

Systemic Practitioner Research – Some (Epistemological) Considerations and Examples



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Research

The OECD (2015, p. 44) defines research as “a creative and systematic work undertaken to increase the stock of knowledge, including knowledge of humans, culture and society, and the use of this stock of knowledge to devise new applications.” This definition seems in line with our own metaphorical formulation made to stimulate students and practitioners to dare to try research (Ochs, 2012b), that research should consist of two ingredients: “adventure” (creative work) and “bookkeeping” (systematic work). “Adventure” means that research should be driven by a yearning, an interest, a love for gaining specific knowledge, that it should be even “libido-loaded”; “bookkeeping” has to be gained in a systematic, methodological-driven, transparent, comprehensible, and documented way.

This rather broad definition of research is a good starting point and umbrella for our perspective on systemic research, that there exists a variety of different research discourses with their specific logics, premises, methodologies, and scopes, that relate to each other in a heterarchical way, e.g., high frequent time series designs, randomized controlled studies, qualitative phenomenological studies – and practitioner

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research.¹ A good example for that perspective is, e.g., “Research Methods in Family Therapy” (Sprenkle & Piercy, 2005), where you can find ethnography alongside multilevel growth models and program evaluation methodology.²

Systemic Research – Or What Makes Research Systemic?

Systemic research is a notation used for a very wide range of research approaches (Ochs, 2013; Ochs & Schweitzer, 2012). This wide range refers to the many fields of application of systemic practice (e.g., social work, psychotherapy, various formats of counseling, supervision, coaching, pedagogy and organizational development), to different research methodologies (e.g., qualitative, quantitative, mixed-methods),³ and to various epistemological perspectives (e.g., social/relational constructionism, discourse theory, dynamical systems theory, hermeneutics, critical rationalism). This diversity of approaches to “systemic research” invites experts from a variety of disciplines with a plurality of views of investigations. It makes it difficult to define systemic research in a more rigorous way and to differentiate systemic from non-systemic research. Some authors suggest the term “systemic inquiry” (e.g., Simon & Chard, 2014) instead of “systemic research,” because “research” seems too strongly associated with (academic) investigation endeavors, that could produce intended or unintended hegemonic, “outvoting” effects to the disadvantage of alternative inquiry/research perspectives.⁴ Also defining systemic research by the “object of research” seems problematic: Why should systemic research be limited to the investigation of social systems, such as organizational units, teams, families, or couples? What about researching interaction between biological, psychological, and social systems, as in relational neurobiology (e.g., Ditzen & Heinrichs, 2014; Fishbane, chapter “From Reactivity to Relational Empowerment in Couple Therapy: Insights from Interpersonal Neurobiology” this

¹ It is worth mentioning that evidence-based medicine (EBM) pioneer David Sackett also emphasizes, that despite the fact, that the EBM hierarchies reflect the relative authority of various types of research, “it’s about integrating individual clinical expertise and the best external evidence” (Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996, p. 71; see also Satterfield et al. (2009) for a transdisciplinary model of evidence-based practice, that also respects e. g. patients’ preferences).

² For our own (German language) textbook of systemic research (Ochs & Schweitzer, 2012), we chose a similar approach.

³ Stock (2015, p. 25) underlines that systemic thinking “values qualitative and quantitative data.”

⁴ Reynolds (2014, p. 129) cites Maori researcher Linda Tuhiwai Smith: “‘research’ is probably one of the dirtiest words in the indigenous world’s vocabulary... It stirs up silence, it conjures up bad memories, it raises a smile that is knowing and distrustful... The ways in which scientific research is implicated in the worst excesses of colonialism remains a powerful remembered history for many of the world’s colonized peoples. It is a history that still offends the deepest sense of our humanity.”

volume; see also Nyman et al., chapter “[Significant Moments in a Couple Therapy Session: Towards the Integration of Different Modalities of Analysis](#)” this volume),⁵ or neurophysiological pattern forming using systems theory model (e.g. Tass & Haken, 1996)?

Are There Existing Systemic Research Methods?

There is an ongoing debate whether there exist research methods specific for systemic research. Schiepek and Strunk (1994) explicate that for the empirical description of complex systems, one has to collect hundreds to thousands of measurement time points so that one can, e.g., differentiate white noise from a deterministic chaotic attractor (e.g., by using the Kolmogorov-Sinai-entropy, a hint for the “chaoticity” of a signal, or the spectrum of the Lyapunov-exponent for characterization of chaoticity). On the other hand, researchers with a relational constructionist perspective favor, e.g., rhizomic, messy, fluid, expansive inquiry (Reynolds, 2014) by referring to French philosopher Gilles Deleuze or to Norwegian qualitative researcher Steinar Kvale’s “hermeneutics of suspicion” (and analyzing and describing data, e.g., by handmade drawings). Hildenbrand (1998, p. 114) argues that, “quantitative studies follow linear-causal patterns of thought and because of that, they are not first choice in systemic research, while qualitative approaches often come from a reconstructive perspective of the analysis of social reality” – and that fits better with a systemic constructivist epistemology. Schiepek (2010) explains (measuring as an important part of systemic research means the transformation of an empirical into a numeric relative) that qualitative data (e.g., phenomenological descriptions, casuistic) are useful only for the formulation of hypothesis, which can be empirically tested in “real” quantitative systemic research in the next step. Ochs (2012a) considers that the entanglement of multiple research perspectives (e.g., EEG measures, questionnaires, observational data, interviews, available documents, artefacts), as practiced in mixed-methods designs (Creswell & Plano Clark, 2017), is a good “systemic” way of approaching an “object” of research. Our position is that there are no “systemic research methods,” but a lot of very diverse qualitative, quantitative, and mixed research methods, that all could be useful for systemic investigations (see Ochs, 2013). But, of course: We must systematically, comprehensively and thoroughly explicate in which way a specific research endeavor is viewed as “systemic.”

⁵ In the context of a Heidelberg university hospital research program, we investigated, e.g., associations and feedback-loops between different systems-levels: visual evoked potentials (VEPs), emotional and family problems in migraine children (Just et al., 2003; Ochs et al., 2005; Oelkers et al., 1999).

The Research of the Practice or the Practice of Research?

Is systemic research the investigation and evaluation of systemic practice? In that sense, an RCT study, such as Knekt et al. (chapter “[The Effectiveness of Three Psychotherapies of Different Type and Length in the Treatment of Patients Suffering from Anxiety Disorders](#)” this volume), which evaluates solution focused therapy, could be labeled systemic research? But what about undertaking a study in a psychoanalytical setting, which investigates the complex interactions between therapist and patient (e.g., Shapiro, 2015), or a study researching resource and solution orientation in CBT (e.g., Willutzki, Teismann, & Schulte, 2012)? Or is systemic research simply, when systemic practitioners doing inquiry of their own practice – doing practitioner research?

These considerations demonstrate the plurality of systemic research. But what about systemic practice?

Systemic Practice – As “Applied/Practiced Epistemology”

In our perspective, systemic practice is “applied/practiced epistemology” (Schlippe & Schweitzer, 2019) build upon two complementary epistemological columns (see Fig. 1)⁶: (1) Column: systems theory (dynamical systems theory, sociological systems theory); (2) Column: constructivism (biological/radical constructivism, social/relational constructionism, psychological/moderate constructivism (rooted in critical rationalism)) (see also Ochs, 2020).⁷

Similarly, SPR needs to reflect both epistemological perspectives. For example, second-order cybernetics (as an important aspect of systems theory) recognizes the therapist as a part of the therapeutic system. In a research context, the observer needs to include self-observation as a key element in “operationalized” ways, e.g., by writing a research diary with personal process notes. Autoethnographic research approaches conceptualize the researcher as part of the “object” of investigation (see Ellis and Ellingson (2007) for an autoethnographic perspective in a constructionist research context). Systemic researchers, such as Günter Schiepek (chapter “[Contributions of Systemic Research to the Development of Psychotherapy](#)” this

⁶Of course, there are “overlappings” of these two epistemological columns: Gloy (2006, S. 221) formulates in a philosophy textbook: “If someone is talking about system or systems theory, constructivism is not far away.” Moser (2011, p. 10) uses the term “systems theoretical constructivism” to describe the “observation of construction processes in the context of theories of self-organization.” On the other hand, Lock and Strong (2010) retrace the manifold philosophical and theoretical influences on social constructionism, such as Phenomenology, Hermeneutics, Marxism, or Dialogism, that have nothing to do with systems theory.

⁷It is well known that there are many other concepts forming the broad stream of systemic practice like “solution-focused” therapy, dialogical-systemic approaches or narrative therapy – but they all could be tracked down systematically to these two epistemologies of a systemic way of thinking.

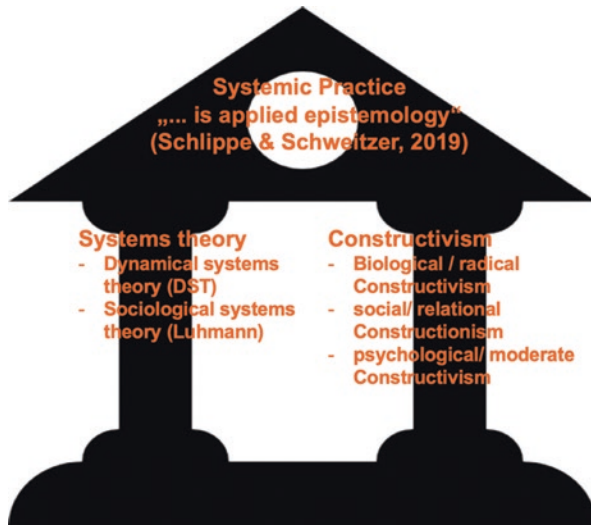


Fig. 1 The two epistemological columns of systemic practice. (Ochs, 2020)

volume), Wolfgang Tschacher (chapter “The Social Present in Psychotherapy: Duration of Nowness in Therapeutic Interaction” this volume), or Jürgen Kriz (e.g. 2001), do quantitative time series analysis with questionnaires, physiological or videographed data. These methods are well-grounded in dynamic systems theory (DST), such as Synergetics (Haken, 1983).⁸ Baecker (2012), a scholar of Germany’s most famous systems theory sociologist Niklas Luhmann (1984), states as the main contribution of systems theory to empirical research is the sorting, reflection, and interpretation of qualitative or quantitative primary data by concepts such as “information,” communication,” “control,” “system,” “environment,” “function,” “observation,” “form,” “self-reference,” or “complexity” – but not first of all collecting that primary data.

Another prominent understanding of “systemic” practice (now referring to the second column), especially in an Anglo-American context, is formed by social/relational constructionist epistemology, and the key concept that all of our understandings are socially constructed. McNamee (chapter “Relational Research (Transforming Practices)” this volume) summarizes relational constructionist research as a co-created, generative process introducing locally useful change, new understandings, and new possibilities (SPR example 1 below leans on such a perspective). Another epistemological perspective is moderate constructivism (Sydow, 2015, p. 44–45; Stierlin, 1997), which values and differentiates between “hard data” (e.g., blood pressure, income, genetic parenthood) and “soft data” (e.g., description of feelings, personal narrations, subjective health) in a biopsychosocial model context, e.g., systemic family medicine practice (McDaniel, Hepworth, & Doherty, 1992).

⁸It’s worth mentioning that in 2019 the Springer Book Series in Synergetics has 125 titles.

The biopsychosocial model potentially also has the capacity to integrate the vast amount of empirical evidence from a lot of psychological disciplines, such as social psychology, psychology of perception and memory, cognitive psychology, and neuropsychology (Myers, 2014), which demonstrate that human knowledge forming is a highly constructed matter on many process levels. Moderate constructivism can also be understood as psychological constructivism⁹ – so if a practitioner is investigating his own systemic practice by undertaking (family) diagnostic questionnaires constructed in terms of psychological/psychometric test theory (such as Example 2 below), this can also be considered as systemic (practitioner) research.

(Systemic) Practitioner Research

Practitioner research refers to workplace research performed by individuals who work in the respective professional field as opposed to being full-time academic researchers (e.g., Fox, Martin, & Green, 2007). Coghlan (2003) names this “insider research,” “because it draws on the experience of practitioners as members of their organizations and so makes a distinctive contribution to the development of insider knowledge about organizations and organizational change” (p. 451). Helps (2017) refers to the distinction of Shotter (1993) between “aboutness” and “withness” positions and assigns practitioner research to the latter. Shaw (2005) understands practitioner research “as a phenomenon that manifests a pervasive cluster of concerns about good professional practice in contemporary society” and not “a fringe operation—a ‘street market’ version of mainstream research” (p. 1231).

Some important developments took place in education (e.g., Schön, 1983), nursing (e.g., Molde & Diers, 1985), and social work (e.g., Flynn & McDermott, 2016; Fuller & Petch, 1995; Lunt & Shaw, 2017; Powell & Orme, 2011; Shaw, 2005; Wade & Neuman, 2007).¹⁰ Harvey et al. (2013) investigate practitioner research capacities of social workers. They find that although “very few social workers had high levels of experience in complex research tasks that include conducting, reporting, presenting, and publishing research” and identified “research anxiety and research avoidance as significant challenges,” social workers were “generally enthusiastic about research” (p. 551).

⁹The term “psychological constructivism” is not very well defined: sometimes it is used, when referring to individual conditions of perception, attention and cognition in the context of construction of knowledge; sometimes this term is associated with the Personal Construct Psychology of George A. Kelly or the Genetic Epistemology of Jean Piaget (Sutter, 2009).

¹⁰Especially the last-mentioned profession is of great interest in the systemic context, because social workers represent, e.g., in Germany, but also UK, the major profession of systemic practitioners (roundabout half of the members of the systemic associations in Germany are social workers/social pedagogues).

The practitioner research scenario seems attractive for some reasons:

- *Potential of professional systemic practitioners*
 The systemic approach evolved mainly in practice and private training (and not in university) contexts (Schweitzer & Ochs, chapter “The Heidelberg Systemic Research Conferences: It’s History, Goals, and Outcomes” this volume). Until recently, systemic conferences (such as the EFTA conferences or the annual conferences of the German systemic associations DGSF and SG) were mainly practitioner driven in terms of presenters and participants. There exists a bigger potential of systemic professionals that could do research in professional practice, than in universities or research institutes. As Helps (2017) complements: “Many systemic researchers have conducted research using actual clinical material” (p. 351), such as video recordings and transcripts of clinical sessions.
- *In line with (social) constructionist epistemology*
 The social/relational constructionist stance seems in line with a research perspective that strengthens and underlines the role of the researcher as a participant and co-constructivist of the context and the “object” of research. Ever since the “second-order cybernetics” position of the observer/therapist has been recognized as part of the system (von Foerster, 1981), the observer is no longer seen as “neutral and detached” but rather as a part of the observing system. The observer cannot stand in an “objective” or “object defining position,” without stepping into “self-transforming” and “object-transforming” processes. That epistemological point of view served as an inspiration for a lot of systemic practice concepts, such as the “non-expert position” (Anderson & Goolishian, 1992), the “co-creation” of practice discourses (Shotter, 1993), or the “dialogue of different perspectives” (Andersen, 1987). A researcher that approaches practice from the outside (e.g., a university or research institute context) is always in danger of doing this intended or unintendedly with a problematic power discourse in the sense of Foucault (1984). This danger may be avoided by researching one’s own practice on an “eye to eye level” with the subjects of research (Anderson, 1997). Allwright (2005) underlines in the context of language teacher practitioner research that “the ethical and epistemological dimensions are the most critical, with the emphasis on understanding rather than problem-solving” (p. 353). In addition, as van der Donk and van Lanen (2018) remind us, constructivism has become one of the major approaches in professional teaching and learning: Learners construct their own knowledge from interpreting their experiences and exploring naturally occurring practice.
- *Systemic practice sometimes even looks like (qualitative) research already*
 The counseling/therapy discourses of systemic practices are characterized by “a vast and extraordinary library of questions,” as Simon (2014, S. 8) puts it; some authors even talk about systemic “interviewing” (e.g., Hanot, 2006; Sheinberg & Brewster, 2014; Tomm, 1987) instead of therapy or counseling – which comes even closer to (qualitative) research. Burck (2005) states that “many of the qualitative research methods developed in the social sciences are well suited to explore research questions pertinent for the systemic field, and make a good fit with

systemic thinking“ (S. 237). So, if (re-)framing systemic practice with a research perspective, a SPR scenario may appear anyway.

- *A possibility of bridging research and practice*

Not only, but also in the systemic field, there is often a call for “bridging research and practice” (e.g., Borcsa & Rober, 2016; Burns, 2007; Wulff & St. George, 2016) – the practitioner research scenario seems to be one possible appropriate answer to that demand.

On the other hand, practitioner research is accompanied by some non-trivial theoretical challenges – not only, but especially with a systemic stance. Of course, as suggested above, this depends very much on the epistemological base of the particular systemic stance (e.g., dynamic systems theory, sociological systems theory, social constructionism, moderate constructivism):

- *A lot of terms and approaches, that mean more or less (not) the same*

There are a lot of ((systemic) practitioner) research approaches in the context of a broader social constructionist framework that emphasize as an essential part of the research endeavor the subjectivity and involvement of both researcher and researched ones just as the interaction between them, e.g., systemic action research (Burns, 2007), constructivist research (Holstein & Gubrium, 2007), participatory (action) research (Bargold & Thomas, 2010), postmodern qualitative inquiry (Cooper & White, 2012), and performative inquiry (Fels & McGiven, 2002) – a term that Gergen and Gergen (2012) favor – collaborative research (Fraenkel, chapter “Collaborative Family Program Development: Research Methods that Investigate and Foster Resilience and Engagement in Marginalized Communities” this volume), community-based research (Strand et al. 2003), relational constructionist research approach (McNamee & Hosking, 2012, McNamee, chapter “Relational Research (Trans)forming Practices” this volume) – to name only a few. This situation is not only confusing for researchers¹¹ but even more for practitioners, that are planning to investigate their own practice: Harvey et al. (2013) found in a survey about practitioner research capacity in social workers that anyway a lack of confidence, limited knowledge and skills, and practical constraints are impeding research activity – this situation is for practitioners aggravated by this potentially dizzying designation of research approaches.

- *Research and practice belongs to different social functional systems*

From a sociological systems theory perspective (e.g., Luhmann, 1977, 1984), which merges Talcott Parsons structural functional theory with the autopoiesis theory of Humberto Maturana and Francesco Varela, research and practice could be considered as associated with respective different social functional systems,¹²

¹¹An article exploring and describing in a systematic way the differences and similarities of all these approaches could be a good and useful service.

¹²In his original theory of social systems, Luhmann (1977, 1984) discriminates three types of social systems (interactions, organizations and functional social systems); later he and his followers add groups, families and networks to that typology. Furthermore Luhmann discriminates social systems (that are made out of communication – not out of humans, as someone could think street-wise) from biological (with living as core process) and psychological (with consciousness as core process) systems.

which are in a heterarchical way environments for each other, and that provide for each other “only” intransparency, non-instructive and non-directive stimulation, complexity, paradoxes, and contingency. Each social functional system follows a specific binary code as communicative core process: research is part of the social functional system “science” (with the specific binary code: true/untrue) and, e.g., psychosocial counseling practice is part of the social functional system “social work” (with the binary code help/not help), psychotherapy part of the social functional system “medicine” (illness/health). While it is a commonplace that humans operate in the context of a lot of social systems, it could be helpful to reflect the possible benefits and pitfalls of the operation of communicative core processes of the respective systems (see Ochs & Thom, 2014).

- *Research and practice acts are not interchangeable or simply the same*
In an earlier publication, Wright (1990) reminds us that research is also a family therapy intervention technique and sensitizes, and in this way there are “therapeutic” effects of undertaking research in the practice. Of course, this is “grist to the mill” for a social constructionist’s research perspective (e.g., McNamee & Hosking, 2012; Simon & Chard, 2014), which has at its core, that a researcher co-constructs social reality and so the “object” of research with their (embodied) concepts, mediated by interaction and communication acts in the research process. On the other hand, treating research and practice acts, just as synonyms for social reality transforming endeavors (an impression, that one could receive from ideas such as “From Mirroring To World-Making: Research As Future Forming” (Gergen, 2015)) with no connotative or substantial differences, could be associated with the risk of somewhat “theoretical decompensation.”
- *SPR is not equivalent to a social constructionist perspective*
One distinction, that is often made, is that between conventional/(post-)positivistic and reflexive/constructivist research (e.g., Guba & Lincoln, 1989; McNamee & Hosking, 2012). A lot of systemic advocates state that systemic research, and so systemic practitioner research, has to be placed on the reflexive/constructivist side. One of these advocates is Gail Simon (e.g., 2013), who did some pioneering work to elaborate a systemic practitioner research approach (Burck & Simon, 2017).¹³ As mentioned above, our understanding of the systemic approach – and also of SPR – is that it is founded on two epistemological columns, constructivism and systems theory (Ochs, 2020). The practitioners in the SNS network (an informal association, that are working with the dynamical systems theory based Synergetic Navigation System) call themselves systemic practitioner researchers – for instance, addiction therapist Judith Patzig investigates regulation of emotions of in-patient patients of her own practice with the SNS (Patzig &

¹³The “Journal of Family Therapy” special issue “Developments in systemic practitioner research”, edited by Burck and Simon (2017), presents practitioner research endeavors in that line: Brown (2017) analyzes the intersubjective process between the researcher (herself) and the client based on the conceptualization of five poetic images that recur in Martin Buber’s work on dialogism; Salter (2017) introduce a narrative inquiry design for systemic group work with women who have experienced abuse and oppression, that she co-facilitated.

Schiepek, 2015; Schiepek, chapter “Contributions of Systemic Research to the Development of Psychotherapy” this volume).

- *Improving practice by SPR is something different from reflexive formats* (e.g., supervision), training, self-learning or by documentation (e.g., for quality control purposes)

We have argued above, that there has to be “a difference, that makes a difference,” between practice and research; the same accounts for practitioner research and other reflexive and quality control formats for practice, such as professional self-reflection (supervision or colleague exchanges, like intervision), documentation (e.g., by a certificated quality control system), training, and self-learning by, e.g., reading professional journals. Wulff and St George (2014) define research as daily practice as “continuously examining data/information from our own clinical work reflexively in order to better understand what we do and what we could do” (p. 296). But to investigate in a systematically, theoretical, and methodological driven as well as transparent way one’s own practice (that’s practitioner research) has to lead to other insights as, e.g., documentation by a certificated quality control system or a supervision session. Differences between practitioner research and other reflexive formats are, e.g., that in practitioner research exploring the potential of subjects is of greater quality and consistency as well as being more literature linked and driven; the self-practice/–observation/–reflection is also more oriented at the elementary research questions. Practitioners normally don’t have time for complex, rigid, consistent ways of self-observation/–reflection (e.g., writing a research journal after every session).

- “Maps” of each other

Besides the mentioned “theoretical” challenges, there are some attitudes or preconceptions by practitioners and academics of each other, which challenge the “bridging” of practice and research.

In the academic field, one can experience a lot of “opinions” (preconceptions) concerning practitioner research:

- It is classified as a “street market” version of “real” research, as “dirty research” (not proper research); actually a lot of university colleagues don’t know anything about the concept of practitioner research and tend to wrinkle their noses at it, because they suppose the crashing of all quality criteria in the so called empirical research endeavor.
- Practitioners are too long out of academic/research contexts and so lost a lot of their skills and competencies for undertaking proper research and writing about it.
- Practitioners are not interested in research; actually Padberg (2012) investigates the question, why practitioners don’t read ((research) literature); he comes to the conclusion that for practitioners this kind of literature isn’t instructive, informative, and inspiring.
- They are not capable of stepping back from their (emotional) involvement into their practice and because of that the distorting and confounding effects they are producing while doing research are gigantic.

- On the other side, in the practice field, one can also experience a lot of “opinions” (preconceptions) concerning academic research:
- Research by university people is not of interest for the practice field, because academics investigate topics that don’t really matter to practitioners.
- The language of the academic “ivory tower” is not compatible with the practice field.
- Academics want to dominate practitioners with some kind of hegemonial stance and tell them how to do practice, out of their academic research results.
- Systemic practitioners are doing very well without academics; as mentioned above systemic practice flourished and is flourishing perfectly outside the academic world (only when it comes to issues of funding systemic practice, e.g., by health insurances, there is a call from the practice for empirical evidence).
- Healing and helping are something completely different, than producing knowledge and truth (see the sketches of Luhmann’s social functional systems above).

Two Examples of SPR Projects

We want to sketch now two SPR projects, their benefits, pitfalls and challenges, and the practitioner and researcher perspective. We try to give a hint how SPR could broaden options of research. In both examples researching one’s own practice plays a key role in developing both practice and theory. These two examples were strongly stimulated by the participation of the second (LH) and third author (AGK) in the Heidelberg systemic research conference; the first author (MO) did PhD consultation/supervision.

“Co-therapy as a Team Transforming Experience” (LH)

This practitioner research example builds on the relational constructionist perspective. It invites all the research participants to become co-researchers of the project. The goal is to develop a shared understanding and generate new practice. Research is viewed as a process of learning, and the main method is shared and reflected self-reflexivity.

Context

This project was undertaken by a team of a psychology/psychotherapy out-patient service placed in a general hospital in a rural area of Czech Republic. The team is multidisciplinary (psychologists, psychotherapists, art therapist, social worker), consisting of four men and four women. All come from different therapeutic backgrounds, i.e., systemic, Gestalt, and analytical; most of the team members are double or triple

trained. The team is also well “weaved into” the network of other services (e.g., social services, psychiatric community services, juvenile courts and hospital environment). The ambulance also serves as a teaching/training place for students in psychotherapy trainings, so there was a curiosity in the team of its own processes of learning and transformation in order to improve teaching training abilities.

Challenge

We learnt about the research results of the need adapted treatment/open dialogue approach with psychotic patients (Seikkula, chapter “[From Research on Dialogical Practice to Dialogical Research: Open Dialogue is Based on A Continuous Scientific Analysis](#)” this volume, Ochs et al., 2020). These results seemed convincing for us. The principles of the “open dialogue” seemed very familiar to what we already did, so it was hard to believe that something that “we almost do” could bring such drastic change in results when applied with greater radicalness. The results seemed to be putting into question the whole system of established treatment of psychotic patients that is known in Czech Republic – so we felt both inspired and challenged.

At the same time, we could see how applying “more radicalness” and “dialogical principles” could be useful and potentially transforming in all areas of our work, not just in treating psychotic patients. We could also see that “converting into dialogism” could bring a potential danger of division into the team and into the network collaborating with us as, e.g., “open dialogue” introduces some controversial use of medication and can create a space for misunderstandings and misinterpretations. We needed to “re-discover” the dialogical approach for ourselves, within our local professional and socio-cultural context. We felt we needed to develop our own language for “dialogical changes.” We somewhat “hoped” that, through our own gradual transformation, the whole network connected to our practice could somehow absorb the change. We were interested in how a team of well-established and well-experienced practitioners can be transformed, and how can dialogism be re-discovered in the environment of extremely busy day-to-day practice.

Why (Systemic Practitioner) Research? Why Not a Training, Supervision or Improved Regular Documentation?

The first logical option would have been to send some team members on training courses on dialogical practices. First of all, there were no courses on dialogical practices available at that time. But also, dialogism seemed to be addressing the way we are with the clients and each other rather than what we do. As a team, we very much value the diversity of our perspectives. With dialogism, it seemed that each one of us was seeing something slightly different as “what makes it work,” would use their own theoretical background to describe it and examples of their own work for how they use it. We were as much interested in “what is already dialogical” in our own practice as much as in what “could be more dialogical.” The research gave

us time and legitimization to experiment with new ways of working. Regarding our professional network, the fact that the changes in our behavior and language are part of a “research project” offered a safer framework. It made us to constantly switch between the experiment and the meta-position of reflecting about it.

We were looking for a research design compatible with our work ethics, influenced by the broader Postmodern Turn; all the different therapeutic orientations that we are using, turning our attention to language, making us attentive to the position of the observer, viewing self-reflexivity as one of the main sources of information and valuing difference as one of the main sources of change together with the basic systemic principles, the “non-expert position” and collaborative approach. We were looking for a research, which would honor this work ethics; we have found a good theoretical background in the research perspective of relational constructionism (e.g., McNamee & Hosking, 2012, McNamee, chapter “[Relational Research \(Transforming Practices\)](#)” this volume). So, we turned to the TAOS institute¹⁴ to supervise the way we co-construct/research/establish our change.

Goals

We used SPR to explore the dialogical aspects already present in our team context and to develop knowledge of what new dialogical perspectives could be within our team context. We also wanted to map our own transformation process to gain more knowledge about the transformation process itself. We have decided that it is a co-therapy setting where we feel that we learn most, and feel safe and ready to experiment. We felt that during our co-therapy sessions, we tend to use the behavior which we see from different perspectives as the most dialogical. We reflect on our own ability to use the dialogical qualities with the co-therapist right after the session.

Design

Through a series of questions answered in writing and discussions, we co-created the design of our research to gain the maximum involvement. We created a so-called “dialogical loop” to slowly build up our understanding together with the practice transformation. We reflected our co-therapy session in the co-therapy couple using set up questions (see below), and then brought the answers to a focus group. The focus group¹⁵ was taped, transcribed, and analyzed, and the results were presented

¹⁴TAOS institute is an American non-profit organization founded 1991 by Ken Gergen, Mary Gergen, Sheila McNamee, Harlene Anderson, David Cooperrider, Suresh Srivastva, and Diana Whitney to promote the ideas of social/relational constructionism in academic and practical aspects of life.

¹⁵By “focus group” we understand a set time, where all the team-members were meeting and discussing a given topic. We all were familiar and have followed the general rules of a focus group conducting as given by, for example, Krueger & Casey (2000).

for discussion in the beginning of the next focus group. The process was repeated till everyone was happy with the amount of our understanding and the transformation of our practice.

“Dialogical Loop”

- *Questions answering*

Throughout a 1.5-year time period, we kept meeting regularly for minimum two co-therapy sessions a week. As we prefer male-female co-therapy couples, and we are four male and four female therapists, each one of us had worked with four different partners, creating 16 co-therapy couples. After each co-therapy session, we had the time slot of 45 minutes to discuss in-between the two therapists and answer in writing the two main questions: (1) what have I learned today about the co-therapy process and (2) what have I learned today about myself. These questions were developed by the team to increase our self-reflexivity.¹⁶

- *Focus groups*

Every 2–3 months a focus group was organized, where the results were shared. The focus groups were taped, transcribed, and analyzed, and the results of the analysis were fed back in the beginning of the next focus group and then discussed in an ongoing circle. Additionally, we have decided to do some common readings and tape observations. Reflections of these readings and observations were part of the focus groups.

- *Data analysis*

For the data analysis, we have used the Charmaz (2006) version of grounded analysis to analyze the transcript. We have also paid attention to “high and low energy moments” in the discussion to the appearance of metaphors and re-appearances of phrases used in the previous focus groups later on in the process. The basic analysis was done by the author herself as impulses for possible interpretations and repeatedly re-done according to the reactions and possible interpretations of the rest of the team.

Results

There are several areas, where we see effects/results of our research. There is of course a greater sum of knowledge about dialogism, but there is also the increase of the emotional ability to transform it into new skills:

- We have created an understanding of what dialogism is for us and found ways to build it into our practice as described in literature.

¹⁶Even though it seems that these two questions have nothing to do with dialogism, we recognized them as helpful. Our understanding of dialogism was to increase our ability to of shared self-reflexivity and through empathic listening to each other develop our own ability to express our thoughts and feelings. Through answering these questions in this context, we stepped straight into “practice of dialogism” with each other while reflecting our feelings and thoughts during the session.

- We have defined and adopted into our practice the dialogical way of co-working.
- Adopting this new practice has enabled us to address new client groups which we have found until then “frustrating” or “scary” in a manner which we actually find energizing.
- We are now teaching dialogical co-working at a university-based course using many examples from our own learning process and practice.
- We have formulated the concept of “dialogical ethics” – not as a concept we “own” but a direction toward which we want to develop. We now use the concept in our teaching sessions in different contexts. We also use it to introduce new team members, who did not participate in the research with us into our work ethics.
- We reflected on the series of practical changes which we see as a part of our transformation. Not just changes in, for example, furniture settings but also, for example, the diagnosing/report writing, which we still have to do for medical/legal purposes, we increasingly see as a tool with a therapeutic potential.

Example Two “Systemic Practitioner Research of Out-Patient Social-Pediatric Multifamily Groups” (AGK)

The second example demonstrates the use of quantitative and qualitative methods while doing systemic practitioner research. The researcher included both herself and the clients in gaining deeper mutual understanding and deeper understanding of the issue involved. Participating in the research (as reflected in the results) gave the clients sense of importance and opened new learning/therapeutic potential for both – clients and the therapist.

Context

Our Multifamily Groups (MFG) were developed and have been implemented since 1995 for over 20 years at a large out-patient pediatric center in a Children’s Hospital Medical Center in Frankfurt/Main, Germany (Goll-Kopka, 2009, 2012). This center provides comprehensive diagnostic evaluation and therapy for complex or serious childhood illness, developmental delays and disabilities. The MFG project originated when families at the pediatric center, for whom the disabilities caused great distress, had difficulties decoding the language of the medical and rehabilitation system, and who felt a deep sense of isolation and a lack of understanding coming from others in their social context. It is headed by a multidisciplinary team consisting of two group facilitators – one social worker and one psychologist (AGK), both experienced family-therapists – and four trainees in special education. Experimenting with different settings, it finally led us to a structure for the MFG as a two-day workshop, running Friday afternoon until Sunday afternoon, and held in a service-oriented facility in a tranquil outdoor region near Frankfurt. This format best accommodated the needs of these exhausted families, taking into account the work/school schedules of family