from beyond show us
opportunities for beauty, love and peace.*

Hermann Hesse

Summary

The essay is understood as a contribution to a culture of differences created in social discourse. These differences should not only be accepted but also fostered and understood as a prerequisite or creative therapeutic collaboration and its research. Consensus is not to be neglected but seen as exception whereas pluralism of positions is seen as the rule. This is presupposed to be valid for description of forms of psychotherapeutic practice, too. The authors do not think that there is one «true» description of psychotherapeutic practices, but the differences in descriptions of forms of therapy are to be kept and the aim should not be to reduce them to only one description. The authors' arguments for psychotherapy research as social discourse shall not be seen as a general rejection of quantitative research, but both should be considered principally equal. In this sense the authors hope to stimulate a discussion on the question which of the two was more suitable to specific questions of research.

1 This essay is an updated version of a lecture from the preparatory conference of the 5th Langenfeld symposium, «Systemic Practice in everyday psychiatric practice» from the 17th - 18th of February 1995. The preparatory congress «The Qualitative Evaluation of Systemic Therapy» took place on the 16th of February 1995.

2 We attribute many of the ideas in this paper to discussions with Harlene Anderson and Sheila McNamee as well as to reading and reflecting on their works.

3 German title:

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I. Conversational Poetics

Social constructionism (Gergen, 1994; Shotter, 1993) provides a context for our reflections and ideas. It creates a broadened understanding of social processes: knowledge, understanding and reality constructions of all kinds are created by communication - especially in conversations. Following these and conceiving conversations as *reality creating talks* we propose the term *conversational poetics*. Seen in this light, communicative practice, such as psychotherapy, cannot exist having basics or fundamentals in the sense of «objective» science and which is withdrawn from communicative creation. We argue for the rejection of seemingly fixed and definitively unquestionable «fundamental» knowledge and «true» facts in favor of a multiplicity of coherent designs and descriptions of psychotherapeutic practice. These designs and descriptions will be constructed socially by mutually referring to contexts of descriptions or histories of the practice of therapy. The resulting network of referential connections will help to determine the meaning of the descriptions and designs. These referential connections and contexts can be described as *schools of art for the construction of social reality*. Two complementary processes occur in conversations which we see as *confirmation* (or recognition) and *invention* (creation). We refer to the process as *conversational poetics* or *poetic conversations*.

One can say that creating knowledge by research in the area of therapy is actually *conversations about conversations* - conversations about therapeutic conversations, which create new constructions and in turn influence the following ones. To avoid misunderstandings, we would like to emphasize that the preposition *about* does not imply dialogs which are superior to the previous thoughts. They simply follow the previous ones. They are in turn open for new dialogs.

II. Priority of Practice

If there could and should exist an independent science of therapeutic communication on its own right may not worry us here. We think the following question to be decisive: Nearly all approaches which show in in this direction have been inspired by system theory, cybernetics, chaos theory, etc.. In contrast there are almost no independent theories of psychotherapeutic practice which take the process of mutual creative practice conversation and collaboration seriously without reducing it to something underlying (fundamental) which is usually perceived as naturalistic. For the future understanding of psychotherapy we claim for this reason fewer theories which we have learned to appreciate⁴ in nontherapeutic contexts mainly avoiding the element of social collaboration and creation. Even more so we hope for the detailed research on the process of understanding our own therapeutic practice as a *creative discourse*. If there is to be such a thing as a therapeutic science of the future we want the emphasis to be placed on the communication between the client and therapist rather than on theories created in a nontherapeutic environment and then applied to psychotherapy. Expressed in scientific theory, this would be a more inductive than deductive process of psychotherapeutic research.

⁴ Some examples would be energetic thinking and psychoanalysis or system theory and systemic therapy.

III. Transparency: Collaborative Systems

It seems to us that the cultures of many psychotherapeutic practices are following the metaphor of «operating systems» of computers. This metaphor implies that therapists are operating on their clients. Therefore the secrets of these operating systems are kept within the circles of the scholars of each therapeutic school. As soon as we leave this metaphor we enter the realm of *therapeutic collaboration*. This means that no longer operating systems have to be the focussed and to be analyzed but the *ways of co-operating between* client and therapist - the co-operating systems or *collaborating systems* - are of central interest. Therefore it is evident that the so called system secrets of various psychotherapeutic procedures should be made transparent especially the aspect of collaboration. The contents of therapeutic work should be explained as well as the contextual conditions and the working style.

We learned from various attempts to analyze the *operating secrets* in the systemic field that a connection exists between the psychotherapeutic gurus coyly mining secrets and the vow of secrecy placed on the customer seeking enlightenment. If this game were a considerable factor of psychotherapeutic effectiveness in the sense of a placebo effect created by the client and therapist, this could be clarified with the help of qualitative research - especially if one applies more egalitarian and collaborative research methods.

IV. Research as social Discourse

Research on therapeutic collaboration is dependent on its validation by the participants. To us this means that clients, therapists and researchers involved in a dialogues with each other determine the value, use and

survival capacity of a therapeutic procedure, whereby differences should be viewed not only as unavoidable but as desired. (Chenail, 1994).

For a long time science, in the sense of empirical research, was commonly regarded in systemic circles extremely critically or was outright rejected. Only after the accompanying discussion of a legislative initiative to establish a law for recognizing psychotherapy as a «method of healing» there grew a demand for quality assurance of psychotherapy. The resulting attitude adopted scientific standards which has been quite uncritical until now, even its origin and epistemological conditions for its application are no longer subject to debate. Related to this uncritical acceptance of a scientific model which seems rather problematic from a social constructionists viewpoint, the reservations of the first generation of systemic practitioners and therapist must seem like silly prejudices, which have since been effectively overcome by the younger generation.

We believe that the reservations against empirical research - also if we don't share them entirely, - held a reasonable basis, which was in an intuitively suspected rather than explicitly articulated realization that systemic and constructionist thinking and empirical-realist scientific methodology are hardly compatible. We would like to clarify this by looking at a few points with a relation to psychotherapeutic research:

The conventional quantitative therapy research is generally effect research and therefore not discursive psychotherapeutic research in our sense. The focal point of interest is not that which therapists and their clients create or construct together and how they go about it, but to which extent therapeutic objectives and measures effect non-therapeutic situations. We haven't overlooked that political pressure for the justification and proliferation of health-care measures formed the

contours for the approach to therapy research which results in research which studies almost exclusively therapy effects or compares therapy effects. On the other hand the relevant methodology serves to restrict the researcher's field of vision such that *problem-systems* and *problem-dis-solving systems* remain unseen. Restricting research to effect research and neglecting research on discursive processes cannot be seen as merely the result of a motivational deficit but is also dependent on methodology.

The prevailing concept of quantitative effect research seems to be pharmaceutical research and its doses-effect paradigm. It centers around administering a medication, constructing of varying experimental groups which are compared regarding the use or non-use of the medication and mathematically comparing the difference before and after. The ideal of this type of research to make quasi-natural laws will eventually determine significant quantitative differences. In this process it is overlooked that «problems», «disturbances» or «diseases» in a socialconstructionist sense cannot be grasped independently from the therapeutic (collaborative) system. They are results of communications - among others therapeutic conversations - which negotiate what the «problem» is and how to dissolve it.

V. Soft Methodology

Another point which threatens the inherent logic of discursive therapy lies in the frequently invasive empirical procedure of «data collection» in therapy research. The respectful, careful procedure of the therapeutic setting creatively concipated to support collaboration is threatened by standardized interviews and questionnaires not only with negative influences but countered to its destruction. These forms of study hinder the development of systemic therapy culture; for example, its development was brought to a standstill or completely eliminated by reducing the status of the client from a competent co-constructor (or expert) to the «object» of studies on modification, intervention and indoctrination (Anderson & Goolishian 1992; Flick, 1995, Deissler, 1996).

We have all heard the case studies of research procedure's potential for destruction in the field of ethnology. Many television teams and researchers, who believed they could naively analyze native cultures in South America or in Africa set the destruction of these cultures in motion with their studies. Moral appeals to television viewers not to travel in the region while films of the research were being shown had the opposite effect - they aroused curiosity and attracted tourism to the region where the so-called primitive tribes still lived.

These objections to the prevailing quantitative research culture are not intended to condemn the procedures for measuring and counting which are also used in psychotherapy research. We haven't overlooked the value of quantitative procedures, especially the procedures of descriptive statistics. No qualitative researcher would question the usefulness of statements about the number of sick days before and after psychotherapeutic treatment. We do not view qualitative research as an

enterprise set in motion by math phobics. We question the attempt to establish a scientific ideal in which measurements and calculations are considered more important than conceptualizing the immediate clinical experience, regardless of the conditions in psychotherapy and elsewhere. At the same time we would like to include - clients, therapists, researchers, and external mandates - in a conversation in order to coordinate all of their clinical needs.

We see the discursive construction of a qualitative-collaborative research position as a paradigm for therapy research which demonstrates a workable way to reconcile the traditional reservations against empirical research, which still exist in the systemic therapy, without actually having to abandon research.

VI. Research as Social Construction

Here we would like to clarify that when we speak of 'qualitative' on hand of a few of its characteristics; all of which demonstrate the proximity of this procedure to discursive-therapeutic practice:

Concerning the term 'objectivity'; our concept of qualitative research questions if there is an objective world 'outside' which is constantly available to us for research purposes⁵. In place of the assumption that there are definite social categories, facts and contexts which competent member of society can either «join» or «discover» as objectively existing social structures, we present the concept that *social facts are constantly being constructed by members of society in continuing processes of practical discursive creation.*

⁵ We consider the term 'Objective Hermeneutics' to be problematic because we consider the terms 'objective' and 'Hermenetic' to be opposites.

Social reality in its entirety as a context for therapeutic activity becomes a reality which is constantly being performed, the result of processes in which participants create meaning, in which they continually demonstrate their perception to each other of what is currently happening. It follows that social occurrence in the context of qualitative research can be seen as a product of interaction. The constructions which make up the social world are created neither by a single subject nor by a social process intended as a planned intervention in service of one-sided influence or as linear intervention. Not unlike the development of systemic thought which is fed by the qualitative research approach from the theory called *symbolic interactionism* (Blumer, 1969) among others. Symbolic Interactionism executed in rejection of Behaviorist assumptions not in the form of mere reaction to a stimulus, but the interaction is seen to be reciprocal interpretations of action based on meanings transmitted symbolically. These meanings are brought forth in the process of interaction.

VII. Openness and Not Knowing

The third and final characteristic of qualitative research which we would like to present is its *openness*. Openness means that the researcher refrains from theoretic structuring of the *research subject* until it has been structured by the *researching subjects themselves*. This requires abandoning a precipitating formation of the hypothesis during the process of the study. The study cannot be carried out without a statement of a question of interest, however this will not peak in a hypothesis formulation as is routinely postulated in methodical research models. Qualitative research gains freedom from mere servitude to hypothesis testing while

becoming relevant to the development of the hypothesis.

Here we see a close parallel to the therapeutic position of «not knowing» in discursive therapy forms, in which the therapist neither claims to hold the correct descriptive instruments for the client's problem nor knows the appropriate interventions for the «solution» of the client's problems (Anderson & Goolishian, op. cit.).

VIII. Possible Misunderstandings

The three characteristics, openness, interaction and constructiveness, appear to bring out not only a conspicuous correlation between post-systemic thought and action and qualitative research, but are also suitable to specify the meaning of the term 'qualitative' in the context of 'qualitative research' and prevent a number of more or less obvious misunderstandings. The designation 'qualitative' does not ensure the quality of the research as by apriori bestowed by the magical act of christening. We find 'qualitative' as a reference to the quality of the subjective experience to be misleading (Faller, 1994).

Here we detect an attempt to tie qualitative research and classical psychotherapeutic case history too closely. This got caught up in the cross-fire of criticism, which was not entirely unjustified. On the other hand this certainly does not mean that qualitative research allows no space for subjectivity or individuality. Subjectivity in qualitative research exists and is imaginable and researchable only as a result of the communicative course of the systems of collaboration and conversation, but is not an abstract characteristic of individuals.

IX. Qualitative Research - Quality Research

What could research methods over step qualitative systemic research look like?

We would like to differentiate between three parallel processes of social construction, all of which are related to each other:

The first process describes the therapeutic collaboration between therapist and client,

the second, the joint investigation of these processes with the addition of researchers.

The third process can be seen as the administration and securing the financial means for the first two above processes - it could be called a construction processes with a mandate from society.

The *quality of therapeutic collaboration* in a single case can be judged according to this differentiation by the direct evidence provided by the therapist and client in their answer to the question, «How useful is our collaboration?»⁶

The providing of an observing researcher creates a mediating evidence from relative distance to the therapy process in a series of studies which also can give rise to statements about the usefulness of the procedure. Statements made by researchers usually imply a claim to general validity. Their claim can best be attained when the researcher in addition to indirect listening and observing is present at therapy sessions in process and also makes use of written transcripts as well as audio and video recordings. This method differs from Tom Andersen's method of the reflecting team (Andersen, 1991), which one can regard as an indirect research activity. A researcher who works closely to the scientific

6 We differentiate between 3 criteria by which all the participants can judge the research:

1. Is the therapeutic process useful in the sense of their individual inquiry? *Ethical criterion*

2. Are the participants satisfied? *Aesthetic criterion*

3. Is the Process affordable? *Economic criterion*

The limited space prevents us from elaborating on these criteria.

construction process will be freer from pressure to act, which in turn allows him to maintain a distance to the process he is researching, both in time and space, by using recorded material. This distance is intended to be temporary, certainly not a characteristic of the entire research process, otherwise the research may lose sight of the goal of all qualitative research, namely to constantly secure, revise and improve the therapy. The ideal of indirect research, concrete discursive research activity including the clients, therapist and researcher, should always be kept in mind.⁷

You could say:

1. that clients, therapists and researchers can construct these judgments independently of each other,
2. clients and therapists involved in conversation, therapists and the researcher involved in conversation and the researcher and clients involved in conversation,
3. lastly all three groups, clients, therapists and researcher involved in conversation, all of which can construct the results.

In the classic study these three processes variations are not usually named or clients, therapists and the researcher are studied independently of each other and then at most the correlation coefficient is calculated in order to test the measure the congruity between the three groups of people. Research projects are not designed to accommodate discursive

⁷ There was a time when the ironic term «instant research» haunted the systemic therapy scene: a play on instant beverages was used to mock the indirectness of psychotherapeutic research.

exchanges among these three groups and thus a personnel and thematic division between them is created in the studies. For clients, therapists, and researcher to consult about what is researched and what is being therapeutically treated seems absurd in classical research. However, we claim that the central moment of qualitative research is exactly the process just described.

Fortunately the post-systemic procedure favors focusing on the reciprocal procedure, where *radical reflexivity* is emphasized and *participatory validation* is practiced. In order to put these goals into practice the transparency of both the therapy process and research methods must be granted.

We would like to summarize three types of social construction processes: The *first type of social construction* process is carrying out a therapy as a service, in which the client and therapist work together. In this case the mandate or customer is the client.

The *second social construction process* is a discursive process, which includes one or more researchers with whose help a «construction of the second degree» is formed⁸. Constructions of the second degree are constructions about those constructions formed in the social circle of the participants whose activities are being observed by the researcher and whose behavior he wants to explain in conjunction with the rules of procedure of his science. These second degree constructions which enable the therapy to be studied, remain distant from the therapy process due to a time lapse which allows for reflection. The mandate can be a therapist, a health care provider or a research institute.

⁸ We use the term from the sociophilosopher, Alfred Schütz, who formulated the basic fundamentals of qualitative research.

The *third social construction process* would be the administration or financial donor for either the first or second construction process or both. One could say that the mandate is society or the lawmaker.

Researching social construction processes⁹ are mainly comprised of recalling past therapy processes back to the presence, the reflection on current therapy procedures and anticipating the future effect of therapy. This should occur with the participation of clients, therapists and researchers and make its objective to increase the utility and improve the quality of the therapy procedure (McNamee, 1993; Andersen, 1993).

To paraphrase this process of dialogical research and participatory validation, we could say that the researcher, therapists and clients *confabulate*.

To apply another metaphor one could compare qualitative research of therapeutic collaboration with a *live jazz concert* which was recorded and later made available on video tape to anyone interested and later brought into the research process and studied. Within the framework of our metaphor, this would then lead to a studio recording in which the results of the study are used to try out new styles during the recording session, and then improved and further developed. Finally a new live concert with the new music style could be played. This metaphor describes the development of classic systemic therapy with its conventional style of intervention to systemic-constructive therapy with its emphasis on reflexive processes.

⁹ Flick (op. cit.) introduced with his concept «mimesis» an interesting variation, a similar concept which was inspired by «text interpretation» (p. 47ff).

Of course the comparison of therapy processes and improvised music as the basis for the further development of research can be stretched too far. The musical recordings may serve as examples of styles which are imitated and developed according to their reception, they are expected to comply to aesthetic criteria. The styles of qualitative therapy studies are expected to conform to ethical criteria. They should be useful, helpful serve the enrichment and optimize therapeutic collaboration, provide alternatives and transform restricted either/or, problem/obstacles to solutions.

X. Preliminary Aims

This brings us to the question of the aims of these research construction processes. The most general and highest aim should be the improvement of the therapy and should provide that which is helpful to and supportive of the therapy. In concrete research projects this question must be exchanged for several smaller inquiries. This is advisable because it cannot always be assumed that all the interests of the researcher are of a therapeutic nature. In addition to a playful interest in art for art's sake, which may sound condescending but actually may increase the enjoyment value in research, qualitative comparisons of therapeutic situations to other social situations, such as instruction with a question and answer structure, may be of as much theoretic interest as the comparison between cultures of collaboration of various schools of therapy etc..

As long as we remain in the restricted area of discursive therapeutic interests, the results of qualitative research studies on therapeutic collaboration should touch upon the question of general validity. This answers such questions as, do the same procedures remain in tact within varying contexts, independent of the type of client or the nature of the

therapy.

A comparison of different qualitative methods by «objective Hermeneutics» (Overmann et al., 1979) ask if topics which have *not yet been discussed* or which *remain unspoken* play a role, or consider the significance of the client's first extensive statement and whether it addresses all aspects of the expected course of the therapy. In «grounded theory» (Strauss, 1991) one looks for similarities or common characteristics among the sessions or they are constructed as such. «Conversation analysis» (Bermann, 1991) allows for study of structural qualities of the conversation process as well as the existing contact between therapist and client. Moreover by applying formalized systems of symbol «qualitative comparison studies» can be carried out on different forms of therapy (Deissler, 1991).

The final important point is the correspondence between the procedure which one applies and the inquiry of the study. In contrast to conventional scientific procedure a social constructionist process would ask how certain phenomena occurring in the therapy are constructed or created in conversation. Also clients as well as their assessment should be integrated into the research process as well as possible.

Utilizing the raw materials; audio and video transcripts, observing or listening to sessions in process one can attempt to find an answer to the following questions:

- What are the consequences of a therapist and client greeting each other in a friendly manner?

- What are the consequences of negotiating the frame conditions of

the therapy, such as the presence of a second therapist, or sitting in front of a one way mirror, etc.?

- What must be done to bring about certain forms of collaboration?
- Which discussions about the conditions could interfere with the conversation?
- Which conditions promote *self inventing* and *self understanding*?
- How can the partners in conversation contribute to the process?
- What do the methods look like which allow clients and therapists to work well with each other?
- Which phantasies and theories do clients develop concerning their criticism on the therapy, how do they change during the course of the therapy and how does all of this contribute to the success of the therapy?

The close interlocking of the concerns of the client, therapist and scientific researchers, as we suggest, could also contribute to a mutual stimulation between science and practice, between public and private research, which many practitioners carry out within small circles. It appears to us that of the merits of qualitative research, certainly not the least is (if it cannot be completely eliminated) at least radically shrinking the chism between scientific theory formation and the performance of practical therapy, which is often lamented on both sides of the chism. The lack of distance between qualitative academic public research from everyday therapeutic practice makes it comprehensible to scientifically

saturate the practitioner's every day research such that utilizing a procedure, which in its direction and aim orientation allows for a sensible sequence of therapeutic steps, to become a routinely utilized.

Clarifying which *undecidable questions* the therapist should raise or scrutinize in order to create the conditions for a responsible decision making process which can flow into more permanent social constructions, could prove to be a more difficult question.

An additional question could be how to promote *poetic* or creative processes within therapeutic conversations.

Qualitative research on therapeutic collaboration could result in the formation of adjustable constructed guidelines, with which social constructions can be created. These social constructions should also be therapeutic constructions, which are also open to change. The social construction process within the therapy should be described as useful by all groups: clients, therapists and researchers.

One can compare this type of qualitative research with children's game. The children begin to play a certain game whereby they gradually changing its rules. One could say that the qualitative research of therapeutic collaboration represents a triadic research model in which clients, therapists and researchers are engaged in a common social construction process whereby the circle between all three groups must always stay in the process of *closing-opening-closing...*

Consequently, socialconstructionist research of therapeutic collaboration is, as has been demonstrated, *social discursive psychotherapy research*.

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