

THE EXTENDED THERAPY ROOM COMING FROM AN AUTHENTIC PLACE...

**A phenomenological-hermeneutic study
of my experiences as a psychotherapist in
the Extended Therapy Room**

Carina Håkansson

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ABSTRACT

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Many times over the years as I've worked in the Extended Therapy Room in situations with others I have asked myself what in the work we do touches and affects, and what part I as a psychotherapist play in that. In what way do I and my way of being-in-the-world contribute to what unfolds in the therapeutic meeting? Is it even possible to arrive at a conclusion through research or should the question be put some other way?

A world in movement and an existence without generally accepted answers on one side, and the need to hold onto something on the other. This is the way life is for us human beings, and also the way it is in the therapeutic room. So how do we relate to this both- and? What kind of knowledge can you generalize about and how do you pass on your own experience so that someone else can use it? How do you create meaning from what I call ordinary life in therapeutic work?

Over the years of working together with both family homes that provide an ordinary context and psychotherapists and other professional helpers I have experienced our clients become "something else" than the label they were given before we began working together. I've also experienced how those of us involved in the process; the client's family, family home, therapist and supervisor have been affected by it. I have experienced a noticeable difference that has left mark on my work and perspective on psychotherapy.

My years of experience have generated questions about the essence of the therapeutic meeting and how to bring to life and include the therapist, both as a human being and a professional, in practice and as part of the description of what happens.

These questions and years of practice and studies have together led to the formulation of the research question: *What is the most important in my experience as a psychotherapist in the Extended Therapy Room?*

This dissertation describes an experience-based knowledge that has developed from practice built on each and everyones presence and partic-

ipation. This practice combines ordinary life with therapeutic knowledge and is not primarily about theoretic perspectives and therapeutic techniques, but the meeting between people and how these meetings in different ways make an impact, not only on the one here called client, but on all of us included in the shared commitment and the organization in its whole.

The research material is made up of fourteen stories where I'm part of the events that take place, mainly as a psychotherapist but in one story I'm a social worker and in another I'm a child. The investigation is based on a phenomenological-hermeneutic method which was developed in order to understand what emerges from one's own lived experience (Lindseth and Norberg, 2004).

By moving as a researcher between the naïve reading and the structural analysis within the framework of the hermeneutic circle seven main themes have emerged and together they constitute the results of the research: *Being present, participating, being part of an ordinary context, meeting, taking personal responsibility, communicating and enabling.*

These main themes are described and illustrated in the Critical reflection section. In the section Theoretic Reflection and Discussion these main themes are reviewed in depth and discussed in relationship to other research and practice, mainly in the field of psychotherapy and philosophy, but also in relation to art and physics. The dissertation concludes with a Method reflection that describes the method's effect on the research and the researcher's approach.

The question wheather it is possible to arrive at a conclusion about the importance of the therapists own lived experience through research was raised in the beginning, and as this project now has come to an end it has become clear that it is possible. Not only possible, but also important, as it is important how to ask questions and how to act.

Through this research project it has become clear how traditional psychiatry and psychotherapy far too much focus on the one here called client and by doing so create a context which rather exclude than include, especially by the use of psychiatric diagnosis and descriptions of the other.

The most important in my experience as a psychotherapist in the Extended Therapy Room doesn't primarily concern different therapeutic methods or specific therapeutic doctrines or schools, but rather the importance of a personal stance and to utilize lived experience in an organisation that enables people to be authentic and include themselves in vital meetings.

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Tom who taught me to trust my feelings and to listen to my body, and who extended my network in a most amazing way. For that I will always be grateful.

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The wonderful place by the sea where this thesis has been written and where many valuable thoughts have found their way.

Last and foremost, a warm thank you to all the people I meet in my work; those called clients, their families, family homes, staff at our office, our board, and all of you who connect through the shared work from nearby and far away. I am deeply grateful. Without you this had not been possible.

Gothenburg, 13.3.2014
Carina Håkansson

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To All of you who keep the dream alive

1 INTRODUCTION

For more than 25 years I have worked in the Family Care Foundation, in a context we call the Extended Therapy Room, which is built on close collaboration between family homes, those I call clients, their families, therapists and others at our office. Our work isn't based on psychiatric diagnoses and a medicinal model. It's based on the importance of relationships and contexts, and to try to make sense of ordinary life knowledge. The people I call clients often come to the Family Care Foundation after having suffered for a long time and experienced great difficulties. They are in a serious crisis.

Time and time again over the years I have tried to create meaning in, and understand the meaning of, the work I am part of. Why do people seem to experience something essentially important when they are part of the Extended Therapy Room? Why do I myself, despite all my doubts and hesitation and periods of exhaustion, have the feeling I am part of something important? What is it in my work that constantly affects me and deeply touches me?

Four years ago I decided to begin a scientific investigation to see if I could find the answer to the question: *What is most important in my experience as a psychotherapist in the Extended Therapy Room?*

This dissertation is based on situations, meetings and events I have experienced, primarily as a psychotherapist. Some of them happened a long time ago and others recently. The common denominator in all of them is that I have, in one way or another, participated. I am the storyteller, speaking from my own lived experiences, with my own words and in my own way.

1.1 A decisive moment

From my diary 18 November 2009

I'm on the bus to Gothenburg after having been in Oslo to talk to some people about the research and paper I'm working on. One of them was Per Jensen. We had a great discussion about important issues and Per gave me some good advice.

He said research requires writing in a special way. It's not same as writing a book. I think I understand what he means, and once again I'm filled with doubt. Do I really want to do this? Wouldn't it be better to just write another book?

My doubts begin to get the better of me and I wonder if there is any point in continuing. Suddenly I hear a conversation between two women sitting in the seat behind me. The older woman tells the younger woman that she works at a psychiatric clinic in Oslo with what she calls "schizophrenic patients". The younger woman doesn't know what that means so she asks and the older woman answers. "They can never get well, their condition can be alleviated but it can never be completely cured. No patient has ever fully recovered." I have a strong desire to turn around and tell them about some of my experience, about Barbro's work, Jaakko's work, John's work, and many others. Instead I sit still and continue to listen with a rising pulse.

"What makes them schizophrenic?" the younger woman asks.

"No one knows, research indicates that it can have something to do with being born in the winter but it can also be genetic. One thing we know for sure now is that it doesn't have anything to do with someone's family. They used to say that it did but now they know that's not so," answers the older woman.

She describes how these patients live in different realities and how difficult it is for them at times but that now there is medicine that helps.

"Heavy medicine?" the younger woman asks.

"Yes, but it usually helps. Some patients complain it makes them fat and others complain that they feel cut off from life but there's no other way," the other woman replies.

The conversation then turns to one of their relatives.

I sit there silent but determined. Determined to write my thesis and write it in such a way that it clearly describes real, living and breathing human beings.

1.2 Disposition of the dissertation

The Introduction part includes Purpose, Method and Other research, as well as a short description of my own background and about Family Care Foundation.

The Investigation consists of fourteen stories and in all of them except one I was either a social worker or a psychotherapist. One of the stories took place when I was a child.

The Interpretation section includes the final naïve reading, which is a description of an immediate, comprehensive assessment of the stories and a necessary part of the method I build my investigation on. A structural analysis of four stories is presented with the classifications prescribed by the method; sentence units, condensation, subthemes, themes and main themes. These particular four stories were chosen because each one of them illustrates important phenomena that emerge in this investigation. They were also chosen because they take place in different situations in different periods of my work. Two of the stories depict meetings with adult clients and two of them describe meetings with two youths.

The Critical reflection section describes the seven main themes I discovered through analysis of the material.

In the Theoretical reflection and discussion section the results I arrived at through the analysis are studied in depth and discussed in relationship to the research material as well as other research and practice. This is done primarily from a psychotherapeutic and philosophic perspective but there are elements of prose, the theater and physics as well. I explain the limitations of the investigation and my hopes for future research.

In the next section, Method reflection, I describe both the research process and my path as a researcher. Parts of the diary I wrote while working with this dissertation have been included to illustrate how the method incorporates me as a researcher but also the practitioner and the human being Carina.

There are two enclosures after the summary. One is an excerpt from a text I wrote in prose form during the research process when I tried in different ways to discover important experiences (enclosure 1). The other is an extract from my private diary (enclosure 2).

At times working on this thesis has been like composing music, which I'm not capable of, or steering a ship on uneasy seas, something else I can't do. In spite of this, slowly but surely my work has progressed with the help of others and a growing confidence that in the end I will succeed.

Time and time again I returned to Marcia Sá Cavalcante Schuback's fantastic book *"Lovsång till Intet"* (An Ode to Nothing) where she writes, *"Improvisation is not something that happens in the here and now. It is in the tempo of the unfolding, a tempo that consists of several converging times, several simultaneous rooms. It gives a name to a conflux, an interaction between different influences and inspirations, or different dimensions of abandonment to the flow"*

of transition ... The meeting with the past – what has already been thought and already said, the familiar, the traditional, the memory – includes an elusive but very tangible improvisational moment, where a new way of thinking, a new word occurs... You have to be able to listen to the flow of unfolding thoughts, the appealing presence of unfolding events.” (Cavalcante Schuback, 2006)

1.3 Purpose

While working on two books (Håkansson, 2000, 2009) and articles (Håkansson, 2006, 2008, 2012) I have interviewed clients, family homes and colleagues on their experiences and thoughts regarding having participated in the Family Care Foundation. Everyone I interviewed placed great importance on working together with others. They felt they were not alone but had support from the people around them.

However, for years I have had the feeling that there is also *something else* which is important, something that has to do with what each of us contributes. This is a feeling I have repeatedly experienced as a bodily sensation and through thoughts generated by my own experiences of meeting other people; in individual conversations, in supervision, in family conversations and in big groups. Through conversations with colleagues, family home members and clients I have understood that I share this feeling with others. The feeling is that there is something important about what each one of us contributes.

Research on one’s own professional expertise and lived experience is still rare within the field of psychotherapy and family therapy (Jensen, 2007), and particularly when this is a collaboration with a family home the way the Family Care Foundation is organized. Nonetheless, I decided to find a way to include myself as a psychotherapist and person in the research process.

Already back when I wrote my C paper (Håkansson, 1983) at the School of Social Work at the University of Lund I wanted to incorporate myself in the research process. It seemed to me that my own experience ought to weigh in on what I think I perceive and experience in a professional context, but due to a lack of confidence as well as support and guidance from the department I didn’t have the strength to carry out my research idea.

The desire and intention behind this research project many years later is to examine and better understand the work I have been involved in for so long. By investigating my own practice I wanted to reveal what I, as a psychotherapist and person, have experienced is most important in the Extended Therapy Room, and at the same time add to the knowledge about what this entails. I also wanted to examine whether or not there is any point in bringing to light one’s own part in work, and if so, what is the importance of it?

This dissertation isn't based on positivistic thinking and research. The method I have used revolves around something else: comprehending and creating meaning from one's own lived experiences in order to spotlight important phenomena in one's own practice.

My primary ambition is not to write a scientific report aimed at proving by comparison with other studies but rather to describe *one* possible way to relate to one's self and the context you are in, and thus show the need for the kind of research that describes personal experiences in work which is all about people meeting each other. I also want to examine the idea that the deeply personal is also universal and that it's possible to derive meaning from it and achieve a more profound understanding of it, in both practice and research.

When I was working on my last book (Håkansson, 2009) Tom Andersen sent me an e-mail saying, *"Carina, I think it would be a good idea if you described your practical experiences and what you thought about them and did with them. Write so that readers can feel the wind and smell the scents. Let those you write about read what you have written so that their voices are heard in your book. I think we should stop writing actual books and instead write things that fill the reader with so much anxiety that they have to do something about it."*

Since then I've read Andersen's exhortation without realizing that it even includes the way research should be carried out. But now I see it clearly. I hope my experiences, thoughts, words and sensations can contribute to a new research tradition Tom Andersen enjoins.

1.4 Method

One of the first things I needed to do when I began this research was to find a method to base the process on, a method rooted in practice and centered on the practitioner's lived experiences. It was one of the few aspects I was sure of early on. This investigation was going to primarily focus on my own experience as a psychotherapist in the Extended Therapy Room, not clients. I wanted to examine the operations where I use my own lived experiences, mainly as a psychotherapist but also those as a social worker and Carina the person. One reason for this is that this kind of research is scarce. Normally therapy research as well as clinical literature is focused on the client but there is almost no research on the therapist's contribution and role.

Over the years of close collaboration with family homes I have been deeply influenced by their way of including themselves in the meeting with those who live with them and their families as well as me and my colleagues who are functioning as therapists and supervisors. I have experienced the importance of this and felt a growing desire to take a closer look at the significance of this.

Many times over the years as I've worked in the Extended Therapy

Room in situations with others I have asked myself what in the work we do touches and affects, and what part I as a psychotherapist play in that. In what way do I and my way of *being-in-the-world* (Heidegger, 1962) contribute to what unfolds in the therapeutic meeting? Is it even possible to arrive at a conclusion through research or should the question be put some other way? This is what I wanted to explore and see what would emerge as most important.

In conversations with Jaakko Seikkula, Professor at the University of Jyväskylä, he suggested that I ask Anders Lindseth, Professor of philosophy, if he would be willing to be my supervisor. I did and he agreed. Seikkula, Lindseth and I then decided that my investigation would be based on the phenomenological-hermeneutic method that Lindseth had developed with Astrid Norberg to understand what comes forth from own lived experiences. The research is based on conversations with people who have experience from important life areas and where the focus is on some important phenomena (Lindseth och Norberg, 2004).

The analysis consists of three stages: the first reading which is also called the naïve reading, structural analysis and critical reflection.

An immediate understanding of what is most important in the lived experience, what strikes the researcher based on his/her previous experience, is derived from the first reading which is also called the naïve reading. Lindseth och Norberg contend that the researcher's sensitivity and preliminary understanding are very significant during the naïve reading, not to be confused with naïve in the sense of ignorant.

The method I have used has been further developed at the University in Nordland which has opened up for practitioners to do research on their own practice. It's not a question of being interviewed but rather "talking to yourself". It is an arduous method that requires conscientious thoroughness, patience and resistance from researchers. They must view their own research conclusions with a critical eye. By choosing this method the researcher has already expressed a desire to strive to be honest in an investigative description of his or her own lived experiences, i.e. to speculate about them.

The structural analysis commences after the naïve reading which comprises all the stories and takes a more critical view of the material. Not in the sense of distancing and theorizing but by being present and "listening" to what is most important and trying to get the gist of the text. *"Being able to see the difference (between true and false, between valid and invalid) in ethical political and legal circumstances, but also in general"* (Skjervheim, 1992, page 97).

This makes it possible to successively break down a story into smaller parts, units of sentences which after condensation (summary) allow the researcher to see relevant subthemes and themes. And through this, after considerable work, distinguish what is most important, which main themes materialize out of each story as well as all the material collectively.

These main themes are described in the Critical reflection where I

also reflect on what I have concluded to be the most important in each main theme. This part of the analysis is the basis of the Theoretical reflection and discussion where the research material is reviewed more in-depth and discussed in relationship to other research and practice. All the themes I found in each story are presented but not explained like the main themes.

It may sound like there is a strict order in this method but that is not the case. During the research process the researcher moves between the naïve reading's immediacy and a more critical position of observation in the structural analysis. The different phases are separated and combined and affect each other and the content in what is described. The final naïve reading is formulated in the final phase of the analysis. The stories which are the research material are, however, always exactly the same. Not a word has been changed from the original version.

The challenge is to shift between the whole picture and parts of it; to move back and forth, to relate to both proximity and distance, testing whether or not the analysis holds and if it doesn't going back to the material and starting over. Both the themes and main themes are changed throughout the process. The structural analysis is a test of the naïve reading's validity which clarifies that the analysis is an interpretation. This is an ongoing process within the framework of the hermeneutic circle. Working with the phenomenological-hermeneutic method illustrates this, how understanding is something that is revised and broadened through new experiences.

The method is inspired by Montaigne and his work *Les Essais* (1595) that explores one's own self and its relationship to the outside world. Montaigne's own thoughts and reflections are clearly present in his stories and texts where thoughts, feelings and lived experiences are analyzed down to the minutest detail.

Ricoeur's philosophy influences the method with its interest in lived experiences and where the phenomenon being examined is in focus. Ricoeur wanted to renew phenomenology with the aid of hermeneutics which attempt to find content and meaning through interpretation. The lived experience is always personal, but its meaning can be communicated, and to some extent, generalized through stories. Interpreting these stories allows for a better understanding of human beings' life-world (Ricoeur, 1988). *"In order to understand yourself, your own products, you must take a detour over the external context of the cultural symbols and social institutions you live in. This kind of communicated interpretation is Ricoeur's idea of interpretation"* (Olsson, 2008, page 66).

Research in the field and ethnographic methods have influenced and inspired the method I used in this research project. The purpose of ethnography is to describe and interpret social and cultural structures, processes and patterns. The behavior of individuals or groups is studied through observations or interviews. Ethnography draws on a set of qualitative methods such as observations, notes from a diary or conversations built on close contact with what is being studied. The core of the method is "being there" and highlighting different phenomena. Ethnographic work is characterized

by a continual connection between the theoretical and the empirical. Field research, with its from within perspective, is an applicable method built on careful observations in one's own field.

1.5 In the border zone of what is called ordinary life and what is called psychotherapy

Ever since I was a kid I have been fascinated by people and the way we behave towards each other. Maybe this stems from the motley bunch of people, in my family and my village, whom I grew up around. The local factory was the heart of the village we lived in. Almost everyone worked there, either in the plant or its offices. A few people did neither. One of them was my grandmother who was a cook in the cafeteria for the factory. She was also a member of the Social Democrats and represented them in the Social Board, something I was both curious about and proud of.

Some of my friends lived in mansions with servants and some of them lived with a big family squashed in a tiny apartment. A lot of foreigners (that's what we called them back then) lived in my village and close to me. There was Elisabeth from Italy, Milakov from Yugoslavia, Georgios from Greece, Seppo from Finland and many more. It was a rich life, full of opportunities to wonder about why things were the way they were.

In eighth grade I decided either to become a missionary, teacher or social worker. I managed to test all these different professions in some form. I substituted as a teacher after high school, helped build schools in Nicaragua and have been a social worker since the '80s.

However, I was certain that I didn't want to become a psychotherapist. For a long time I considered it a profession where you maintained a distanced and lofty perspective on your clients and generally didn't work with people who perhaps needed treatment the most. That was not for me.

As is so often the case in life, things turned out exactly the opposite from how I thought they would. I have been a psychotherapist for many years and can't imagine a better job. Opening up the therapeutic room so that people's experiences and their voices can be heard has become part of my mission, in my practical work as well as in my research and writing.

For years I have been working in a situation with people that come from different places and wildly diverse backgrounds, people that speak different languages in the sense that they use other terms and express themselves in other ways. These people can be divided into three so-called main categories consisting of clients, family homes and professional helpers, for example psychotherapists, social workers, treatment assistants and doctors.

"The Family Care Foundation was conceived in a café somewhere in Gothenburg one summer day in 1987. I'd been thinking about values and why we

do what we do for a long time. Actually as long as I can remember. But I wasn't sure what to do. I'd been working a few years in a city project aimed at placing drug dependents in so-called ordinary families (family homes) which were given professional help by social workers. I was one of them and I immediately liked the idea of offering our clients the chance to live in an ordinary situation instead of an institution, jail or hospital. However, I felt something was missing, someone who supported clients outside the family home system. And what about the client's family, how did they cope and handle the relationship?" (Håkansson, 2009, page 22).

I imagine, and strongly believe, that my more than twenty 25 years of work has left its mark on the way I speak, think and do things. I also believe that I have left mine on the people I have come into contact with. Some of them I've met over a longer period of time, others only briefly.

I think what has affected me the most is the way family homes and clients act and how they talk about themselves and others. They have taught me to use a so-called ordinary language in therapeutic situations and to trust my intuition, to improvise and create room for participation and what I call presence.

I have a crystal clear memory of the first time I walked to the School of Social Work at the University of Lund on one of the first days in September. I remember the scents, colors and the rush of happiness and pride I felt. I was going to be the first member of my family to go to university. It was empowering and coupled with a feeling of responsibility. I had to take advantage of this opportunity so that someday in the future I would contribute something of what I was about to learn to others.

Perhaps disappointment was inevitable? I can't say, but that's what happened. Where were all the visions, the desire to change and have an effect? I found it hard to live with the absence of what I thought I was going to be a part of – a living culture that contained visions, discussions and most importantly, a desire to comprehend one's own place and influence.

During my last year at school I participated in a conference in Umeå as a student representative. One of the speakers was Barbro Sandin and I was looking forward to listening to her since I'd read about her work at Sätters Hospital. She spoke about her work with people at Sätters Hospital for three hours without a break. She spoke about young people diagnosed with schizophrenia who were considered incurable. Barbro didn't believe this and has through her work proven that this was in fact untrue (Sandin, 1986, 1990). She talked about things that are important for all of us, even so-called patients and clients.

Her message was clear and unequivocal; being together with someone who is fighting for their lives is very important work. It requires taking responsibility, not just for the other person but for ourselves as well. We have to try to understand ourselves and the circumstances that govern our lives. That is what I remember her saying.

A few years later the book "*Den zebrarandiga pudelkärnan*" was published, an excerpt from Sandin's dissertation. It starts off with, "*In the summer of 1983 I participated in a psychiatry congress in Vienna. After having*

attended many of the lectures I was depressed by the lack of interest in human conditions. I missed reflections about how people grow into the world, about humans as societal beings whose lives have meaning and content in relation to the people around them and how psychic illness is intimately connected to conditions early on in life, as well as our experiences of relationships" (Sandin, 1986, page 9).

After I finished my education, by chance I began to work at the Drug Abuser Care Project's unit for family care. Those three years were filled with struggle, thrill and at times despair. There were many of us who shared in the struggle and thrill of our work, as well as despair when we were forced to realize that there was no room for our visions and practical experiences. Our unit was merged with another without any consideration to clients, family homes or staff. I quit and the Family Care Foundation was created with financial aid from the National Board of Health and Welfare. My decision was anchored in a deep belief that "this just isn't right".

Some of the family homes I'd worked with in the Drug Abuser Care Project chose to "go with me". We have worked together ever since and this has been extremely important.

After a few years of working I decided to take the basic psychotherapy course at Sankt Lukas. My daily work led me to this decision, both I and our organization needed this competence to develop. This course coincided with me becoming a mother for the first time. Getting to know my little baby and thus parts of myself I didn't previously have access to was an incredible experience. This period of vulnerability and intense love was connected to "becoming a psychotherapist". I remember often thinking about how complex and compound issues concerning human life and existence were described so theoretically and, in many ways, one dimensionally. It was as if life itself could be boxed into various theories and methods.

The time I spent trying to delve into and comprehend psychoanalytic therapy was filled with conflict. Unfortunately my doubts and questions were not always received in the way I needed to be inspired for my future work as a psychotherapist. Theoretical arguments and concepts were sometimes presented as something not really connected to life itself or to us, the individuals in a group of future psychotherapists.

Time after time I was struck by the lack of context, and social and political perspective. We started our education by reading about Sigmund Freud's theories and clinical work (Freud, 1916-17, Sjögren, 2011) and we quickly learned not to question the material if we didn't want to risk opening ourselves to interpretation based on our remarks or questions. This was authoritative teaching that unfortunately influenced my perspective on psychoanalysis for years.

On the other hand I had a lot of aha experiences during this period and I felt that I was on to something important, something that touched the true meaning of relationships and existence itself.

A few teachers, and above all, some fellow students were important to me and together with them the course and its contents became meaningful and useful in my practical work.

A trip to Nicaragua also had an effect on my future career choice. My motives for traveling there to help build a school were political and social, but while I was there I had one revelation after the other about how people behave, towards themselves and towards each other. This trip crushed many of my illusions and I became aware of the interplay between human beings and their circumstances. I saw how one thing led to another and realized there are no "simple truths". Far away in a foreign country I understood the complexity of human beings on a deeper level, thanks to my vulnerability and intense desire to comprehend what I was a part of.

In the beginning of the nineties I went back to school to finish my education as a psychotherapist and received my license. Once again I was struck by the way psychoanalytic therapy is presented, how the therapist's interpretation takes precedence as if he or she is the one who "knows". I neither believed this nor could I derive any meaning out of it. Where were the conversations and theories about the relativity of contexts? Where was the importance of the relationship between therapist and client and how the therapist's life and own experience affect the therapeutic meeting?

This was clearly illustrated right at the beginning of the course when a teacher said that Dora, one of Freud's patients, always put her purse on his desk when she met Freud and that he thought Dora was presenting her genitalia for him.

I reacted to that, both what Freud had said, but mainly that my teacher still thought in 1995 that it was the truth. His reaction was that I "seemed to find it hard to accept this and perhaps I should consider what it was inside myself that made this difficult for me."

What I found most disappointing was that the teacher assumed I hadn't reflected on Dora, Freud and myself. He didn't ask me any questions about my thoughts, and I was upset by the oversimplification of this assumption, that a purse was equivalent to a vagina, and that there was no room for reflection on the balance of power between a considerably older, male therapist and the young, female patient. This made me seriously doubt if I was in the right place and these doubts remained with me throughout the course. I made myself vulnerable by asking questions and questioning what I was being taught but I gained an essential insight into the responsibility we have as human beings and therapists and how we relate to what we partake in.

Clinical supervision was focused on clients and it was very rare that we spoke about how we ourselves as people and therapists effect, and are affected by, the therapeutic meeting. Every time I asked my supervisor for this correlation I was told it wasn't relevant to the clinical supervision and that I should work on it in my own personal therapy. Through my work at the Family Care Foundation I had learned the importance of trying to grasp the whole picture and avoid "boxing" life and people into small units separated from each other. This, however, didn't apply to our education where we were expected to desiccate ourselves into different sections for different roles and situations.

Parallel with the course I and my colleagues took a class based on British object relationship theory at SAPU (Stockholms Akademi för Psykoterapi Utbildning) with Patricia Tudor-Sandahl (Sandahl, 1990, 1991, 1992), who was chancellor and the primary professor. This was a completely different kind of education and contained everything I had been missing over the years in therapy education. There was a clear focus on us students, both as therapists and as human beings. All of a sudden there was room for relationships and circumstances. I had finally found somewhere I felt at home!

Meeting Tom Andersen's theories and practice (Andersen, 1987, 1992, 1994, 1996a, 2011) around ten years ago broadened and deepened my practical therapeutic work and the network, which includes practitioners and researchers from all over the world, that my workplace became a part of.

Tom Andersen's lived experience gave me words and concepts I previously couldn't define. His systemic thinking and way of being, together with descriptions of reflecting processes, became a significant part of my identity as a psychotherapist. His sustainment and exploration of what it means to bring one's humanness *even* into the therapeutic room, his focus on the meaning of words and the knowledge we feel in our bodies are also now a part of me.

1.6 Other research

Over the years of working in the Extended Therapy Room I have participated in conversations, reflections and discussions with other people; clients, their families, family homes and other professional helpers. I have also studied many other people's theories in the form of books, articles and scientific research.

Doctoral theses built on one's own lived experiences are rare. I have found two. One of them was based on a social constructivism perspective and it explored the author's experience as a therapist and counselor in a number of situations and how these situations affected the therapist and vice versa (Vedeler, 2012). The other thesis was based on many years' experience of being an actor and director. This thesis used the method my dissertation is based on and which was further developed by the University in Nordland (Johansson, 2012).

Through the many novels I've read over the years I've realized how valuable the prose form is for conveying personal experiences and feelings so that readers are touched by, and recognize themselves in, what is described and communicated. And it's not just a matter of self recognition but also seeing the differences between what is described and what fills your own life. This kind of scientific work is hard to find in the fields of psychology and psychotherapy. I hope my investigation will be the start of a new research tradition.

I haven't seen any research based on exactly the kind of operations described in this investigation but I have read about research in work and experience similar to the Extended Therapy Room that demonstrate the importance of relationships and context.

The Soteria Project was a pioneer project initiated by Lauren Mosher which was built on the idea of meeting people (so-called patients) in an environment that resembled a home as much as possible. The idea was that so-called ordinary people would live together with so-called patients. What was important was meeting each other with respect and not having a predetermined idea about the other person, in a non-diagnostic context intended to minimize or completely eliminate pharmaceuticals (Bola and Mosher, 2002, 2003, Mosher, 1999).

I often return to Barbro Sandin's thesis, which is built on several years of working with people diagnosed with "schizophrenia". Sandin describes how the therapeutic meeting is based on knowledge about life itself and how it creates opportunities for previous so-called chronic patients to leave the hospital and live an ordinary life. Sandin describes the importance of "being there" together with the other person, in order to derive meaning from both earlier experiences and whatever happens in the moment (Sandin, 1990).

There is a selection of research from D.W. Winnicott's work in my investigation which demonstrates how therapists are part of relationships and that it's through shared creation that something new can transpire (Greenberg and Mitchell, 1983, Winnicott, 1957a, 1957b, 1971, Phillips, 1988).

I've studied current psychotherapy research that shows the importance of relationships in the therapeutic meeting (Assay & Lambert, 2002, Denhov, 2000, Norcross, 2002, Johansson & Eklund, 2003, Lambert & Ogles, 2004).

I've also read about current psychotherapy research regarding the so-called therapist factor, common factors and context models. Extensive research demonstrates the importance of the meeting between the therapist and client, and the fact that this meeting is dependent on a number of variables which are not sufficiently accounted for in research based on the medicinal model (Messer & Wampold, 2002, Wampold, 2001, 2011).

Jonathan Shedler has illustrated how the psychodynamic tradition affects other forms of therapy as well and that, like other therapeutic orientations, it's effective and a better alternative to medication. However, this knowledge isn't easily accessible since the reporting is hard to understand and interpret for "the uninitiated" (Shedler, 2010).

Gudrun Olsson's thesis is based on current psychotherapy research which shows that the client and therapist relationship is more important than methods and theoretic schooling. Her investigation is founded on personal stories and their importance for the therapeutic conversation and meeting (Olsson, 2008).

Alain Topor's research shows how much more important relation-

ships and flexibility are than professionalism. The meeting and the way they are received is what matters to clients (Topor 1993, 2001).

Tom Andersen's theories and practical experience on the significance of being touched in the meeting is described in a number of texts and research papers. Andersen illustrates how structure and language create opportunities for the presence of impressions and feelings in the therapeutic meeting (Andersen, 1987, 1991, 1992, 1996b, Kjellberg, 2001, Gjertzen, 2012).

Open Dialogue is based on the idea and experience of meeting people (patients) and their families in an acute crisis. Flexibility, availability, dialogue and the desire to participate are considered essential for a meeting to take place. Through their research Seikkula and others show how these principles and this kind of treatment are of critical importance for whether or not a crisis will be permanent or not (Seikkula, Alakare, Aaltonen, Haarakangas, Keränen, Lehtinen, 1995, Seikkula and Arnkil, 2006, Seikkula, 2008).

In more recent years Jaakko Seikkula has focused his research on how different harmonies in the dialogical meeting are heard and create meaning for all the participants (Seikkula 2011).

Daniel Stern's research on the significance of creating understanding and meaning in what is happening in the moment stems from knowledge gained from what we call life itself. Stern shows parallels between what we call ordinary life and what takes place in the therapy room (Stern, 2004).

Kenneth Gergen's research is based on a social constructionism perspective and illustrates the importance of context and how language and theory affect our ideas and values. This is true for both individuals as well as in organizations and societies (Gergen, 1994, 2001, 2013).

John Shotter studies how language and expressions influence and describe relationships as well as social and psychological perceptions (Shotter, 1993, 2003).

In addition to the above mentioned research, I have studied a number of other research reports and literature, primarily on the subject of psychotherapy, philosophy, anthropology, physics and theater. At the same time I've read a great deal of fiction and poetry.

Like many others before me I've realized that every new experience generates new thoughts, questions and a desire to comprehend and merge all these experiences into a comprehensible unity.

1.7 Question at issue

A world in movement and an existence without generally accepted answers on one side, and the need to hold onto something on the other. This is the way life is for us human beings, and also the way it is in the therapeutic room. So how do we relate to this both – and? What kind of knowledge

can you generalize about and how do you pass on your own experience so that someone else can use it? How do you create meaning from what I call ordinary life in therapeutic work?

Over the years of working together with both family homes that provide an ordinary context and psychotherapists and other professional helpers I have experienced our clients become “something else” than the label they were given when we began working together. I’ve also experienced how those of us involved in the process; the client’s family, family home, therapist and supervisor, have been affected by it. I have experienced a noticeable difference that has left its mark on my work and perspective on psychotherapy.

My years of experience have generated questions about the essence of the therapeutic meeting and how to bring to life and include the therapist, both as a human being and a professional, in practice and as part of the description of what happens.

These questions and years of experience have together led to the formulation of the research question: *What is most important in my experience as a psychotherapist in the Extended Therapy Room?*

1.8 The Family Care Foundation

The Family Care Foundation was created from a vision that we could create a good place to be, a place where clients would be given the chance “to be”, alone and together with others, in order to understand something essential about their lives and history if possible. And through this be able to influence and change things that were difficult, that tortured them and made life hard to live.

Right from the start the idea was to take the best from what we usually call ordinary life and the best from professional therapeutic work. Our clients would live in a family home, which is a kind of foster home, and at the same time maintain a conversation with a professional. The family home would receive supervision and support to handle the new situation in which one of our clients lived in their home and shared their lives. We started with two social workers and a colleague that took care of our administration and economy.

We social workers had conversations with both the family home and the client, sometimes together and sometimes separately. In one constellation the professional helper might be a supervisor for the family home and in another they would be the therapist for the client. The idea behind this was that we would learn both how to handle individual conversations and the best way to guide family homes without getting “too tied” to our ideas about our own work or “what a client or family home was like”. That’s how

it started. Over time our work and the therapeutic room have grown and now comprise considerably more people and contexts.

1.8.1 Family home

A family home is a kind of foster home that invites one or, in some cases, several persons (a parent with children) for a period of time to share their life with them. I have taken the liberty of using the word family home as if it concerned one person although it refers to several people; the family home parents and any children they may have.

The Family Care Foundation works with some thirty families and around a fifth of them have been with us for more than twenty years and a further fifth, ten to twenty years. We try to find families that are willing to "open their homes and hearts", not just for the people who live with them but for those people's families and the therapists that are part of the team. It is crucial to have a desire to participate in the shared commitment and have an open relationship to those who live in their home and the therapists involved in the work.

Many family homes are located in the countryside, a few are in cities. There is a certain value in living close to nature and having animals around but we don't require it.

Almost all the family homes have children in different ages but we also work with family homes without any children. Some of the family homes' children are adults with families of their own. Two of these now grown-up children have, together with their partners, become family homes with us. They are second generation family homes with the special experience that this entails.

We look for family homes with a different identity from that of being a "professional helper". It's a big advantage if clients can be part of some kind of operations in the family home. I can't emphasize enough the importance of being part of an ordinary life. When we started in 1987 four out of five family homes were farmers but that has changed over the years. Agricultural politics and the circumstances in Sweden as well as globally have reduced the number of family homes that farm for a living. Nonetheless, a majority live in close proximity to both animals and nature and almost everyone thinks daily contact with animals is very important, a necessity actually. We also work with family homes (currently six) which live close to big towns since some of our clients cannot or do not want to live in the countryside. It's important that the family home is well-rooted in the place where they live since this opens up opportunities for clients to be invited into the local society and facilitates their finding a place for themselves there.

1.8.2 Clients

Our clients are all ages. We work with adults, youths and parents that come with their children. The common denominator is that they are all in some kind of crisis and many of them have been in that situation for a long time. Almost all of our clients have been in contact with a social worker and/or psychiatry and four out of five have at least one psychiatric diagnosis when contacting us. Many have lost hope that life is possible to live. Some have taken drugs for a long time. Others have major relationship problems. Some of them feel life is extremely difficult and this takes the form of feelings of unreality, self-destruction or the experience that everything is meaningless.

1.8.3 Office staff

Eleven of thirteen co-workers are therapists and supervisors. Together we have long and extensive experience in various therapeutic traditions and theoretical schools. We all believe deeply in the influence of relationships and our own active participation in our work as well as the importance of context and time. Right from the beginning we organized our work so that we both supervise family homes and meet clients and their families in therapeutic conversations. We chose this organization to avoid getting stuck in a certain way of thinking and acting. And also since we enjoy to do both.

We have an administrative coordinator, an economist and a managing director as well as a head of operations. The managing director and head of operations also participate in the therapeutic work.

1.8.4 History

The Family Care Foundation started in 1987 with financial aid during the first year from The National Board of Health and Welfare. Care fees from Social Services and in some cases Psychiatry have financed our operations since then. A board consisting of five people was appointed and the members have expertise and experience from different fields. The director of the foundation provides the board with reports at the board meetings which are held four times a year. One of them is the annual meeting.

Our vision was to create a place that would offer help to people in difficult life situations. It would be an alternative to the medicinal model. "The help" would primarily consist of living in a family home and both the

client and the family home would each have a therapist which would in different ways make things easier for the client, the family home and their time together. When we began we only worked with adults who had been struggling for a long time with complex difficulties. After just a few years we received the first request to take on a family made up of a mother, a father and a child. That experience led us to extend our operations to include parents with children. A few years later we began accepting youths whose biological families are always part of our work although only the child lives in the family home.

In recent years we have also begun to meet children, adolescents and adults who don't live in one of our family homes but come to us thanks to our experience and knowledge about the importance of relationships in a context without psychiatric diagnoses and with support to reduce or get off pharmaceuticals. We call this part of our work Extended Therapy Conversations.

1.8.5 Structure and framework

A family care program is initiated with a preparation period of five weeks in which a number of meetings take place; individual conversations, visits in the family home, network meetings and team conversations. The purpose of the conversations during the preparation period is to prepare everyone involved in different ways; the client, his or her family, the family home and the remittent of the coming work. They are intended to create space for each and everyone to participate. The therapists tasks is to try, together with the other team members, to derive meaning out of what happens in the moment and what has gone on before. When necessary we meet the client in their home or the institution where he or she has been placed prior to contact with us. We strive to be open and flexible in the way we receive people and their access to us. It's not unusual for a therapist to be in touch with a client, his/her family and the family home outside office hours. This is not just during the weeks of preparation although this period is the most intense since it lays the foundation for the work to come.

After the preparation period the client moves to the family home. The recommended time is a year, but it can be extended. The client meets his or her therapist at least twice a month throughout the entire family home stay.

The family home meets their supervisor every other week, at their home and at our office alternate weeks.

The whole team meets once a month; the client, his or her therapist, the family home, their supervisor, the client's family, other important people and usually the person who remitted the client to us. Team conversations take place at our office. Sometimes the team is reinforced by a

therapist colleague who is responsible for structure and contributes with reflections and questions.

The part of our operations we call the Extended Therapy Conversation is not connected to living in a family home but does include individual conversations as well as family and team conversations at our office or at a client's home. This work is influenced by many years of collaboration with family homes and their ordinary lives but also by reflecting teams (Andersen, 1987), Soteria Project (Mosher, 1999), Open Dialogue (Seikkula, 2008) and Barbro Sandin's work focused on the critical relationship between the therapist and the client (Sandin, 1990).

Twice a year all the family homes and office staff get together for a weekend seminar. We spend two days working with our common agenda which includes our visions, current contents and concrete action plans. Sometimes we invite others to these gatherings to talk about their work and listen to our experiences. Many important meetings which have had a crucial effect on our work have taken place at these weekend seminars.

Every year we hold a Christmas party and a Summer party for everyone involved in our operations. These are big, noisy events where we also invite our staff's families, former clients and their families to join us.

In addition to the structure described above, we sometimes work when needed in smaller groups as well as have special days for organization development and regular staff meetings.

1.8.6 Principals

We are primarily hired by Social Services but in certain cases Psychiatry. Most of our clients have been in touch with both Social Services and Psychiatry. The people we meet in Extended Therapy Conversations sometimes come to us privately but usually they come through a referral from Social Services and in certain cases Psychiatry.

1.8.7 Network

For many years now we have been members of several Nordic and global networks that work to change and improve conditions for people in need of society's help and support. One of the more important ones is the collaboration with colleagues in Paraguay, Argentina and Brazil. Tom Andersen had a central role in creating and maintaining this cooperation. Another network is Mad In America, which was initiated by the journalist Robert Whitaker and includes clients, their families and professional "helpers" from all over the world. Another network is ISPS (The International Society

for Psychological and Social Approaches to Psychosis). Taos Institute has, through its social constructionism perspective, attracted people from all over the world who turn concepts upside down and challenge our ideas about the world and ourselves. Daniel Mackler has, through his documentary films created an extensive network consisting of clients, their families and professional "helpers". An example of an important network in Sweden is SocialAktion, which was initiated by the magazine SocialPolitik and its editor Maria Wallin. Another is Mareld started by Bengt Weine which brings together systemic therapists and researchers.

1.8.8 Sources of inspiration and role models

Over the years many people have inspired us in our work, they are active as professionals in psychotherapy and other fields that involve meetings with people. Some of these are presented in this investigation.

One of our most important role models is Barbro Sandin, who through her work with the then "incurable schizophrenia patients" proved the importance of relationships in the therapeutic meeting. Another very important person is Tom Andersen who introduced reflecting team/processes into therapeutic work in an almost revolutionary way. He illuminated the importance of creating networks and including people in that which affects our own lives and existence. Patricia Tudor-Sandahl has been my mentor for many years. She introduced British object relationship theory based on its relational reception in therapeutic work to Sweden. Our staff met with Lars Lorentzon regularly over a number of years and he helped us challenge each other and our biases about ourselves and others. Many years ago the Open Dialogue team in Torneå and Jaakko Seikkula began providing alternatives to traditional psychiatry. Robert Whitaker has through a critical review of scientific reports revealed major faults and errors in the pharmaceutical industry and in psychiatry. Daniel Mackler has through his camera documented "caretaking", and has shown the importance and necessity of a non-medicinal perspective. Suzanne Osten, who as an artistic leader, never fails to emphasize children's perspective and point out the significance of owned lived experiences. Leticia Rodriguez, who together with her colleagues, fights to change the conditions for children, youths and their families, illustrates in practice the importance of exchanging big institutions for family homes. Their engagement and ability to see opportunities is enriching and life-giving. Last and most important are all the clients and family homes that with their presence and participation remind me every day of why I am doing what I do.

2 INVESTIGATION

This investigation consists of fourteen stories and I have participated in all of them either as a social worker or a psychotherapist except one where I was a child. Some of the stories took place many years ago and some are recent events.

For many years I as a psychotherapist have documented and written about my work, both in formal texts and descriptive stories. Some of these writings have become books (Håkansson, 2000, 2009, Maffei Cruz (ed.), 2012) or articles (2006, 2008, 2012). Other texts have been lying around in drawers and cupboards. When this investigation began the question of whether or not to use already written stories came up but after consulting my supervisors I decided to write completely new ones. It's important to start at the beginning with a question: *What is this about?* According to the method I follow, the stories that make up the research material must have made an impression on me, put something at stake and made me wonder.

The following stories are included:

Family home visit	Jenny graduates
Lars	Family home seminar
Bjelken	Visit to Paraguay
David	Johan
Pelle	A call for help
In a car with Miela	Christmas party
Jenny, a new client	A team conversation

3 STORIES

3.1 Family home visit

We're sitting on a veranda with a view over fields and woods. A number of dogs, big and small, are twirling around my feet. One of them is particularly insistent on getting my attention and wants to sit on my lap. Just as I pick the dog up I glance at the boy sitting across from me. He doesn't have a dog in his lap, which makes instantly question whether or not I should have one in mine.

We've been here once before, this boy and I. That time I had a colleague with me and she is here with us again today. This is good because she knows the family home well and they have been through a lot together. They have worked together for more than five years and my colleague has been their supervisor twice.

How do I describe the meeting I and the others are in the middle of? How to explain in writing what isn't expressed in words, just something you feel in your body? Looks exchanged, sighs let out, hearts that beat a little fast.

I'll make a stab at it since I have become more and more convinced that this is actually what therapy is, at least a kind of therapy. A therapy that can't be captured in a manual, can't be reported by ticking the boxes in a formula. This is a different kind of therapy.

The boy has been "a problem" for years. That was how he defined himself the first time we met. He defined himself as a monster, a problem child, an ADHD kid that was impossible.

The boy has lived in several different places during his relatively short life. Early on in life he was diagnosed with a number of psychiatric disorders and prescribed the heavy medication associated with them. He has lived through, like so many of the people I meet in my work, more than anyone should ever have to experience. This has affected him in various ways. He has a hard time trusting and he doesn't always know what he himself or others actually mean by what they say and do. Sometimes he has a terrible temper! He has a wonderful sense of humor, a great fantasy

and an eye for things that aren't always easy to see. He is smart and notices almost everything, including how well what was said and then what was done tally.

The family home consists of two parents and their two adult children who live on the farm in their own separate houses. They usually eat dinner all together but the rest of the time they all live their own lives. They help each other when one of them needs help. Sometimes they fight but usually they all get along and they like each other a lot. This is the impression I get when I'm sitting with them on the veranda and our conversation slowly develops.

I say something on the order of that even though this has been my job for almost 25 years I still think that it's both wonderful and remarkable when new people meet and begin to get to know each other. My colleague nods and says she feels the same way. We're silent for a moment. The mother in the family offers us a cookie and I register that the boy takes one, and then another. This is a good sign.

Then my colleague says that when we come next time, if the boy is still there of course, we'll bring crab because he likes them. "That would be great," the father in the family says "because we've never eaten crab. We don't know how." The boy grins but doesn't say anything. The mother says they often buy shellfish when they are in town but never crab. "It seems kind of hard to eat."

Once again it gets quiet. I notice that the boy now has a dog in his lap. I think that I'd like to pick mushrooms in the woods when we drive back into town. I haven't done that for a long time.

I don't remember who started but we begin to talk about painting and drawing. The father in the family home tells us that the mother once painted a whole wall like a fairytale in their former house. The son's eyes shine when he remembers what the kitchen wall looked liked. His mother had illustrated his and his sister's favorite fairytale on that wall.

"I'm dyslectic," the father says and explains that he had to make up his own stories when his kids were little. He describes how he would sit with them under each arm while he told his story. "Sometimes you fell asleep and the kids were so disappointed," his wife says. He smiles but doesn't say anything. I think this just might turn out alright. This just might be the place where the boy can be himself, together with these people and with my colleague and I on the side but still with them.

In many ways this is a completely improbable constellation, the boy and this family home. And yet it isn't. They have some things in common, like a love of animals and artistic creativity. That can make for a good beginning. We'll have to find a way to solve the rest as we go along, and we all need to realize this is going to demand a lot from all of us.

What do I mean when I say this is going to require a lot from us? I mean we have to be prepared to handle anxiety and uncertainty, cussing and the feeling of insufficiency. We have to trust each other but we also have to trust ourselves. What we have ahead of us won't fix itself. We'll

have to put our hearts and souls into it and each one of us will have to struggle to find the best way we each can contribute.

We will have our structure to lean on; the regular team meetings, supervision for the family home, conversations between me and the boy, usually with one of the family parents partaking part of the time, and then the big meetings when anyone who can be of help is welcome to join.

Although the structure is a good support all our years of experience, all the stories that have taken form over the years and other important persons' thoughts and experience are keys in each of our lives. Things like books, films, plays, the subtle reflections that life every now and then proffers.

For my part, add all the years in the village where I grew up, my close family and big, motley extended family, counts and alcoholics, dogs and horses, old people and kids. They all play a part in the glorious mish-mash of a life that wasn't anything else than that. It was only later in life that I learned to categorize and theorize, for better or worse, in a way I still can't quite explain.

3.2 Lars

Lars was a so-called impossible case, at least that's how a social worker described him when she called one morning and asked if we had a place for him. She probably didn't consider him totally impossible or she wouldn't have called. I seemed to pick up an undertone of real warmth in her voice when she talked about him. He had been given several psychiatric diagnoses and he was a chronic alcoholic. Her words, a chronic alcoholic. Lars was twenty-one and a chronic alcoholic. It sent off an alarm in me. No one can be hopeless at the age of twenty-one!

We decided to get together; the social worker, Lars and I. We met at our place in the middle of Växjö, which consisted of one big room and a small office. Neither Björn or Kjell, my two colleagues with a lot more experience, were there. "You can do it," they said.

This might seem superfluous to mention but their belief in me was tremendously important. I didn't know if I could do this or not but it was wonderful to know they thought I could.

We sat down in the couches in the middle of the room and I told them a little bit about how we worked at Smålandsgårdar. Lars was quiet but there was no doubt that he listened. Especially when I said we don't think anything is impossible. He looked up with a crooked smile that expressed both happiness and contempt and I think he thought, "Easy for you to sit there and think".

"You live in a family and we'll have a lot of contact with both you and the family home," I said. Then I said it could take a year or so and that we'll work things out as we go along.

I remember that Lars stared at the floor during most of our conversation and how I wanted him to look up. I wished I could say something that would get him to look up. It was as if staring at the floor revealed his shame and I wanted to free him from that shame. That's how I remembered feeling, even if I couldn't have expressed it so clearly at the time. Lars was rather fat and he looked a little an older man who had gone through some things in life that had made him tired and depressed. And there was a sadness in his tired eyes. I felt something special when I met Lars, but I couldn't put my finger on it. I couldn't then and I still can't. Maybe I recognized something in him. He might have reminded me of someone or something important. I remember thinking it was wrong to consider him hopeless, crazy actually, and deeply unfair.

I must have sounded so full of belief and like a know-it-all. At that time I was two years older than Lars. Perhaps I should have told him a little bit about myself and how I happened to be in Växjö as a social worker. Maybe I should have asked what it was like for him to have conversation like this with someone just a few years older than himself but I didn't. It took years before I began to include myself in professional conversations.

Because obviously it must have made a difference to him that I was so young, for better or for worse. I think he was embarrassed to be so exposed since I was almost his own age. I think my know-it-all attitude must have bugged him – me sitting there thinking I knew how the world worked. But I think he also saw a kindred soul in me, someone who wasn't so unlike himself. Because even though at that time I never talked about my own experiences I believe they were there in the room. In me and the way I treated him. It didn't take long before Lars and I took a liking to each other. I remember I felt important.

Lars drank large amounts of pure alcohol every day, sometimes meth but most often aquavit or vodka. He didn't want to tell his social worker how he got the money when she asked him about it, but when she instead asked him if he wanted to quit drinking he answered unequivocally yes. He added "Otherwise I'll die." The doctors had told him this and he didn't want to die, at least not every day. Today was one of the days he wanted to be alive.

We met the next day and decided to start working together. His social worker had already approved it so it was up to us to begin.

But how? Lars asked me how we were going to do this and I had to give him the only answer I had, which was I didn't really know. I meant I didn't really know how Lars was going to stop drinking. The rest of it I could fix. I wondered if we could share the work? I would fix a really good family home for him and he would stay sober? That's about what I said and he accepted.

Everything was fine for a few days. Then Lars went on a drinking binge for several days. We met again. I coaxed, we talked, he despaired. We decided to continue and he stayed sober. Then he drank again. This time I didn't coax. I was furious he didn't keep his part of the bargain. Can

we do this? Is there any point in continuing? After that he was sober most of the time. He always kept our appointments when he wasn't drunk. He didn't come then. I suggested we meet anyway. We did and he drank less. I talked to several different family homes to see if they had room for Lars, in their hearts and their homes. One family thought they might be able to help and we decided to get together. I thought it's all going to work out now.

That afternoon I went into town to buy some clothes. It was Friday and I was looking forward to the weekend. I felt happy and satisfied with work for the week and that Lars had stayed sober. A little farther down the street I saw someone lying on the ground. Three police men stood around that "someone". I walk faster and get close enough to see that it's Lars lying on the ground getting thoroughly beaten by the police. I rush up to them and scream "What are you doing?" Nothing happens so I grab the policeman who is kicking Lars. His colleague takes hold of me and throws me against the wall. I'm furious and spit out, "Do you know who I am?"

"I don't care if you were the Queen of Sheeba you don't have anything to do with this," he answers but lets go of me.

I tell them that I work together with Lars and I don't want them to hurt him. Miraculously they stop and after awhile they let him go. "Go home and get sober and I'll see you on Monday," I tell him.

Lars is waiting for me when I come to the office on Monday morning. "I'm ready to go," he says.

The family home we are going to visit lives deep in the woods, a long way from the bus stop. It isn't the best thing about them but I think it's a plus since it won't be easy for Lars to leave them. He is pretty lazy and we're going to take advantage of that now. It ought to be difficult to leave the family home when "he gets the itch".

The family consists of the mother, father and three children ranging from seven to seventeen. It's a good family. Both the man and woman have been through a lot in their lives and they know how hard it can be to be a human sometimes. This is the first time they are taking someone into their home so in that respect they don't have any experience to lean on. What they have is me, a social worker right out of college who is only a few years older than Lars. We have talked about this and they say that they can always ask Björn or Kjell for help if I'm not sufficient. That is exactly how they express it and it's nice to know that they know there are others who can cover for me when I can't handle the situation.

This is how Lars happened to move into a family home far out in the forest to a family that became a part of his life, and he a part of theirs, for more than a year. I am someone who is both with them and apart. Sometimes Lars and I talk alone, sometimes with the family home. We usually all sit together. Our conversations are about here and now, but also about the past. Mostly about Lars' life but sometimes the family home and I talk about ourselves. Sometimes Kjell joins us and I think that changes things. Perhaps for the better? I don't know yet.

Fourteen months later Lars moves back to the city and the life that

will be his. He has been sober for a long time and speaks happily about all the things he wants to do with his life. I move to Gothenburg and begin working with a project that will eventually lead to starting the Family Care Foundation but I don't know that then.

3.3 Bjelken

Sunday afternoon at the end of the sixties. A big man was running naked in the village where I live. He was carrying a large rifle.

"Bjelken is crazy, Bjelken is crazy.

The words reach me sitting in my grandmother's kitchen like they were coming from a loud chorus. "Well now they'll come for him soon," she sighed and poured a little more coffee for us both. I was ten years old and loved being at my grandmother's for lots of reasons but most of all because she was who she was. She was usually very kind to me; she took the time to listen, cooked delicious meals and her skin smelled so good.

That afternoon she was the same age as I am today. I try to imagine what was going on inside her just then, but I can't. She was somehow familiar with Bjelken, that much I've figured out. Grandmother was on the Social Board of the Social Democratic Party. I was very proud of that. I distinctly remember how carefully she dressed when she was going to attend a meeting. A strict blue skirt and a white blouse over the cool slip she always wore. A touch of lipstick in front of the kitchen mirror, a quick drag on one of the countless cigarettes in a day. "Yup, that'll do," she'd say to the mirror and disappears out into the garage where the car was waiting - a FIAT that always stank of cigarette smoke.

Outside grandmother's window a horde of people were running after Bjelken. They were mostly children, but there were one or two adults too. They were all shouting loudly, almost gaily, "Bjelken has gone crazy, Bjelken has gone crazy".

Without our ever having spoken about it I know that under no circumstances would it be acceptable for me to join the crowd. It would be unthinkable, for the simple reason that you don't treat other people like that.

We heard a shot! Bjelken had stopped and aimed his rifle at the sky. He fired off another shot and for a brief moment the shouting ceased. Then they started running and shouting again with renewed strength.

"Poor man," said my grandmother. I felt icy cold despite the hot summer weather. "Why does he run around like that?" I wondered. Grandmother lit a cigarette and looked out of the window. "People do so many things we don't understand," she murmured after a while.

They disappeared out of sight, but now and then I still heard them shouting. This is the end of my memory, but I know what happens afterwards. Both my grandmother and my mother have told me many times.

After barely an hour a black car drove into the village. It was from the mental hospital in Lund and it came to collect Bjelken. Under loud protests and angry words he was forced into the car and the rifle was taken from him. They drove him to the mental hospital where they shaved off his hair and strapped him down. He received countless electric shocks and strong medication. After a few months in a locked ward he was discharged and returned to the village. At first he walked around like he was in a coma, his head shaven, his movements extremely slow. His eyes had become empty and he wore dark blue institutional clothing.

I always get a stomach ache when I see him and I remember thinking that nobody should ever be subjected to this treatment.

3.4 David

This is a story that took place several years ago when I was a supervisor for a family home. David, who is 23, is living with them. He is serving the last part of a prison sentence in their home. The family home consists of a mother and father and five children, two of which still live at home. They are both teenagers. The other children are adults and live with their families close by.

We usually sit in the kitchen when I come to visit and both teenagers are usually home since I come late in the afternoon. David is always with us for the first part of the conversation. The second part is reserved for the adults in the family home, i.e. the mother and father.

Most of the time the discussion starts in the yard when someone from the family comes to greet me. We then go into the house, I hang up my jacket in the hall and we go into the kitchen. We almost always drink coffee and eat a snack while we talk.

Sometimes it strikes me that this is a really unusual situation, talking about very difficult things while we also chat about the good cookies on the table.

David was sent to prison for killing another young man. Since it wasn't intentional he was sentenced for manslaughter but nonetheless he killed another person. It isn't easy to know how to talk about it. I had never worked with someone who had committed this kind of crime.

I discussed what it would be like to have David in the house with the family home thoroughly before he moved in. They hadn't ever met anyone who had killed another person.

"Do you think you will be able to live like you usually do? Are you afraid of what others will say? Have you really thought this through?" These were the kinds of questions I asked the family home and myself.

They said they were prepared to let him into their lives but naturally they couldn't know what it would be like in advance.

They said time would tell if it would be alright or not. "We have to like each other for this to work," the family home mother said right before David moved in.

"If he doesn't feel a little bit of love from us he won't dare to stay." I remember I liked that.

I often feel a lightness in my body when I'm on my way to the family home even though what we talk about is usually very difficult. It always feels like the conversations are for real and that everyone participates. I like the way the family home mother listens to David and the way the family home father sometimes interrupts someone to say that he needs to go out to the barn. He has a way of saying it so no one feels rejected or unimportant. He is just telling everyone that this needs to be done.

David seems to like my visits. He doesn't always say very much but he's usually sitting at the kitchen table when I come in. Sometimes he smiles when someone says something and nods in agreement. The teenage boys often participate in the conversations about the manslaughter four years ago. The natural way they ask David questions about it is a big help.

The mother in the family had been seriously ill but is much better now. Thanks to her fighting spirit and relentless training she is now almost free of any symptoms. However, her illness is fickle so no one knows what direction it will take in the future.

She often tells the rest of us that she sees how David struggles to get through the days that are particularly tough for him. He doesn't always know if he can take the terrible guilt and angst that comes over him.

My colleague, who is David's therapist, and I discussed back and forth how the family mother's illness might affect David and his life in the family home. We weren't sure if it was fair to him to be placed in a family where that might be faced with a serious crisis while he was there. Was it worth taking the risk?

But after talking to each other several times we arrived at the conclusion that we would risk it since we felt so strongly that this family could be really good for David. I'm glad we did. We couldn't know how well it would turn out or how important his time in the family home would be for David. He stayed there little over a year and then created a life for himself afterwards. For my part this remarkable experience is always with me.

3.5 Pelle

He asked to see the person in charge. He has sent this message through one of my colleagues who has been seeing his mother for some time now. He wants to have a conversation with the person in charge in order to see whether she (I) might be of any use to him.

"Are you the boss?" he asks, standing on the threshold of my room.

"Yes," I reply.

He has red hair, long fingernails and a green handbag hanging on his shoulder. He stops a meter from my door and remains there while he wonders if we can meet every other week to discuss something of importance to him.

"Can I meet you sometimes to discuss stuff I long for?" he asks. "Yes," I reply.

For some reason I immediately say yes. It's not difficult to say yes but I have no idea what I've agreed to or if I can be of any help. I have a feeling that this is going to demand a great deal from both of us. I don't know exactly what yet, but I suspect I'll have to take on situations I won't know how to handle or know what to do. I'm pretty sure he and his story are going to touch me; I see it in his face. My body senses it almost immediately. Something in the meeting with him affects me; a desire in his gaze for something else. It is decided then. We're going to work together. Right from the start I know I'm thinking of the word 'work', that we have work to do.

"Good, then we'll see each other in two weeks," he says and leaves.

When he returns two weeks later we sit opposite each other at my desk. I take out a writing pad and a pen as I sometimes do. When Pelle sees this he looks angrily at me and says that if I plan to write then he's not coming back any more. It's a sign of disrespect, me taking notes about what we discuss with each other. He also says I ought to understand that he's not going to just blurt everything out.

"These things have to take time," he points out.

Thank goodness I realize my mistake and all the reams of analytical reports and papers that have already been written about this boy float up in front of me. I am filled with sadness and anger at the way young people are far too often treated in professional rooms. I tell him that actually I understand that he doesn't want me to take notes.

"And if you are going to say that you understand me and what I say, then you better mean it. Otherwise shut up," he answers.

I totally agree and I think about how trying I find people who sit and nod and claim they understand something they have no experience of whatsoever. I can't possibly understand what Pelle has been through yet. Did I feel in any way provoked? No, not at all. This is serious, and thank goodness I have enough common sense to understand that. Otherwise we probably would only have met once.

We talk a while about what we're going to do together and how we're going to do it. When I tell him that we'll also meet with his mother and her therapist sometimes he becomes very agitated. He shouts that he won't do it. I tell him this is how it's going to be. I've already decided. It's the way I work best. But I promise I'll be cautious and that I won't say things he doesn't want me to say. He nods in agreement. I then tell him I'll be talking to my colleague but I'll tell Pelle about it. He nods although he isn't too happy about what I'm saying. Maybe he realizes I'm not going to back down on this.

Pelle says that if he is going to come back he needs me to promise not to write anything about what we discuss during our therapy sessions and nothing else either that has anything to do with him. I give him my word. Actually as an authorized psychotherapist I'm obliged to document our sessions but that is of secondary importance right now. One thing he has already convinced me of is that he has already been commented on, assessed and analyzed far too much. If I'm to going to be of any use to Pelle I need to find another way.

"I won't write anything and I'll try not to say I understand things that I don't understand," I say.

"Then it's okay," he says and adds "see you in two weeks time."

3.6 In a car with Miela

We are sitting in a car on the way to visit a family home for Miela. My colleague, who will be the supervisor for the family home is driving. I'm sitting next to her in the front seat and Miela is sitting in the back.

I feel anxious. I have no idea how this meeting is going to go. Miela and I have met five times in my office. Every time Miela has come into the room talking loudly, almost shouting. Without looking at me she has slumped into an armchair and continued her monologue. I have sat in my armchair, looked at her and looked out the window. I have felt both invisible and very present. I have hardly said a word. It's as if Miela doesn't want me to say anything, doesn't want to be interrupted. The few times I have said anything she has either cut me off or spoken even louder.

The last time we met I told her we were going to visit a family home she might live with if it felt right for her and the family home.

Miela didn't answer, made no comment and didn't look at me. She just kept talking.

Nonetheless, after discussing it with my colleague, I decided to make the trip. I wasn't sure if Miela would come but she did and now we are sitting in the car. I note that I'm glad my colleague is driving. All my concentration is completely focused on the situation and how Miela will react to meeting the family home. Will she be able to live with them? She hasn't spoken "normally" to anyone for a long time according to her social worker.

I remind myself that Miela is with us because she said that she wants to live with an ordinary family. This is the only thing she has said she wants. She has never said she wants to talk to me but she has always come to her appointments. She came today and now we are on our way to meet a family home. Barbro, who is my mentor, once told me that it seems like Miela is showing signs of wanting something but we don't know yet what she wants. I keep Barbro's words in mind as we drive on.

All of a sudden the car stops. We roll to the side of the road with what appears to be a dead car. Miela commands us to drive on.

"We can't because the car won't start," my colleague says.

"Drive," Miela screams.

I turn to her and explain "We can't drive any further because the car is dead."

A feeling of alarm hits my stomach.

Miela orders us to start the car. "Now!" she shouts.

It's winter, the car is on the edge of the road and it won't start. We are on our way to visit one of our family homes with a young woman I have never had a real conversation with. I don't know what she has heard or understood of everything I've said so far.

In her journals Miela has been described as psychotic, schizophrenic and unable to contact. Despite this we are sitting in a car on our way to visit a family home where she might end up living.

I'm really worried but I try not to show it. I try to act completely normal. Instinctively I understand that this is the best thing to do right now.

My colleague calls the family home and tells them we are late because the car broke down. Miela screams at the top of her lungs that she should tell them there is some weird shit going on here. I want to tell her to be quiet but I don't. Instead I suggest we get out and take a little walk so we don't get cold. She doesn't answer and doesn't get out of the car.

My anxiety increases. I try to explain to Miela that we don't know what happened to the car but we're going to try to fix it.

"If we can't we'll have to go back to town," I say.

Miela acts like a crazy person, her shouting just gets louder and louder. I feel helpless. What are we going to do? What are we doing here? Whatever made me think this was going to work?

I'm ready to give up and take a taxi back to town. Call her social worker and say we can't do this. But then all of a sudden a feeling of calmness comes over me. This is the situation we are in and whatever happens we are going to handle it. I feel my strength return.

I turn to Miela and say "Listen up. The car has broken down so we're stranded here on the side of the road. None of us can change that but we will do what we can to fix it. End of story." Miela stopped shouting and turned silent, absolutely silent.

Miela is not only quiet. It feels like she was calmed by my words. After a little while the car starts and we can continue driving. Miela doesn't say a word during the rest of the trip, nor do my colleague and I. A few miles later we arrive. Right before I get out of the car to meet the family home parents I think this is totally insane but now we're here. I take a deep breath and open the car door.

3.7 Jenny, a new client

I am having a meeting with a new client. In the room with me is Jenny, a sixteen year old girl, her parents, a social worker and a colleague. The social worker has informed in a telephone conversation that Jenny has been in a special institution the past five years due to "her incapacity to communicate with other people". This is how the social worker described her, adding that Jenny cannot respond when spoken to and that she has a number of psychiatric diagnoses, among them schizophrenia and autism.

Jenny can't continue to stay at the institution because the personnel think she is "far too difficult". This is what the social worker told me about Jenny when she booked an appointment. During the conversation I say I want Jenny's parents at the meeting.

"That isn't possible," replies the social worker. She tells me that things are very difficult between Jenny and her parents and it's better not to include them. I insist and tell her that we consider it vital on a first visit. In fact, their presence is a condition for the appointment. After some discussion the social worker agrees to this.

Some hours before the meeting with the new client I feel a little worried. What will it be like to meet Jenny and her parents? How can our team make life better for Jenny? Can one of our family homes really be able to do what an entire institution hasn't? And how in the world am I going to talk to a girl who is considered uncontactable and has been heavily drugged many years for serious psychiatric diagnosis? All this buzzed around in my head. Right before I stepped into the room I told myself to get a grip and talk to Jenny the same way I usually do with new people in my work.

Jenny sat staring at the floor. Both her legs and hands were shaking. Her parents looked down at the floor as well. Their hands were shaking as well although not as much as Jenny's. There was an oppressive feeling of sadness in the room.

I tell them that I have worked a long time at the Family Care Foundation and that I like my job. I say that I have many times experienced how really difficult situations have changed and that things which were considered impossible have become possible. I have had the joy of participating in people's lives turning around and becoming good. Then I ask the social worker to explain why she contacted us.

"I think that the Family Care Foundation could be good for Jenny," she says.

"In what way?" I ask.

"Well it seems like a pretty ordinary place and I think that might be good for Jenny," she answers.

I turn to Jenny's mother and ask her what she thinks might be good for her daughter, herself and Jenny's father.

"I think an ordinary place might be good too," she says hesitantly and glances at me.

"I think so too," says Jenny's father.

I turn to Jenny and ask what she thinks about what we're discussing.

"I think so too," she says.

"What would you like and what do you need from us?" I ask.

"I just want to live an ordinary life", she answers.

I notice I'm barely breathing, this is so incredible. After a moments silence Jenny adds that it's been a long time since she lived an ordinary life.

This gives me a chance to ask what happened five years ago when she moved away from her parents.

"I don't know," she replies with a quick look in my direction.

"Do any of you know what happened?" I ask and turn to her parents. Both shake their heads. Jenny's mother mumbles that she never understood it.

"I never thought that me telling a social worker that we had a hard time with Jenny would turn out like this," her father says, his voice barely audible.

"You never should have done that," the mother says with an edgy tone.

"What did you do?" I ask Jenny's father.

He then tells me how he five years ago turned to social services for help. He says he still can't understand what happened and why they took Jenny away from them. Jenny was placed in a foster home that couldn't handle her. Shortly after that she was put in the special institution where she's been ever since.

"And they've given her a bunch of medicine," adds the mother.

"Have you understood what happened?" I ask Jenny. She shakes her head.

It turns out that today is the first time the family is sitting together since Jenny was taken away more than five years ago. It's the first time they talk about what happened five years ago. No one knows what happened, not even the social worker. She just started working at the department.

"How have you been all these years?" Jenny suddenly asks and looks at her mother. Her mother begins to cry. I almost do too. This is outrageous.

"I've been so afraid I'd make things worse and that's why I haven't done anything. I've just waited for things to get different," she whispers.

"Why didn't we get the chance to do this five years ago?" the father wonders, his voice full of sorrow, and anger.

Neither my colleague nor I can give him an answer but my colleague tells them we will do everything in our power to change things for Jenny and her parents if we begin to work together. As usual, everyone has a week to think about whether or not they want to work together.

A week later we decided to go ahead.

3.8 Jenny graduates

I am standing in a schoolyard about ten Swedish miles from Gothenburg, waiting for Jenny to come out through the doors together with her classmates. It's graduation day. Jenny's mother and father are standing next to me and next to them is the family mother Jenny has lived with for almost three years. This is a big moment. The orchestra is playing and it will soon be time for Jenny's class to come out through the school doors. Pride and happiness shine on the faces of everyone there.

None of us would have believed this was possible when we met three years ago. Back then we were told Jenny couldn't talk to other people. Back then she and her parents hadn't talked with each other for over five years. Back then Jenny was taking a lot of heavy psychopharmacologic drugs. Back then all three of them were weighed down by hopelessness. But now everything is different. Now Jenny strolls out of the school, the picture of happiness. She is walking arm in arm with two classmates. She has a new dress on and new hairdo. She is happy, proud and pretty. This is a really big moment for me, one of the very best in a long time.

3.9 Family home seminar

I have just come home after an intensive weekend with family home members and co-workers. We met at one of my favorite places, Två Skyttlar, just outside Kinna. It used to be a poorhouse and the owner has told us about its history and the lives of some of the people who have lived there.

As usual, we started off with a presentation round and this time I asked each one there to say something about what they are involved in at the moment, something that has special meaning for them. We were close to sixty people there so it took awhile. This is a special, almost holy time, sitting in the big circle together with all these different people.

Some of them talk about their daily lives, about how things are at home with their families. Others describe how everyone has been affected by a new person that has just moved into the family. Someone else talks about the stress of trying to find time for everything in life – work, child and themselves. Almost everyone says something about the work we share; how it has affected their lives and how much richer life is because of it.

These are big words and I remind myself to listen carefully and to be proud of what each of us contributes and what we are part of.

After the presentations I suggest we fill the blackboard with the names of people we meet and have met through the years in our work. People get up and go to the blackboard. One person quickly jots down five names, another hesitates a moment thinking hard and then writes

two names. Tyra lists ten names at least, Lennart also. Slowly the board becomes covered with names and the room is filled with memories. I ask the therapists to fill in missing names, clients who have lived in a family home and aren't here today either because they couldn't come or because they no longer participate in our work.

Then we sit and look at the board for quite awhile. Some people chat with the person next to them but otherwise it's quiet in the big hall. "Would any one like to share their thoughts with us?" I ask. Many in the room have something they want to share. Some tell long stories, others describe short episodes. Almost all the family homes say that the people who once lived with them keep in touch. Almost everybody calls or visits the family to let them know how life is treating them. Some people live close by and are an integral part of the family. Others have moved far away but come back every summer to visit. Some who were children when they lived in the family home have grown up and are now adults. A few of the people have died and no one knows the fate of a few names on the board.

It has been a monumental day. These memories are embedded in our bodies and our minds. Some of us have been a part of this work since it started. Others are brand new and this is the first time they have participated in a seminar. "Wow," says one of them. "You guys have really been through a lot."

And they are right. So many people have passed through our doors and so much has happened over the years and this weekend seminar reminds me of that like they usually do. The first few years there were only a few of us and now we are so many. And clearly, as the word is passed from one person to the next in this big group, everybody participates in one way or another. It seems to me that these weekend seminars are what make our day-to-day work possible, that you could say they are a kind of value measurement.

"I can't believe we've done all that," I tell a colleague at dinner that night. Dinner at these seminars is always noisy and happy and the conversation flows back and forth among people who meet at these gatherings twice a year.

It's a wonderful moment, I can feel the affinity in this big group of diverse people who are alike and differ from each other. Sometimes it seems to me that my work is the obvious continuation of where I came from, the big extended family and the wildly diverse people I grew up around. All the drama that took place within our small society, how it was both difficult and wonderful at the same time.

3.10 Visit to Paraguay 2008

We are sitting in a circle on rickety chairs in a kind of patio with a concrete floor in a village a few miles from the capital city Asuncion in Paraguay. Lena, who is our coordinator, and I have been invited to Enfoqueniñez to talk about our work and be informed about theirs. Our hosts are Leticia and Magui, psychologists and founders of the organization. They have brought us to one of the families they work together with, a woman and her children. Many of the children have been placed in institutions but their mother would like to bring them home. There is a tradition in Paraguay to place children in big institutions. Enfoqueniñez was created from a desire to offer children the chance to live in a family instead of an institution. A fundamental part of its work is to find family homes where a child can live until he or she can move back home or, alternatively, be adopted. Family homes as well as children are supported by the therapists working at Enfoqueniñes.

Another part is helping parents bring their children home and be helped within the family environment.

On our way to the village I'm overcome by memories of when I built a school in Nicaragua together with twelve other Swedes and people who lived there. That was twenty-five years ago, but I remember it like it was yesterday. It comes back to me through all the scents and visual impressions. I feel melancholy and joy but I'm also angry. I'm angry that people have to live this way, in poverty so abject it's hard to imagine. And even worse, that they are mentally oppressed as well. Leticia told me that the woman we are going to visit has had several children taken from her because there are too few beds and too little room in the house.

However, the woman we meet isn't angry. She's happy about how everything is looking up in her life. She tells us that she has begun to hope once more and that this is largely thanks to the therapists at Enfoqueniñez. "They listen to me and they understand me," she explains while we sit together talking.

She says that with their help a gigantic change is taking place. She tells us that within the next couple of years she will get electricity and running water in her house and after that several of her children can come home and she is very happy about this. She also hopes she can build another room onto her house. Right now it consists of two rooms and a place to cook. We don't enter the house, she doesn't want us to. After we've left, Leticia tells me the woman is ashamed of the way it looks. She doesn't want us to see how bad the inside of the house is.

Some of the children are at home visiting and they come and greet us. A five year old proudly shows us his bicycle. It doesn't have a saddle and it's missing a wheel but that doesn't seem to bother him. He walks it up and down the street the family lives on. With a big smile on his face he shows us what a fine bicycle he has. It occurs to me how rare it is to see that

kind of pride and happiness in the children at home in Sweden.

A twelve year old girl tells us she is going to be a hairdresser when she grows up. A fifteen year old boy greets us and his mother tells us how much he helps her, both through the money he gives her but also by the faith he has in her. "Especially with his faith in me," she emphasizes.

I think about the way it is at home, about all the psychological theories, methods and models, all the diagnosis and manuals. I try to imagine where this family would be placed on a diagnostic scale and how their problems would be described. I think about how we individualize people's difficulties and far too often miss their circumstances; the social and political factors. This is so obvious here, pure and simple.

3.11 Johan

Johan usually came on Tuesdays at one o'clock. At that time our offices were located in the middle of the city and you could see a park from the window in my room. Sometimes I sat and looked out the window while I waited for Johan to arrive. It was as if this ritual helped me gather strength and courage. I know it sounds like a cliché but that's how it felt.

Johan wasn't too happy about having to meet me for the first six months we met. Many times he said he didn't see the point. It wasn't going to change anything in his life.

He came to the Family Care Foundation because, according to his doctor, his days were numbered if he didn't immediately stop drinking. He was twenty-three when we met and by then he had been drinking vast amounts of alcohol for many years. He preferred not to talk about his background or where he came from. I write preferred not to, because after awhile he shared short episodes, moments in time from his past. However, he usually sat silently looking out the window or staring at me.

Sometimes he asked me if I really thought talking to me would help him.

This was a tough moment because I wasn't sure talking to me would actually help him. I *wanted* our conversations to help him but that was a different matter. I couldn't say for certain.

Johan told me that his father abandoned the family when Johan was ten. He doesn't remember if it was before or after his mother turned seriously ill. She suffers from early dementia and lives in a nursing home where she doesn't seem to be aware of who she is or what is going on around her. Johan stopped visiting her. "There wasn't any point to it," he said.

Sometimes I cried after Johan's appointments. The room was filled with sadness and his emptiness filled me with sorrow. He never cried and I never showed my heartache for him. At least I don't think I did.

Johan lived in one of our family homes in the countryside. The fam-

ily consisted of a father, mother and three children. They had a lot of animals and Johan participated in taking care of them. He participated but he didn't care. When we met together – Johan, his family home parents, their supervisor and I – we talked about this endlessly. When I say we I mean everyone but Johan. We all tried to bring him into the conversation but the more we asked him the quieter he got. At that time we always held these conversations in the family home. The supervisor to the family home and the client's therapist drove out a couple of times a month.

One Tuesday when Johan came for his appointment he told me he had found his shoes lying out in the snow when he got back home after his previous visit. "Everyone else's shoes were in the hall where it was warm but mine were outside in the snow," he said. It's pretty obvious to me that no one would throw out his shoes on purpose, but I asked him how he thinks they got there anyway. He didn't want to answer me.

"There's nothing more to say," he replied and soon after that he got up and left.

I sat by myself in the room and thought he'd probably have a relapse after that. He hasn't been drinking since he moved in with the family, except in the very beginning when he was gone a few days. He sleeps badly and is never happy but he had at least stopped drinking alcohol. This is his description.

I suddenly remembered a man I met when I was writing my C paper at the School of Social Work at the University of Lund and spent two weeks of my studies at Österåker Prison. During the course of a conversation this man told me that he had stopped taking drugs, but after that he had never let himself be happy. For him happiness was connected to drugs. I think I'll ask Johan about that. I don't know if it has something to do with what he told me about his shoes but for some reason I think it might.

The next time I and a colleague meet Johan and the family home parents I say I want to talk about what happened with Johan's shoes. Johan mutters a little but nods his head signaling it's ok to ask. I say I got the impression from Johan that he was a little bothered about finding his shoes thrown out in the snow.

Neither of the parents have a clue.

"You know we wouldn't throw your shoes out in the snow," says the mother turning to Johan. The father shakes his head and says "We're not like that at all."

This gives me a reason to ask them what they are like and what they think about Johan. The father in the family doesn't really like questions like this. He thinks they are contrived and kind of silly. "You know perfectly well that we like Johan," he says. This makes me feel a little stupid but I still think I needed to ask the question. I say it's possible that Johan doesn't know that. The mother then looks at him and asks "But surely Johan you know how we feel about you?" The warmth in her voice touches me and I think that now I don't need to say anymore.

"Oh now I know!" the mother exclaims and tells about how their

youngest son cleaned the house the other day and that he must have thrown Johan's shoes outside without thinking.

We continue the conversation by talking about situations where we felt like outsiders. Johan doesn't say much but it seems like he's listening. Driving home with my colleague I think that something important happened today.

At our next appointment I suggest we take a trip to the town Johan comes from. He can show me all the places that have significance for him; his school, the park bench where he used to sit and drink and the house he lived in. And, if he wants to, I'd be happy to go with him to the nursing home his mother is living in. As soon as the words are out of my mouth I realize this wasn't planned or thought out. It just hit me when he walked in the door. Somehow I just knew what we needed to do together.

"Okay, let's do it," he replies.

A week later we take one of the most important trips I had at the time ever taken in my work. I drive and he sits next to me. There is a serious atmosphere in the car and the truth be known, I actually feel kind of nervous.

On the outskirts of his town I tell him that now he's the guide and I'm following him. He shows me the way to the Systembolaget (state-controlled liquor store) and the benches near the railroad station.

"That's where I used to sit," he points to a bench.

The conversation flows easily now. He talks and I listen. After half an hour he has told me more than during the entire past six months.

"Do you want to see the house we lived in?" he asks. I nod and we drive over there.

In the car outside the house he tells me about his sisters that I didn't know he had. Now he tells me what life was like when they lived together and how everything changed drastically when his mother became dement and his dad left.

And as he's talking to me Johan remembers that he was thirteen, not ten, when his father abandoned the family.

He tells me how slowly but surely the family was forced to realize that their mom was leaving them, fading into oblivion. I don't think those were the exact words Johan used but they are close. I'm amazed at the richness of his language and so happy we took this trip together.

"I started drinking after my dad disappeared," he says. He goes on to describe the silence that took over the house, the emptiness that filled him along with the feeling that nothing would ever be good again.

We drive to the home where his mother lives. Together we go to the door of the room where she is sitting. I stop in the doorway while Johan goes in and crouches next to her chair.

"I'm here now," he tells her tenderly.

She doesn't react. She just stares out into space. She has long, grey hair and what seems like an ageless face. It's so very sad. I stand in the doorway and don't say anything. Sometimes there just isn't anything you can say.

On the way home I feel almost shy, the kind of feeling you get when you've been part of something momentous and don't really know how to express how much it means. Somehow I know in my heart that this day will have a lasting effect on my work and I hope it will be meaningful for Johan and his life as well.

3.12 A call for help

One day I got a call from a young man who wondered if I could help him stop taking psychopharmacologic drugs. He told me he lives in a city which is more than a 100 Swedish miles from the city where I work. He also told me that he was committed to a psychiatric hospital for several months because he is considered psychotic. He was released a month before he called and lived at home with his parents. He said he was walking around in a daze. He spent most of his time sleeping, he didn't want to do anything and he was terrified he'd never feel anything again. That's about how he summed up his life. When I asked him if he couldn't get the help he wanted in the city where he lived he told me they didn't think he could make it without drugs. They included both the personnel at the hospital and his parents.

After listening a little while I said he lives really far away and that I'd try to find someone closer to him willing to help him. We decided he'd call me back in a few weeks, and he did. Unfortunately, I didn't have a name for him. None of the therapists I talked to could take him on. He asked me again if I can't help him. It's a strange situation and I didn't know what to say. How could I possibly be of assistance? I thought maybe he didn't realize how far away we are from each other. Or maybe he didn't have a proper grip on time and space? I told him I didn't really know how I could help but I'd continue to try and find a therapist who is closer to him.

The next day I talked to Barbro and mentioned the conversation to her. Right off the bat she said, "Give him therapy." I protested with the fact that we lived 100 miles from each other. "Okay, have therapy over the phone with him," she replied. "Is that possible?" I wondered and she said that he seems to have decided that I can help him so it was worth a trying.

A few days later when the young man called again I told him he could begin working with me over the phone once a week. He immediately agreed. I told him he could call me on Tuesdays at 11 o'clock and we could talk to each other half an hour at a time.

His call the next week started our work together and nine months later he decided to move to Gothenburg so that we could see each other once a week. His parents participated in the conversations a few times and we talked about the terrible fear they felt when their son "went crazy" and had to be physically restrained and force fed medicine.

He has been free from medicine half a year now and he has graduated from high school. We don't meet once a week any more but he doesn't want to completely stop seeing me. I think his desire to meet every now and then is a good idea.

This work has not included any of my colleagues or a family home but I haven't felt like I've been on my own. The young man in question knows I talk to colleagues if I need to and he says he always feels welcome in our offices. Both he and I know that we are surrounded by people who care.

3.13 Christmas party

We have just ended the last board meeting for the year and we join the annual Christmas party. Eva and Lena have planned it and arranged everything. This year, like last, we are holding it at a hotel in Alingsås. The hall is packed with people, children and grown-ups, young and old. People who have been working with us for years and newcomers. Family homes, therapists, supervisors, our accountant Eva, the board, coordinator Lena and all our clients. There are also people who have been clients and now live their own lives in different places. And then there is everyone else, children and family members that are connected to us in some way like my two sons, Kalle and Axel.

It is a truly rich moment to see everyone sitting together in the big, beautiful dining room. I am deeply moved. I feel proud and grateful to be a part of this large group of people with so much knowledge and experience. The food looks delicious and I know some of the children have planned to entertain us. The initial scenes in Ingmar Bergman's movie "Fanny and Alexander" when Theater Director played by Allan Edwall gave his Christmas speech to the staff come to mind. He spoke of how happy he was to be a part of their group in a world that isn't always good or simple. At least that's what I remember him saying, and that's how I feel today. Being together with people I like, respect and care about fills me with happiness and harmony. I cherish this moment, well aware that life isn't like this for everyone and not every day for me either. But today is a good day, this is a good moment.

3.14 A team conversation

I was asked to join a team together with a colleague who is, in this particular situation, Peter's therapist. Peter is a fifteen year-old boy who has been living in one of our family homes for a year. Their supervisor cannot

participate today and that is one of the reasons they asked me to join them. Another reason is my many years of experience working with the Family Care Foundation. Sometimes I'm asked to participate in team meetings for that reason alone.

Peter, his father and mother, his therapist, his social worker and the family home parents are also there.

His father begins by asking who I am and I present myself as someone who has been working in the organization since it started. I notice that it feels good to present myself that way. It has a certain weight to it. I ask the father if it's alright for me to be with them today. He says yes but adds that he isn't completely comfortable around new people. Then he tells me how hard it was when for several years he didn't have a very big say regarding his son. I'm touched by his words. It must be really hard to sit in this room with all these "capable" people and be a dad who doesn't feel he was good enough.

Despite the fact that I am often in similar situations I never quite get used to them, and I guess that's a good thing. Meeting people in vulnerable circumstances ought to affect your mind and body. I briefly think about how I would have felt if the tables had been turned, if it had been my son sitting in there instead of Peter.

Soon after I tell Peter how nice it is to see him and how well I remember meeting him the first time he visited our office since I just happened to "fill in" for a colleague. "I don't remember everything we talked about, but I do remember your strength very clearly," I say to him. He smiles.

My colleague would like to talk a little about the past year and what is currently going on. He adds that after the last team meeting he felt something had changed during the conversation.

The father says he felt the same way, that he had left the meeting with a really good feeling. I look around the room and see the others nod in agreement.

Defining what happened, however, isn't easy. Everyone in the room describes it in their own way, how they believe this is a consequence of a long and patient process of getting to know each other, coming together - a process that was not without anger and misunderstandings. At least that is what I hear.

And now they are at a point where they trust each other and are united in the belief that they all want what is best for Peter.

We have a very powerful conversation, and although it isn't full of big words, our words are said with deep sincerity and trust. As usual, I want to be careful about what I say. That doesn't mean speaking softly or cautiously choosing friendly terms. You can both raise your voice and swear. Being careful is about something else completely. It feels like everyone in the room shares this desire to be sensitive to each other. I'm happy to see that my colleagues have created this atmosphere, that they have built a solid foundation for what is now taking place in the room.

"What has it been like for you to work this way?" I ask the social

worker who hasn't said anything yet.

"It really touches me," he answers and I get a lump in my throat. He says this without any reservations, directly from his heart. He then adds that he wishes all kids had the chance to experience this great situation where Peter, his parents and the family home where he lives all have someone who supports them.

The fact that I have often heard this said over the years doesn't make me less happy to hear him say it. It fills me with pride and warmth. Once again I realize that our work is a combination of many things but above all never, ever forgetting that it involves meeting real, live people.

4 INTERPRETATION OF THE RESEARCH MATERIAL

The naïve reading is intended to provide a first, immediate feeling of what the stories are about, to present a picture of what emerges and is at stake. It's a first, immediate interpretation, a kind of summary of what is most important in the text.

4.1 Naïve reading

When meeting people who have major and complex difficulties in life, it's important to be authentic: to let yourself be touched, to worry and be anxious but also to convey trust, warmth and a hope that it's possible to live life. To create meaning from ordinary life and psychotherapy in a context together with others; clients, their families, therapists, family homes and other important people. To experience the importance of structure and an organization founded on the significance of relationships and contexts and where it's a given that people need other people. To be a tangible alternative to medical models with their psychiatric diagnoses and prescribed pharmaceuticals, to communicate and enable this knowledge both in the individual therapeutic meeting and in different settings around the world.

4.2 Structural analysis

The structural analysis of four stories is presented in this section. They take place during different periods of time and in different physical contexts. They include clients in various ages, each one of them with their own special reasons for having come into contact with the Extended Therapy Room. Two of the stories are about adult clients and two are about young clients. Family homes participate in two of the stories. In one of the stories we are on our way to visit a family home for the first time and another is about the first time a client comes to us.

4.3 Family home visit

Sentence Unit	Condensation	Subtheme	Theme	Main Theme
We're sitting on a veranda with a view over fields and woods. A number of dogs, big and small, are twirling around my feet. One of them is particularly insistent on getting my attention and wants to sit on my lap. Just as I pick the dog up I glance at the boy sitting across from me. He doesn't have a dog in his lap, which makes instantly question whether or not I should have one in mine.	Relating to the situation, to everything going on, to the boy and the dogs. But also noticing the nature around us, fields and woods.	Relating to nature and the situation	Being part of what is	Being present
We've been here once before, this boy and I. That time I had a colleague with me and she is here with us again today. This is good because she knows the family home well and they have been through a lot together. They have worked together for more than five years and my colleague has been their supervisor twice.	Having been here once before together with my colleague. She and the family home have worked together for five years and know each other well.	Being familiar with the situation	Being very familiar with each other	Being part of an ordinary context

Sentence Unit	Condensation	Subtheme	Theme	Main Theme
How do I describe the meeting I and the others are in the middle of? How do I explain in writing what isn't expressed in words, just something you feel in your body? Looks exchanged, sighs let out, hearts that beat a little fast.	Thinking about how to communicate what I'm experiencing here, that which isn't expressed in words just felt in your body.	Wanting to communicate something	Wanting to communicate the non-verbal	Communicating
I'll make a stab at it since I have become more and more convinced that this is actually what therapy is, at least a kind of therapy. A therapy that can't be captured in a manual, can't be reported by ticking the boxes in a formula. This is a different kind of therapy.	Wanting to describe this kind of therapy, a kind of therapy that can't be captured in a manual.	Wanting to describe what is therapeutic, describe a complexity	Describing what is therapeutic in our work	Communicating
The boy has been "a problem" for years. That was how he defined himself the first time we met. He defined himself as a monster, a problem child, an ADHD kid that was impossible.	Meeting a boy who defines himself as a hopeless monster.	Meeting a boy who doesn't believe in himself	Meeting hopelessness	Being present

Sentence Unit	Condensation	Subtheme	Theme	Main Theme
The boy has lived in several different places during his relatively short life. Early on in life he was diagnosed with a number of psychiatric disorders and prescribed the heavy medication associated with them. He has lived through, like so many of the people I meet in my work, more than anyone should ever have to experience.	Meeting a boy who has already lived in several different places and has lived through more than anyone should ever have to experience. He is diagnosed with a number of psychiatric disorders and is heavily medicated.	Meeting a boy who has been treated based on psychiatric assessments	Meeting a boy who is considered a psychiatric case	Meeting
This has affected him in various ways. He has a hard time trusting and he doesn't always know what he himself or others actually mean by what they say and do. Sometimes he has a terrible temper! He has a wonderful sense of humor, a great fantasy and an eye for things that aren't always easy to see. He is smart and notices almost everything, including how well what was said and then what was done tally.	Meeting a boy who is affected by his history, has a hard time trusting and doesn't always understand what is said or happening. But he is also very smart and notices what is said and done.	Seeing many different sides of the boy	Seeing complexity	Being present

Sentence Unit	Condensation	Subtheme	Theme	Main Theme
The family home consists of two parents and their two adult children who live on the farm in their own separate houses. They usually eat dinner all together but the rest of the time they all live their own lives. They help each other when one of them needs help. Sometimes they fight but usually they all get along and they like each other a lot. This is the impression I get when I'm sitting with them on the veranda and our conversation slowly develops.	Meeting the family home that consists of two parents and their two adult children. They share some routines but live their own lives. In general they get along well. This is the impression I get when I'm sitting with them on the veranda and our conversation slowly develops.	Meeting a family that lives an ordinary life and is a family home	Meeting a family home in their ordinary life	Being part of an ordinary context
I say something on the order of that even though this has been my job for almost 25 years I still think that it's both wonderful and remarkable when new people meet and begin to get to know each other. My colleague nods and says she feels the same way. We're silent for a moment.	Sharing my experiences with others about how wonderful and remarkable it is to have been a part of this work the past 25 years.	Experiencing the power of people meeting	Being present in each other's lives	Participating
The mother in the family offers us a cookie and I register that the boy takes one, and then another. This is a good sign!	Noticing that the boy takes a cookie offered by the family home mother.	Noticing that the boy takes a cookie	Noticing	Being present

Sentence Unit	Condensation	Subtheme	Theme	Main Theme
Then my colleague says that when we come next time, if the boy is still there of course, we'll bring crab because he likes them. "That would be great," the father in the family says "because we've never eaten crab. We don't know how." The boy grins but doesn't say anything. The mother says they often buy shellfish when they are in town but never crab. "It seems kind of hard to eat."	Suggesting that we bring crabs next time. The boy likes crabs and the family home has never eaten them.	Offering something	Sharing	Participating
Once again it gets quiet. I notice that the boy now has a dog in his lap. I think that I'd like to pick mushrooms in the woods when we drive back into town. I haven't done that for a long time.	Silently noticing that the boy now has a dog in his lap. I think that I'd like to pick mushrooms in the woods when we drive back into town. I haven't done that for a long time.	Being in the openness of silence	Being with each other in silence	Being present
"I'm dyslectic," the father says and explains that he had to make up his own stories when his kids were little. He describes how he would sit with them under each arm while he told his story. "Sometimes you fell asleep and the kids were so disappointed," his wife says. He smiles but doesn't say anything.	Listening when the father says he had to make up his own stories for his kids since he is dyslectic. His wife reminds him that he fell asleep sometimes and the children were disappointed.	Listening to something important	Listening to something essential	Being present

Sentence Unit	Condensation	Subtheme	Theme	Main Theme
I think this just might turn out alright. This just might be the place where the boy can be himself, together with these people and with my colleague and I on the side but still with them.	Thinking this might be a good place for the boy, that he can be himself here.	Seeing a new possibility	Seeing a possibility	Being present
In many ways this is a completely improbable constellation, the boy and this family home. And yet it isn't. They have some things in common, like a love of animals and artistic creativity. That can make for a good beginning. We'll have to find a way to solve the rest as we go along, and we all need to realize this is going to demand a lot from all of us.	Thinking this ought to be impossible and yet believing it will work.	Thinking despite all odds that this will work	Believing this is possible	Taking personal responsibility
What do I mean when I say this is going to require a lot from us? I mean we have to be prepared to handle anxiety and uncertainty, cussing and the feeling of insufficiency. We have to trust each other but we also have to trust ourselves. What we have ahead of us won't fix itself. We'll have to put our hearts and souls into it and each one of us will have to struggle to find the best way we each can contribute.	Considering that this work will demand of each of us; handling the anxiety and uncertainty, and the feeling of insufficiency. We have to trust each other but we also have to trust ourselves to find the best way we each can help the boy.	Being helped by each other's experiences	Taking advantage of our collective experience	Participating

Sentence Unit	Condensation	Subtheme	Theme	Main Theme
We will have our structure to lean on; the regular team meetings, supervision for the family home, conversations between me and the boy, usually with one of the family parents partaking part of the time, and then the big meetings when anyone who can be of help is welcome to join.	Being supported in the fixed structure; team meetings, supervision, therapy and big meetings we all participate in.	Trusting the structure that makes conversations possible	Trusting the structure	Being part of an ordinary context
Although the structure is a good support, all our years of experience, all the stories that have taken form over the years and other important persons’ thoughts and experience are keys in each of our lives. Things like books, films, plays, the subtle reflections that life every now and then proffers.	Finding help and support from a variety of people and experiences.	Being helped by each other’s experiences	Taking advantage of our collective experience	Participating

Sentence Unit	Condensation	Subtheme	Theme	Main Theme
For my part, add all the years in the village where I grew up, my close family and big, motley extended family, counts and alcoholics, dogs and horses, old people and kids. They all play a part in the glorious mishmash of a life that wasn't anything else than that. It was only later in life that I learned to categorize and theorize, for better or worse, in a way I still can't quite explain.	Being part of the mishmash of life, before I learned to categorize and theorize, for better or worse, in a way I still can't quite explain.	Being in the middle of the mishmash of life	Being here and now in life	Being part of an ordinary context



FIGURE: Illustration of Main Themes with Themes for the story Family home visit.

4.4 David

Sentence Unit	Condensation	Subtheme	Theme	Main Theme
This is a story that took place several years ago when I was a supervisor for a family home. David, who is 23, is living with them. He is serving the last part of a long prison sentence in their home. The family home consists of a mother and father and five children, two of which still live at home. They are both teenagers. The other children are adults and live with their families close by.	Supervising a family home where David, who is 23, lives. He is there at the end of a prison sentence which he served for killing another man.	Supervising a family home where David lives and being surrounded by a lot of people	Supervising a family home	Meeting
We usually sit in the kitchen when I come to visit and both teenagers are usually home since I come late in the afternoon. David is always with us for the first part of the conversation. The second part is reserved for the adults in the family home, i.e. the mother and father.	Sitting in the kitchen when I visit the family home. David is with us, and sometimes the sons, for the first part of the conversation but then I talk to the adults alone.	Meeting in the kitchen	Talking to each other in the kitchen	Being part of an ordinary context
Most of the time the discussion starts in the yard when someone from the family comes to greet me. We then go into the house, I hang up my jacket in the hall and we go into the kitchen.	Meeting someone in the yard and then going in and sitting in the kitchen.	Being met in the yard	Being welcomed	Meeting

Sentence Unit	Condensation	Subtheme	Theme	Main Theme
We almost always drink coffee and eat a snack while we talk. Sometimes it strikes me that this is a really unusual situation, talking about very difficult things while we also chat about the good cookies on the table.	Drinking coffee and talking about difficult things at the same time.	Doing both this and that at the same time	Drinking coffee and talking about difficult things	Being present
David was sent to prison for killing another young man. Since it wasn't intentional he was sentenced for manslaughter but nonetheless he killed another person. It isn't easy to know how to talk about it. I had never worked with someone who had committed this kind of crime.	Meeting David who was sent to prison for killing another young man. He didn't mean to but it happened. It isn't easy to know how to talk about it. I had no prior experience.	My first meeting with someone who had killed someone else	Meeting a man who had killed another man	Meeting
I discussed what it would be like to have David in the house with the family home thoroughly before he moved in. They hadn't even met anyone who had killed another person. "Do you think you will be able to live like you usually do?" "Are you afraid of what others will say?" "Have you really thought this through?" "Are you prepared to let him into your life?"	Preparing the family home for what it will be like to live with David. We talked about it a lot and I asked many questions.	Preparing for a new situation	Preparing for a new situation in life	Enabling

Sentence Unit	Condensation	Subtheme	Theme	Main Theme
These were the kinds of questions I asked the family home and myself. They said they were prepared to let him into their lives but naturally they couldn't know what it would be like in advance.	Asking both the family home and myself if we could do it? The family said they were willing to try but they didn't know how it would turn out.	Not knowing what it will be like	Being in a state of not knowing	Being present
They said time would tell if it would be alright or not. "We have to like each other for this to work," the family home mother said right before David moved in. "If he doesn't feel a little bit of love from us he won't dare to stay." I remember I liked that.	Hearing the family say they don't know how things will go but they will need to like each other. I liked talking about that.	Listening to the importance of love	Listening to something essential	Being present
I often feel a lightness in my body when I'm on my way to the family home even though what we talk about is usually very difficult. It always feels like the conversations are for real and that everyone participates.	Feeling a lightness in my body despite the difficult conversations. It always feels like everyone participates and that we always talk about things that are important.	Participating in something that is for real	Being here and now	Being present
I like the way the family home mother listens to David and the way the family home father sometimes interrupts someone to say that he needs to go out to the barn. He has a way of saying it so no one feels rejected or unimportant. He is just telling everyone that this needs to be done.	Liking the way the couple acts towards David. They listen but interrupt when ordinary life necessities call.	Liking to be met in an ordinary way	Being in the middle of an ordinary day	Being part of an ordinary context

Sentence Unit	Condensation	Subtheme	Theme	Main Theme
David seems to like my visits. He doesn't always say very much but he's usually sitting at the kitchen table when I come in. Sometimes he smiles when someone says something and nods in agreement.	Feeling welcomed by David, who doesn't say much but still being present.	Being met	Being welcomed	Meeting
The teenage boys often participate in the conversations about the murder four years ago. The natural way they ask David questions about it is a big help.	Noticing how the teenage boys are often helpful in the difficult conversations about David having killed another person.	Helping each other with hard things	Helping	Participating
The mother in the family had been seriously ill but is much better now. Thanks to her fighting spirit and relentless training she is now almost free of any symptoms. However, her illness is fickle so no one knows what direction it will take in the future. She often tells the rest of us that she sees how David struggles to get through the days that are particularly tough for him. He doesn't always know if he can take the terrible guilt and angst that comes over him.	Listening to how the family home mother has fought her way through a serious crisis and noticing how this helps David.	Noticing the usefulness of experience	Recognizing something important	Being present

Sentence Unit	Condensation	Subtheme	Theme	Main Theme
My colleague, who is David's therapist, and I discussed back and forth how the family mother's illness might affect David and his life in the family home. We weren't sure if it was fair to him to be placed in a family where that might be faced with a serious crisis while he was there. Was it worth taking the risk?	Discussing with my colleague, who is David's therapist, what it would be like for David to live in a family home where the mother has a chronic disease. Was it right to take the risk she might get worse again?	Making a crucial decision	Making a decision	Taking personal responsibility
But after talking to each other several times, we arrived at the conclusion that we would risk it since we felt so strongly that this family could be really good for David.	Deciding to risk it after a great deal of consideration and discussions with everyone involved.	Doing what feels right	Following our convictions	Taking personal responsibility
I'm glad we did. We couldn't know how well it would turn out or how important his time in the family home would be for David. He stayed there little over a year and then created a life for himself afterwards. For my part this remarkable experience is always with me.	Being happy about doing what we did. Being grateful for this experience which will always be with me.	Feeling happiness and gratitude for an experience	Feeling happiness and gratitude	Being present



FIGURE: Illustration of Main Themes with Themes for the story David.

4.5 In a car with Miela

Sentence Unit	Condensation	Subtheme	Theme	Main Theme
We are sitting in a car on the way to visit a family home for Miela. My colleague, who will be the supervisor for the family home, is driving. I'm sitting next to her in the front seat and Miela is sitting in the back. I feel anxious. I have no idea how this meeting is going to go. Miela and I have met five times in my office.	Sitting in a car on the way to visit a family home with a colleague and Miela who I don't know very well. Feeling anxious and having no idea how this meeting is going to go.	Being in a new situation and feeling anxiety	Feeling anxiety	Being present
Every time Miela has come into the room talking loudly, almost shouting. Without looking at me she has slumped into an armchair and continued her monologue. I have sat in my armchair, looked at her and looked out the window. I have felt both invisible and very present. I have hardly said a word.	Feeling invisible but still present when I meet Miela in my office. She has acted as if I wasn't in the room and I haven't said much.	Feeling both invisible and present at the same time	Experiencing contradicting feelings	Being present
It's as if Miela doesn't want me to say anything, doesn't want to be interrupted. The few times I have said anything she has either cut me off or spoken even louder.	Sensing that Miela doesn't want me to say anything.	Sensing what Miela would like me to do	Sensing what is expected of me	Being present

Sentence Unit	Condensation	Subtheme	Theme	Main Theme
The last time we met I told her we were going to visit a family home she might live with if it felt right for her and the family home. Miela didn't answer, made no comment and didn't look at me. She just kept talking. Nonetheless, after discussing it with my colleague, I decided to make the trip. I wasn't sure if Miela would come but she did and now we are sitting in the car.	Telling Miela we are going to visit a family home without knowing if Miela has understood what I'm saying. Deciding to visit the family home in spite of this.	Making a decision without feeling sure about the outcome	Making a decision	Taking personal responsibility
I note that I'm glad my colleague is driving. All my concentration is completely focused on the situation and how Miela will react to meeting the family home. Will she be able to live with them?	Noting that I'm glad my colleague is driving since I'm consumed by doubt and anxiety. Will Miela be able to live in the family home?	Being consumed by doubt and anxiety	Being consumed by doubt	Being present
She hasn't spoken "normally" to anyone for a long time according to her social worker.	Hearing about someone who only talks to herself.	Listening to a description of a lonely person	Listening to loneliness	Being present

Sentence Unit	Condensation	Subtheme	Theme	Main Theme
I remind myself that Miela is with us because she said that she wants to live with a normal family. This is the only thing she has said she wants. She has never said she wants to talk to me but she has always comes to her appointments. She came today and now we are on our way to meet a family home. Barbro, who is my mentor, once told me that it seems like Miela is showing signs of wanting something but we don't know yet what she wants. I keep Barbro's words in mind as we drive on.	Despite our lack of communication, keeping in mind that Miela has said she wants to live in a family home. Trusting my mentor who has said I will understand more as time goes on.	Trusting the turn of events	Trusting	Being present
All of a sudden the car stops. We roll to the side of the road with what appears to be a dead car. Miela commands us to drive on. "We can't because the car won't start," my colleague says. "Drive," Miela screams. I turn to her and explain "We can't drive any further because the car is dead." A feeling of alarm hits my stomach. Miela orders us to start the car. "Now!" she shouts.	Being in a concrete situation together with Miela and not being able to influence what is happening.	Not being able to influence what is happening	Being part of what is happening	Being present

Sentence Unit	Condensation	Subtheme	Theme	Main Theme
<p>It's winter, the car is on the edge of the road and it won't start. We are on our way to visit one of our family homes with a young woman I have never had a real, normal conversation with. I don't know what she has heard or understood of everything I've said so far. In her journals Miela has been described as psychotic, schizophrenic and uncontactable. Despite this we are sitting in a car on our way to visit a family home where she might end up living.</p>	<p>Sitting in a car on the way to visit one of our family homes with Miela who has been described in her journals as schizophrenic and uncontactable.</p>	<p>Finding myself in a contradictory and unpredictable situation</p>	<p>Being part of a contradictory situation</p>	<p>Participating</p>
<p>I'm really worried but I try not to show it. I try to act completely normal. Instinctively I understand that this is the best thing to do right now.</p>	<p>Trying to act completely normal despite being very worried and trusting in the belief this is best.</p>	<p>Trying to act normally and trusting in the belief this is best</p>	<p>Trying to act in an ordinary way</p>	<p>Being present</p>

Sentence Unit	Condensation	Subtheme	Theme	Main Theme
My colleague calls the family home and tells them we are late because the car broke down. Miela screams at the top of her lungs that she should tell them there is some weird shit going on here. I want to tell her to be quiet but I don't. Instead I suggest we get out and take a little walk so we don't get cold. She doesn't answer and doesn't get out of the car. My anxiety increases. I try to explain to Miela that we don't know what happened to the car but we're going to try to fix it.	Listening to my colleague calling the family home to tell them we are late and Miela who is screaming at the top of her lungs. Suggesting we get out and take a little walk and being met by silence. Trying to explain but not knowing if she is listening. Feeling increasing anxiety.	Being in the middle of a chaotic situation	Being part of a chaotic situation	Participating
"If we can't we'll have to go back to town," I say. Miela acts like a crazy person, her shouting just gets louder and louder. I feel helpless. What are we going to do? What are we doing here? Whatever made me think this was going to work? I'm ready to give up and take a taxi back to town. Call her social worker and say we can't do this.	Feeling helpless and not understanding why in the world we are doing this. Feeling ready to give up and take a taxi back to town. Call her social worker and tell her we can't work together.	Feeling strong doubts about myself and the situation	Feeling despair	Being present

Sentence Unit	Condensation	Subtheme	Theme	Main Theme
But then all of a sudden a feeling of calmness comes over me. This is the situation we are in and whatever happens we are going to handle it. I feel my strength return. I turn to Miela and say "Listen up. The car has broken down so we're stranded here on the side of the road. None of us can change that but we will do what we can to fix it. End of story." Miela stopped shouting and turned silent, absolutely silent.	Experiencing a change inside myself. Growing calm and strong. With this feeling taking the helm and telling Miela the way things are and that she has to accept it.	Understanding what needs to be done and doing it	Giving direction	Taking personal responsibility
Miela is not only quiet. It feels like she was calmed by my words. After a little while the car starts and we can continue driving. Miela doesn't say a word during the rest of the trip, nor do my colleague and I.	Experiencing how Miela gets quiet and calms down. Then the car starts and we can resume our trip in silence.	Experiencing a big change	Being part of a noticeable difference	Participating
A few miles later we arrive. Right before I get out of the car to meet the family home parents I think this is totally insane but now we're here. I take a deep breath and open the car door.	Realizing when we arrive at the family home the situation I and the others are in. Taking a deep breath and opening the car door.	Realizing the situation I and the others are in right now	Understanding something essential	Being present



FIGURE: Illustration of Main Themes with Themes for the story In a car with Miela.

4.6 Jenny, a new client

Sentence Unit	Condensation	Subtheme	Theme	Main Theme
I am having a meeting with a new client. In the room with me is Jenny, a sixteen year old girl, her parents, a social worker and a colleague. The social worker has informed in a telephone conversation that Jenny has been in a special institution the past five years due to “her incapacity to communicate with other people”. This is how the social worker described her, adding that Jenny cannot respond when spoken to and that she has a number of psychiatric diagnoses, among them schizophrenia and autism.	Sitting in a room with a new client Jenny, a sixteen year old girl, her parents, a social worker and a colleague. Jenny has been in a special institution the past five years and has a number of serious psychiatric diagnoses.	Meeting a young person with a number of serious psychiatric diagnoses	Meeting a person who has been defined by her psychiatric diagnoses	Meeting
Jenny can’t continue to stay at the institution because the personnel think she is “far too difficult”. This is what the social worker told me about Jenny when she booked an appointment.	Making an appointment for a new client that can’t continue to stay at the institution because she is “far too difficult”.	Making an appointment for a person defined as far too difficult	Meeting a person considered “far too difficult”	Meeting

Sentence Unit	Condensation	Subtheme	Theme	Main Theme
During the conversation I say I want Jenny's parents at the meeting. "That isn't possible," replies the social worker. She tells me that things are very difficult between Jenny and her parents and it's better not to include them. I insist and tell her that we consider it vital on a first visit. In fact, their presence is a condition for the appointment. After some discussion the social worker agrees to this.	Insisting that Jenny's parents come to the meeting although the social worker doesn't want them there.	Insisting on participation	Not backing down	Taking personal responsibility
Some hours before the meeting with the new client I feel a little worried. What will it be like to meet Jenny and her parents? How can our team make life better for Jenny? Can one of our family homes really be able to do what an entire institution hasn't?	Feeling a little worried before meeting with the new client. I wonder if we will be able to what a special institution hasn't? Is what we have to offer really enough?	Worrying about whether or not we do others haven't been able to do	Feeling worried	Being present

Sentence Unit	Condensation	Subtheme	Theme	Main Theme
And how in the world am I going to talk to a girl who is considered non-contactable and has been heavily drugged many years for serious psychiatric diagnosis? All this buzzed around in my head. Right before I stepped into the room I told myself to get a grip and talk to Jenny the same way I usually talk to people I meet at work.	Wondering how I should try to contact Jenny who is considered uncontactable before our appointment.	Wondering how I should try to contact Jenny	Wondering how to connect	Being present
Jenny sat staring at the floor. Both her legs and hands were shaking. Her parents looked down at the floor as well. Their hands were shaking as well although not as much as Jenny's. There was an oppressive feeling of sadness in the room.	Meeting Jenny and her parents who are marked by what they've been through and experiencing a feeling of sadness in the room.	Meeting marked people and feeling it in my body	Physically feeling things	Being present
I tell them that I have worked a long time at the Family Care Foundation and that I like my job. I say that I have many times experienced how really difficult situations have changed and that things which were considered impossible have become possible. I have had the joy of participating in people's lives turning around and becoming good.	Being able to explain with pride and joy about our work at the Family Care Foundation and that I have witnessed many times how the impossible has become possible.	Explaining with pride and joy how possibilities are created through our work at the Family Care Foundation	Wishing to talk about our work	Communicating

Sentence Unit	Condensation	Subtheme	Theme	Main Theme
Then I ask the social worker to explain why she contacted us. "I think that the Family Care Foundation could be good for Jenny," she says. "In what way?" I ask. "Well it seems like a pretty ordinary place and I think that might be good for Jenny," she answers.	Asking the social worker to explain why she thinks our organization would be good for Jenny. Hearing her answer that Jenny maybe needs to come to an ordinary place.	Hearing the social worker describe the need for an ordinary place	Listening	Being present
I turn to Jenny's mother and ask her what she thinks might be good for her daughter, herself and Jenny's father. "I think an ordinary place might be good too," she says hesitantly and glances at me. "I think so too," says Jenny's father. I turn to Jenny and ask what she thinks about what we're discussing. "I think so too," she says. "What would you like and what do you need from us?" I ask. "I just want to live an ordinary life", she answers.	Asking both the parents and Jenny what they think would be good for Jenny and hearing that they all think an ordinary place would be good.	Meeting a family where everyone wants an ordinary life for their daughter	Listening to a desire	Being present
I notice I'm barely breathing, this is so incredible. After a moments silence Jenny adds that it's been a long time since she lived a normal life.	Noticing I'm barely breathing after the incredible turn this conversation had taken.	Reacting bodily	Being touched	Being present

Sentence Unit	Condensation	Subtheme	Theme	Main Theme
This gives me a chance to ask what happened five years ago when she moved away from her parents. "I don't know," she replies with a quick look in my direction. "Do any of you know what happened?" I ask and turn to her parents. Both shake their heads. Jenny's mother mumbles that she never understood it.	Getting a conversation going about the difficult thing that happened in their family five years ago.	Getting the chance to talk about what happened	Creating space for a conversation	Meeting
"I never thought that me telling a social worker that we had a hard time with Jenny would turn out like this," her father says, his voice barely audible. "You never should have done that," the mother says with an edgy tone. "What did you do?" I ask Jenny's father.	Hearing Jenny's father's regret over having contacted social services and hearing Jenny's mother saying he never should have done that.	Listening to people's regret and accusations	Listening	Being present
He then tells me how he five years ago turned to social services for help. He says he still can't understand what happened and why they took Jenny away from them.	Hearing the father say that he thought they would get help but it didn't turn out that way and he still doesn't understand what happened.	Listening to something incomprehensible	Listening to the incomprehensible	Being present

Sentence Unit	Condensation	Subtheme	Theme	Main Theme
Jenny was placed in a foster home that couldn't handle her. Shortly after that she was put in the special institution where she's been ever since. "And they've given her a bunch of medicine," adds the mother.	Listening to a story about how Jenny has been sent to different places and has needed to take large doses of medicine.	Listening to a tale of resignation	Listening to resignation	Being present
"Have you understood what happened?" I ask Jenny. She shakes her head. It turns out that today is the first time the family is sitting together since Jenny was taken away more than five years ago. It's the first time they talk about what happened five years ago. No one knows what happened, not even the social worker. She just started working at the department.	Realizing that the family is talking to each other for the first time about what happened five years ago and that none of them understands it.	Meeting people who finally talk about something none of them have been able to understand	Being part of a longed-for conversation	Participating
"How have you been all these years?" Jenny suddenly asks and looks at her mother. Her mother begins to cry. I almost do too. This is outrageous!	Seeing Jenny's mother start to cry and coming close to crying myself.	Feeling my own and other's sorrow	Experiencing sorrow	Being present

Sentence Unit	Condensation	Subtheme	Theme	Main Theme
“I’ve been so afraid I’d make things worse and that’s why I haven’t done anything. I’ve just waited for things to get different,” she whispers. “Why didn’t we get the chance to do this five years ago?” the father wonders, his voice full of sorrow, and anger.	Hearing the mother whisper that she was so afraid she’d make things worse and hearing the father ask why they didn’t get to meet us a long time ago.	Listening to people’s fear and despair	Listening	Being present
Neither my colleague nor I can give him an answer but my colleague tells them we will do everything in our power to change things for Jenny and her parents if we begin to work together. As usual, everyone has a week to think about whether or not they want to work together. A week later we decided to go ahead.	Not being able to answer the question but hearing my colleague tell them we will do everything in our power to make things right for Jenny and her parents if we begin to work together.	Promising to do our utmost if we work together	Being there	Being present

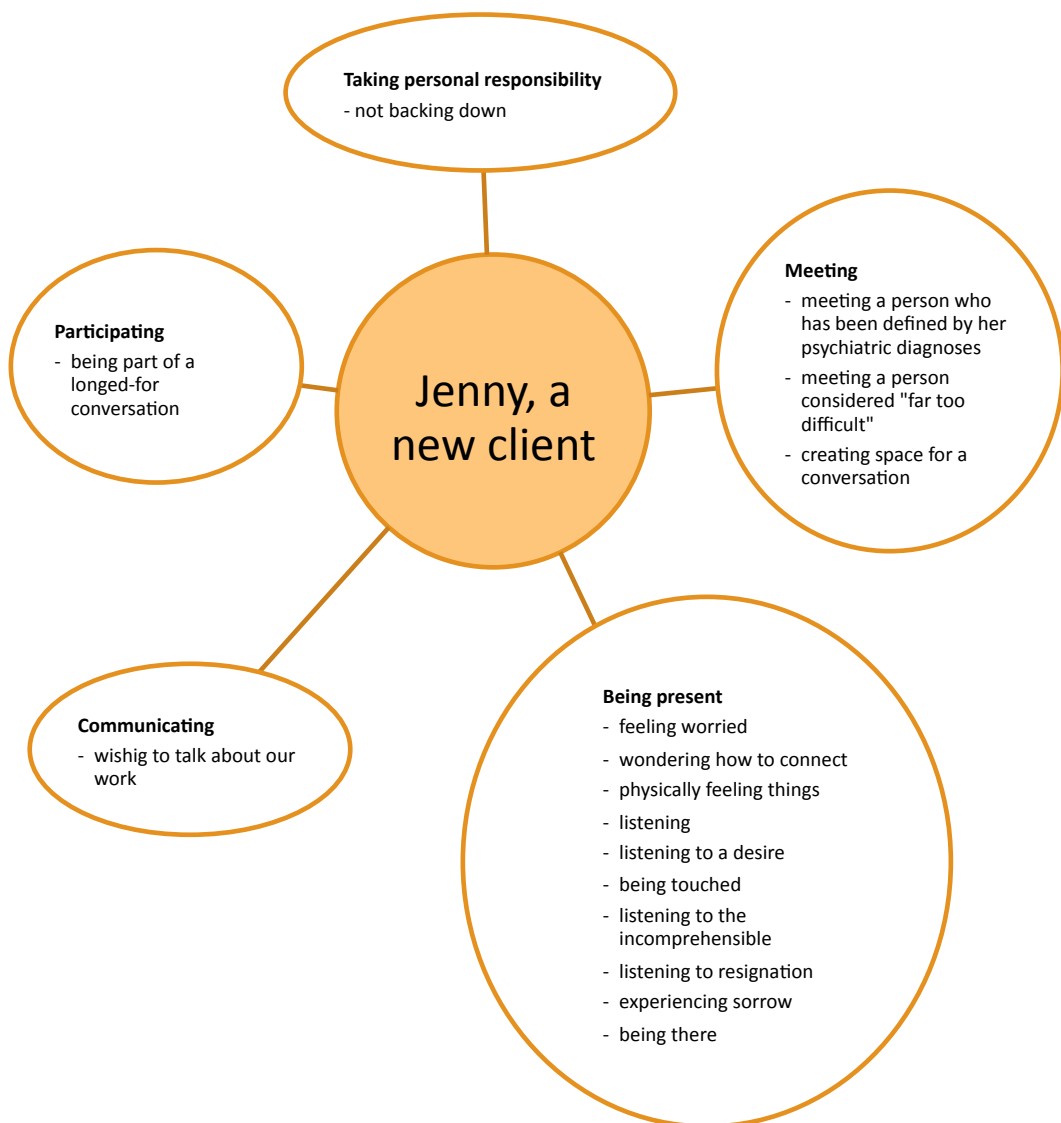


FIGURE: Illustration of Main Themes with Themes for the story Jenny, a new client.

5 CRITICAL REFLECTION

"I am a human being. Whatever is inside of me is inside of you too."
(Kristian Lundberg)

The seven main themes that together form the result of this investigation are:

Being present

Meeting

Participating

Being part of an ordinary context

Taking personal responsibility

Communicating

Enabling

In this section I will present each of these main themes as well as the themes I have derived from the material. *Being present* is the main theme that has the most themes. There are only a few themes in *Enabling* and *Communicating*, but they are included because these phenomena also proved to be very important in the stories. It was impossible not to give heed to and include these main themes.

5.1 Being present

Being present means including oneself in the meeting with the other person. It means making yourself vulnerable in the meeting with the other person, participating, sharing the other person's feelings, thoughts and sensations. This is illustrated in all the stories, no matter when or where they take place.

Being present is crucial no matter how many people are in the room or whether the meeting takes place in a therapy room, at the office or somewhere else, like in a car with Miela or on a veranda visiting a family home.

Presence is also about being touched by the other person without always knowing in advance how the other person or I myself will react. It's about being part of something that cannot easily be explained or captured

in a predetermined idea about how the other person or I myself will act.

Being present includes feelings of hopelessness, sorrow, trust, wonder, despair, anger, worry, love, pride, gratefulness, hope, belonging, shame and joy.

Being present means empathizing with another person for a moment: being part of an immediacy, something powerful, something mighty. It means exposing oneself for situations, but also for feelings which emerges in the meeting with the other.

This emerges in story after story, no matter whether it took place many years ago (David) or just recently (Visit in a family home). It emerges as an important theme in the meeting with another human being (Johan, Pelle, A call for help), as well as in meetings with many people (Family home seminar, Christmas party, A team conversation). It takes place in re-occurring meetings at the Family Care Foundation as well as in meetings with other organizations (Visit to Paraguay).

Being present is about communicating hope; feeling confident, seeing possibilities, seeing something unexpected, being amazed, trusting in whatever happens, understanding something important. This is illustrated in the story where we sit together on the veranda, and in the story about Lars and our first meeting at the office. In the story A call for help it emerges when my supervisor suggests I do something I've never done before and hadn't considered a possibility.

When a colleague and I drive to a family home together with Miela we don't know how it will turn out but we trust our gut feeling and experience. That is what I call being present.

Being present is about listening to what is put into words, but also what is not expressed in words; listening to complexity, a desire, a longing, important stories, the incomprehensible, hopelessness, apathy, the importance of love.

Visit to Paraguay is about a meeting with a family that lives in very tough conditions and experiencing something that makes an impression. It's about meeting shame as well as a feeling of anger.

In the first meeting with Jenny and her parents (Jenny, a new client) I listen to words, but also gestures and body language that expresses fear, sorrow and hopelessness. In the following conversation Jenny and her parents give me the chance to also hear their desire for something else and the hope they still have.

In a car with Miela something happens that isn't expressed in words. It's a physical sensation, in me, but also between all of us in the car.

At our first meeting Pelle told me in words that I couldn't write down anything about our conversations, or talk to other people about what was said when we met.

He knew this had to be a condition for our future work together. I agreed to his wish without knowing why he didn't want me to write or talk about our conversations. I agreed simply because he asked me not to. He asked me in such a way that it was impossible not to take him seriously.

When Pelle said I couldn't write I listened to what he said. I didn't interpret what he might have meant or what motive he had for saying what he said. I listened to his words.

5.2 Meeting

The main theme *Meeting* means on the one hand the actual physical meeting with another person/other persons. But it also means meeting in a relational sense: being welcomed, being engaged and creating room for conversation.

In my work I physically meet a number of people in a number of contexts. Through the stories in this dissertation the reader meets some of them; a person who makes an impression, a person who balances between life and death, a man who killed another person, a boy described as a "psychiatric case", two experienced colleagues, a person who before she came to us was defined by her psychiatric diagnoses, a woman who is hoping, a broken-up family, glad and proud children, a solid family home, parents who participate in a team meeting, two teenagers, a younger boy, a family home living an ordinary life, a person who when she came to us was considered "far too difficult".

Many of the people described in this study are in a life or death situation, existential or actual. The story about David is about a young man who killed another young man and how that affected his life and relationship to other people. Jenny who comes to us because she is considered "far too difficult", has a number of heavy psychiatric diagnoses and can no longer remain at the institution she has been living in for several years. The story about Lars describes the meeting with a man who is teetering between life and death. Johan comes to the Family Care Foundation because it's only a matter of time before he dies if he doesn't stop drinking.

Meeting people in difficult life situations is about being engaged. Working as a psychotherapist in the Extended Therapy Room means *meeting* people in different places in life, usually difficult ones, where their very existence is on the edge. Meetings with new people are often coupled with some worry and tension. The stories show that how this meeting takes place is very important and what is communicated in words and without them in the form of a feeling.

In the story *In a car with Miela* I can't know how the visit in the family home will turn out but together with my colleague and the family home we decide to try and create room for a meeting, even though at the time we don't know how Miela will perceive what we say and do.

This knowledge has an effect and makes an impression, the insight that for a moment we are part of a meeting that's real, a meeting with a real person who is fighting for her life. Therefore, it's very important that I

engage with all of myself in the meeting.

Several meetings with clients who aren't comfortable talking are presented in the study. Extending the therapeutic room has been a way to create a place for those who don't have the words or a desire for sitting in a closed room with a psychotherapist.

Conversations around the kitchen table were the first room extension in the therapeutic room. We gathered together there and created the first conversations.

In the first meeting with Lars something wordless is communicated, something that cannot be put into words yet. Only later do the words come, but they are preceded by actions, both from Lars and me, and particularly from the family home that indeed shows that it welcomes him.

To be welcomed is an aspect of *meeting* and the stories show this is true for both the client and the psychotherapist.

Meeting in the family home is not just about talking to each other or sharing silence. It's also consists of doing things together, sharing each other's daily lives.

In the story Family home seminar a number of family home parents describe their lived experiences during the past years. They talk about how they meet both the person living in their home and share experiences, thoughts and feelings with them, as well as with the therapist and supervisor.

5.3 Participating

Participating is about sharing; collaborating, being part of a common movement, sharing something that makes an impression, sharing something valuable, not being alone, being part of something big, doing something together, being part of a team conversation, being part of something real, helping each other.

The stories show that *participating* can be seen in the collaboration between those who meet for a period of time in their lives; the client, his or her family, the family home, its supervisor and one or more therapists. This takes place in a number of situations and contexts, but also in the concentrated form we call team, which involves even more people; family home members, friends, professional "helpers".

The Family Care Foundation started based on a vision of creating room for people and what we in different ways bear within ourselves. This is illustrated in the story Family home seminar, which shows how people's lived experience and knowledge affects and contributes to meetings with each other in different ways and how each person's participation affects the work being done together.

The story about David shows how I talked with members of the fam-

ily home before David moved in about what it would be like for them. "Will you be able to act like you usually do? Are you afraid he might hurt you? What will your neighbours and others think about it? Are you prepared to let him into your lives?" They answered that they were prepared to let him into their lives but that naturally they couldn't know what it would be like until they lived together – not until they knew if they liked each other or not.

The story about Lars also illustrates the importance of participation: not only how Lars is given the chance to participate in his own life as well as the family home's but also how I as his therapist am included by him, the family home and colleagues.

Visit in a family home illustrates participation based on one's own experiences as in the situation where the father in the family talks about being dyslectic and how it has affected his life. Or how the family home mother describes how she repainted the kitchen and the way her husband sometimes fell asleep when he was telling fairytales for the children.

Participating is an active deed, a part of meeting someone else. It's a decision about being part of a relationship or a series of events that includes me and the other person/the others. It's about *participating* in a difficult conversation, a longed for conversation or sitting in a car together.

Participating can sometimes entail being part of a chaotic situation, as illustrated in the story In a car with Miela or being part of a conversation with a lot of people, as in Family home seminar and A team conversation.

But it can also be waiting for Jenny who is about to graduate or celebrating Christmas with a lot of other people as shown in Christmas party.

The Extended Therapy Room is built on *participating*. Family home members participate with themselves, clients, me as a therapist and a supervisor. They open their homes and their lives to another person but also to me and my colleagues who become part of the family home's life and existence. They do this in conversations both at the office and in the family home's kitchen.

The conversation with Johan's family home about what happened when his shoes were thrown out into the snow is an example of an expectation that family home members will participate in the conversation. They are invited to share their thoughts and experiences with Johan, the therapist and the supervisor.

Family home *participating* also entails even more direct action; working together as illustrated in the story about David or participating in a family home seminar in order to share other's knowledge and experience, or regularly meeting in team conversations.

The psychotherapist *participating* is seen in a number of different situations and contexts; at a family home seminar, in a schoolyard, a car, a kitchen, during a trip in a car, in a therapy room at my office or when I'm asked to participate in a team meeting.

5.4 Being part of an ordinary context

Several of the stories describe clients who live for awhile in one of our family homes and participate in the daily life of the family home (Lars, David, Jenny graduates, Johan, A team conversation).

Some of the stories describe events prior to living in a family home (Visit to a family home, In a car with Miela, Jenny, a new client).

Two stories (Family home seminar and Christmas party) describe the meeting between various people; family home members, clients, client's families, staff and the families of staff.

A common main theme for all the stories is *being part of an ordinary context*, which entails being part of, sharing, taking advantage of, making use of what I call ordinariness or ordinary life. It's about making use of experiences.

Being part of an ordinary context is a matter of meeting people; family homes, clients and colleagues in an ordinary situation and allowing living life day-to-day to have an effect on the therapeutic work. It's about meeting people in daily life in different kinds of conversations and situations. One of the stories in this investigation takes place in a kitchen, another on a veranda. In a car with Miela we are on our way to meet a family home in its kitchen. The story about Lars is partly about the time he lives in a family home and shares the member's daily lives.

Being part of an ordinary context is about letting ordinary things in daily life take on meaning; doing ordinary things, talking the way people usually do. It's about valuing knowledge that stems from experiences in everyday life. This is illustrated in the stories Family home seminar, Visit to a family home, Visit in Paraguay, Pelle, A call for help, and A team conversation.

The story about David describes working with a number of people with their focal point on life on the farm of the family home. We needed each other in the work we shared. We examined things together and talked a lot about what would happen if we did this or that. The kitchen table was our base. That's where we gathered. Sometimes a meal was prepared while we talked to each other. We were always offered something to eat and drink.

And in the story about Johan it's apparent that we who worked together met in the kitchen. It was where most conversations took form.

The story about Lars shows how our starting point is circumstances in life itself – the family home is far away from the city which means it's difficult for Lars to leave "when he feels the urge" – and how we take advantage of them. This ordinary fact of life becomes a tool in our work and it helps Lars.

The story Visit in a family home depicts how the family home, my colleague and I take advantage of our collective experience to be able to begin work we know will demand a lot of all of us.

The emergence of the Extended Therapy Room is about extending the therapeutic room so that it includes people who are given the chance to participate in their lives. It's about living in a family home and sharing daily life with other people. It's about being together with other people in an ordinary context that isn't primarily based on the idea of sitting together in a room and conversing with each other but about sharing each other's daily lives for a while.

5.5 Taking personal responsibility

An outstanding main theme is *taking personal responsibility*. It entails acting in a number of situations; making decisions, pointing out a direction, actively intervening, correcting mistakes, suggesting something. It's a matter of communicating hope and not giving up.

The story Visit to a family home depicts how a family home and my colleague and I believe, against all odds, that it's possible for the boy to live in the family home and that each one of us is prepared to take responsibility for our part and the commitment that goes along with it.

In the story about David, my colleague and I make the decision to let David move into a family home even though the mother in the family home has been seriously ill. We follow our belief that this will be alright. In the same way the story about Pelle depicts how I have to make the decision to depart from my obligations as a licensed psychotherapist and not write anything about our conversations. I realize that Pelle won't come back if I insist on taking notes. Only much later could I conclude that I had made a correct decision at the time. I couldn't know that then but I knew my actions would have consequences.

The story A call for help shows how, when I received a phone call a few years ago from a young man who wanted my help to stop taking pharmaceuticals, I first searched for an alternative for him. Despite the fact that I consider this a somewhat strange situation it seems important not to give up. Sandin, who was at that point in time my supervisor, advises me "to start him in therapy by the phone". She communicates a hope, but becomes actively involved as well through her suggestion.

The story about Lars describes an event where he has been thrown to the ground by police in the city and how I, in a rush of anger, run to his defense and get pushed up against a wall by a policeman. What was the importance of this for the rest of my work with Lars? It had a crucial effect on his decision to stop drinking alcohol and move into a family home. The fact that I didn't just talk to him but also acted in a situation where he needed me meant something to him.

My suggestion to Johan to take a trip to his hometown to see if we can understand something more about his life and history is an example

of how a psychotherapist takes personal responsibility. When I made the suggestion it was impossible to know what the result would be. We both had to try it without any guarantees it would lead to anything.

The above stories show how a psychotherapist is affected by the culture created in collaboration with the members of the family home, who by opening their home and inviting another person into their lives also take personal responsibility without any guarantees that it will be successful.

In the story about Miela neither the family home nor I the psychotherapist could have a clue as to how the meeting with the family home would go, or if it would be possible for Miela to spend a part of her life living there. Despite this we decided to try.

In the story David the family home mother acts in the same way when I try in different ways to prepare her and the rest of the family for what it will be like. She answers that it's impossible to know until they have met each other. She needs to expose herself to the situation and the meeting with David before she can answer all my questions.

Taking personal responsibility is sometimes a matter of not giving up: not backing down in situations that involve the kind of knowledge we feel in our bodies, things we know deep down inside ourselves. An example of this is the telephone conversation I have with Jenny's social worker in the story Jenny, a new client, where I insist Jenny's parents have to participate in the first meeting even though the social worker is against it. Following your convictions is an example of taking personal responsibility.

Deciding what to do is another example of how a psychotherapist takes personal responsibility in the meeting with another person. In In a car with Miela the situation suddenly becomes calm when I understand what to do and act accordingly. The story about Johan also shows this when he comes to one of our therapy conversations and I suggest we take a trip based on a feeling that we need to do this together.

5.6 Communicating

Part of a therapist's work is finding a way of *communicating*: in part with the people I meet in the Extended Therapy Room and in part with those who are not yet familiar with our work.

It's through communicating lived experience that new knowledge can be created and the therapeutic work can be extended. It's necessary to find a way to describe and materialize our work so that other people are given the opportunity to see and hear things that haven't previously been described or communicated.

A main theme that emerges in some of the stories is communicating. The story Visit to a family home portrays the desire to describe our therapeutic work in order to communicate a form of therapy which is not based on manuals and specific methods.

The main theme surfaces in the stories Lars and Jenny, a new client in a situation where I, in my function as a psychotherapist, explain what will happen in our coming work together. It also emerges in the happiness and pride I as a psychotherapist feel during the first meeting with Jenny and her parents when I talk about our shared work. A team conversation illustrates the main theme as a desire to tell others about experiences from working in the Extended Therapy Room, as well as lasting memories from meeting Peter.

5.7 Enabling

A main theme that emerges in two of the stories is *enabling*. The theme of the story A family home seminar is *enabling* a vision, while the theme of the story about David is preparing and *enabling* a new situation in life.

"I can't believe we've done all that," I tell a colleague at dinner during a family home seminar. Do I refer to what we try to achieve every day or the fact that the vision we had so many years ago was possible to realize? The stories show I mean both.

I mean both *enabling* a visionary idea about an organization with room for people and what we have inside ourselves as well as in our day-to-day work *enabling* a new situation in life for people who during a period of their lives are present and participate in our shared work.

6 MAIN THEMES AND THEMES

Below are all the themes I discovered in the research material and together make up the seven main themes that are the result of the dissertation.

6.1 Being present

- listening to a description of hopelessness
- reacting physically
- desiring contact
- experiencing sorrow
- feeling love
- trying to imagine
- feeling pride
- being a witness
- trying to understand
- being deeply touched
- listening to vulnerability
- listening to complexity
- listening to a desire
- being in the wordless
- being happy
- being here and now
- feeling gratitude
- being in the immediate
- trying to imagine
- communicating something wordless
- dealing with life and death
- feeling confident

- feeling trust
- experiencing the importance of experience
- saying yes because of a feeling
- being questioned
- recognizing yourself
- realizing that what is happening is extremely serious
- being careful
- meeting hopelessness
- sitting in silence with each other
- seeing a possibility
- reacting
- communicating hope
- considering one's own responsibility
- trying to imagine being the other person
- experiencing a difference
- feeling you belong
- listening to hopelessness
- listening to apathy
- seeing something new
- being touched in the meeting
- not having any guarantees
- listening to sorrow
- feeling sorrow
- being attentive
- empathizing with
- meeting someone who makes an impression
- worrying
- sensing conflicting feelings
- having a sense of what is expected
- feeling despair
- understanding something important
- exposing yourself
- noticing an atmosphere
- trusting what is happening
- experiencing to be amazed
- feeling anger
- meeting shame

- thinking
- listening to important stories
- listening to stories about relationships
- physically feeling your involvement
- seeing connections
- being part of something big together with others
- wondering what to do
- feeling something physically
- listening to longing
- being touched
- listening to the incomprehensible
- feeling love
- trying to understand

6.2 Meeting

- being useful
- meeting a person balancing between life and death
- creating room for conversation
- talking to sensible people
- being invited
- meeting a broken-up family
- meeting proud and happy children
- meeting a woman with hope
- meeting a person defined by psychiatric diagnoses
- meeting a person defined as "far too difficult"
- meeting a boy described as "a psychiatric case"
- meeting a family home in daily life
- meeting experienced people
- supervising a family home
- being welcomed
- meeting a man who has killed another person

6.3 Participating

- being part of a big group
- agreeing on a structure
- being part of a major change
- being part of Johan living in a family home
- transferring responsibility
- sharing
- sharing something that makes an impression
- sharing something valuable
- feeling pride in what we do; together and individually
- gathering shared memories
- being part of a big group that has grown together
- listening to each other's history
- being part of something big
- not being alone
- listening to hard things
- being part of a longed for conversation
- being part of a chaotic situation
- being part of an incongruous situation
- being part of a noticeable difference
- doing something together
- being present in each other's lives
- being part of a movement
- being part of something important
- being part of a change
- being part of a team conversation
- sharing something big
- being part of a something real
- helping each other

6.4 Being part of an ordinary context

- listening to people's circumstances in life
- meeting people in their actual reality
- being in a practical reality
- doing things the way they are usually done
- knowing each other well
- taking advantage of collective experience
- being in life's immediacy
- taking advantage of a practical reality
- being involved in work that encompasses a family home
- listening to the family's experiences
- knowing what is valid
- talking to each other in the kitchen
- being in the middle of an ordinary reality

6.5 Taking personal responsibility

- trying to find a solution
- not giving up
- suggesting a trip together
- making a decision
- pointing the way
- correcting a mistake
- following your convictions
- being clear about what I know from experience
- showing in deed
- believing it's possible
- believing something can be done
- wanting to contribute with something new
- seeing each other's task and responsibility
- communicating hope
- actively intervening

6.6 Communicating

- wanting to talk about our work
- wanting to describe therapeutic work
- feeling a desire to talk

6.7 Enabling

- making a vision possible
- preparing for a new situation in life



FIGURE: Illustration of the seven Main Themes which together describes what is most important in the Extended Therapy Room.

7 THEORETIC REFLECTION AND DISCUSSION

Two truths approach each other. One comes from within, one comes from without and where they meet you have a chance to see yourself.

(Tomas Tranströmer)

7.1 What emerges from the stories

This research was initiated by the question: *What is most important in my experience as a psychotherapist in the Extended Therapy Room?* Right from the start when the question was formed I had an idea it would be a substantial question, in both the sense that it would be difficult to answer and the scope of it. Notwithstanding, I began several years of work with the desire to find the answer to my research question.

The research began with the idea that what would emerge as most important would have to do with what we share; collaboration, teamwork, what we do together – in the family home and in different forms of conversations and meetings inside and outside the office. I thought the combination of family care and psychotherapy would become clear, that the power of combining family care and psychotherapy would come forth.

However, it didn't turn out quite like that. *Something else* turned up. What became apparent was a stance in therapeutic work regarding the importance of taking advantage of lived experience and including oneself in the meeting; coming from an authentic place. It doesn't matter whether the meeting takes place between two people or many people, the therapeutic stance is important, crucial in fact, in my work as a psychotherapist.

"But in any event this trust means that in every encounter between human beings there is an unarticulated demand, irrespective of the circumstances in which the encounter takes place and irrespective of the nature of the encounter", writes K.E. Lögstrup as an illustration of how people are dependent on each other and the spontaneous meeting. He describes the spontaneous meeting as an immediate expression of trust, to deliver oneself over in the other person's hand and to be held by the other (Lögstrup, 1971, page 18).

My research shows the importance of being present and what that presence means in a number of different meetings and contexts. It shows that being present has to do with taking personal responsibility, enabling and communicating. Being present is important regardless of whether you meet one person or many people, and regardless of whether this meeting takes place in what I call an ordinary situation or in a therapeutic meeting. Presence has to do with participation; not only with other people but with nature and existence itself.

This emerged and this proved to be most important; the importance of being present, meeting, participating, being part of an ordinary context, taking personal responsibility, communicating and enabling.

My intention is not to arrange these important phenomena in a specific model or system but to describe how they appear individually and together and create meaning in the Extended Therapy Room. Wittgenstein wrote in *Philosophical investigations*, "*After several unsuccessful attempts to weld my results together into such a whole, I realized that I would never succeed. The best that I could write would never be more philosophical remarks, my thoughts were soon crippled if I tried to force them on in any single direction against their natural inclination*" (Wittgenstein, 2007, page 7).

A fear I had when I first began my research was that it would prove to be impossible to report results, that the work and people described are far too compound and complex to be able to capture and report in the form of a result. *However, as my work progressed I realized that this in itself is an important result, i.e. showing that this can't be done.* Human relationships and meetings, even those that take place in therapeutic contexts, cannot be described as specific treatment methods or manuals. It has to be done a different way.

The portrayal of the human meeting in fiction and poetry, theater and film is more than methods and templates. It's described in all its complexity but also in what we recognized in each other. "*Non-narrative knowledge tries to illuminate the universal by transcending the individual; narrative knowledge on the contrary tries, by carefully examining a person's way of battling with circumstances in life, to illuminate the universal in human conditions by laying the individual bare*" (Hustvedt, 2010, page 33).

In the following section I will report my own and other's thoughts and experiences from practice and research that have contributed to forming an answer to my research question.

7.2 Being present

The importance of being present is what emerges most clearly in this investigation based on my own experience as a psychotherapist in the Extended Therapy Room. *Being present* entails allowing yourself to be exposed to life and the people and events that life holds. There isn't any manual

for this. There isn't any general method that can be applied everywhere, any way and by anyone. *Being present* is about something else, something that means *taking personal responsibility and participating*. In the first place in relation to other people, but also to animals and nature – even to existence itself.

The stories illustrate that being present to a large degree is synonymous with being attentive; listening, seeing, feeling and sensing. It means including that which speaks to us through our bodies and senses.

Tom Andersen says that we *are* in movement, in feelings and in language. When we talk to each other our bodies are activated and feelings are created. The words and language we use touches (Andersen, 1996a, 1996b, 2011).

To be attentive in the sense of being present is to participate in a meeting, to be touched and include yourself with your thoughts, feelings, experiences and senses.

To sit on a veranda in Visit to a family home and talk about crabs, bedtime stories and kitchen decor has become part of my therapeutic language, a language that has developed over twenty-five years of collaboration with family homes and their way of "being in the world" with all that life holds. This language isn't based on a traditional therapeutic language. It's founded on something else, something created in the meeting and movement between the family home's daily life and psychotherapeutic knowledge.

When I sit on the veranda with the boy and the others around us it isn't my plan to "talk about crabs or bedtime stories", but if that is what happens that is fine. It's what I as a therapist have to relate to. Sometimes I know what to say, sometimes I don't. I have a responsibility to be present in what is going on, to pay attention to both myself and the other. What is most important is *being present* in what is going on. I have to use my own and other's experience to create room for those who are with me at the moment. Lived experience and research based on the Soteria Project shows the crucial importance of "being there" with another person in order for a meeting that sparks a change to occur (Mosher, 1999).

7.2.1 Saying yes to a joint commitment

In the story Visit to a family home I ask myself, "What does it mean that the coming work will require a lot from us?" The answer is that we will have to bear anxiety and uncertainty as well as feelings of inadequacy. We will have to trust each other and ourselves. We must say yes together and individually to this commitment. I as a therapist need to say yes.

This is not only true for me as a therapist. The client, his/her family, the family home and colleagues must all do the same. The story about Lars depicts how important it is that my considerably older and experienced

colleagues believed in me, that they said yes to my participation. The story also shows how I had the same faith in Lars and the family home where he came to live for awhile. In the same way the family home said yes to me and to Lars. Yes we dare to do this. Yes we are prepared to come forth.

The story about Jenny, a new client shows how anxious I felt right before I went into the therapy room. I reasoned with myself about whether or not I could do this. I decided to come forth and say yes to the meeting with Jenny and her family. The story shows how Jenny, in the same way, also comes forth and says yes to a conversation with me as well as with her parents whom she hasn't spoken to for many years. They say yes to her and a conversation can begin.

7.2.2 To be touched in a meeting

Being present means being touched by the other person without always knowing in advance how the other person or I will react. It's about being part of something that isn't easy to explain or capture in a predetermined idea of how I myself or the other person will act.

The story A call for help describes how a young man contacts me to get help to stop taking pharmaceuticals. He lives one hundred Swedish miles away and there are a number of reasons why I might *not* say yes to his request. But I can't say no. There is something about his desire, something in the way he emerges from an authentic position that speaks to me. There is something I can't elude being touched by. After a conversation with my supervisor I decide to begin to work with him via regular phone conversations.

When I'm asked to participate in A team conversation I'm touched by Peter's father's vulnerability. At the moment I don't know why this happens but it does. It might have to do with my own previous experiences. It might be caused by stories about other people's vulnerability and it might be because I feel something wordlessly communicated between me and the father. Sometimes this is called a projection. However, why I'm touched is not important but the fact *that* I'm touched. And that I let myself be touched, I don't have to ignore it.

It's very touching when Jenny, who has been described as "incapable of communicating" looks at me the first time we meet and answers the question I just asked. It's big. Her answer makes it possible to continue the conversation. It helps all of us, gives us all hope that we will be able to "do something", that something new can happen. Jenny helps us to get her parents involved in the conversation. They are very *present* and together they tell us about the maltreatment that has taken place when they didn't have the ability or energy to speak up for themselves.

When David is going to move into one of our family homes I talk to

the married couple about what they think it will be like. The woman in the family home says that they can't know until they find out if they like each other. She says it's vital that David feels "a little bit of love from them" for him to want to stay. For this to happen they have to be touched by each other. David has to deliver over something of his life in their hands for awhile and he must be received (Lögstrup, 1971).

7.2.3 Holding another person's life in one's hands

Lögstrup describes the experience of "holding another person's life in your hands", and the responsibility that comes with it. *"The emotional significance of the metaphor grows out of the contrast in the relationship to which it refers, namely, that we have the power to determine the direction of something in another person's life, perhaps merely his mood or in an extreme case his destiny"* (Lögstrup, 1971, page 29).

This doesn't mean however, says Lögstrup, that it is ever possible or justifiable to take over another person's responsibility, but since we humans are in each other's worlds and fates, a possibility for the spontaneous meeting is created through the spontaneous expression of life.

Presence isn't just about quiet thoughts and feelings. It includes feelings of hopelessness, sorrow, inadequacy and chaos. It encompasses not knowing and not having any answers and sometimes having to follow your belief, a sense in your body or something that in the moment is inexplicable but being here and now.

Many years of close collaboration with family homes, colleagues, clients and their families have taught me to trust something that can't always be explained, something I feel in my body and which at times is both wordless and defies definition. Through many years of close collaboration with members of family homes who invite me into their daily lives I have experienced the power of what I call presence, of "being there" with another person. Being there with another person means being present and allowing yourself to be touched by the meeting.

David was invited into a family home despite the fact that he had killed another person. The family home dared to say yes to him and my colleague and I dared to say yes to the family home even though the family home mother was seriously ill. We had no guaranties for how things would turn out, but we decided to take a chance. To this day it's hard to know how we dared to make this decision. One hypothesis is that there wasn't any alternative, that we were there and didn't have another family home to offer. But that wasn't the case. There were other family homes available. Our strong belief that David should live in this particular family home came from a feeling that it would turn out well, that it was the "right" family for David. I can't explain it any other way than it felt like the right thing to do.

7.2.4 Listening to your body

In the story about David I write that I often feel a lightness in my body when I drive to the family home even though I know we are going to talk about difficult things. It was as if the sensations in my body helped me to dare, as if my body spoke to me.

In the same way it is as if my body helps me stop a furious Miela in a car. I truly didn't know what to do. I knew far too little about Miela. I didn't even know if she understood where we were going. Despite this lack of knowledge my colleague and I have decided to visit a family home with Miela, which is why we were in the car. The story shows how, in a critical moment when I considered giving up on the visit, when I felt powerless and even hopeless, something suddenly happened that changed the whole situation and I heard myself say "This is what we are going to do. End of Story!" How did that happen?

Many years of experience of being in critical situations together with other people where life is on the edge has taught me the importance of being present, trusting my gut feeling and listening to my bodily sensations. I've learned to take advantage of my intuition *"And shift one's attention, to free oneself from an idea and return to it, to be in one place and everywhere, to be in the moment and the past, in other words in all the apparently conflicting and wondrous feats that the esthetic operations succeed in"* (Larsson, 1997, page 20).

Jaakko Seikkula describes how dialogical family therapy doesn't primarily focus on the verbal content in a conversation but on embodied experience and feelings that occur in "the present moment". He explains how therapists and clients become a part of something together that is experienced before it's verbally expressed. *"Trevarthen's careful observations of parents and infants demonstrate that the original human experience of dialogue emerges in the first days of life, as parent and child engage in an exquisite dance of mutual emotional attunement by means of facial expressions, hand gestures and tones of vocalization"* (Seikkula, 2011, page 186).

According to Seikkula the dialogical meeting is not about interpretation or intervention. It's a matter of "being there" and showing that the therapist has understood something important that has been verbally or bodily expressed by the client. It's important to use so called ordinary language and to let many voices be heard; the client's as well as the therapist's, both professional and personal, more intimately (Seikkula, 2011).

This stance is integrated in the operations described in my investigation and which originated from the idea of combining knowledge from the family home's ordinary life with professional therapeutic conversations (Håkansson, 2009). It doesn't matter whether or not these take place in the family home kitchen or at the office, an effort is made to listen to what each person expresses, verbally and non-verbally. We strive to create meaning in what happens between, but also inside of, each person participating.

7.2.5 To include oneself in meaning creation

Suzanne Osten describes how one of her most important tasks as playwright is to participate in meaning creation (Osten, 2009). It's also one of the most important tasks in my work as a psychotherapist. I have to *be there* and communicate a hope that life can be lived. This can be very difficult, particularly when my body reacts with an unpleasant feeling that can't be comprehended or avoided. Meeting another person whose life is on the edge affects me, both as a psychotherapist as well as the human being Carina.

My own memories surface and come to life, memories of both situations where I was lacking and shortcomings. It can be very hard to know what is what; to know what comes from my own experience and what has to do with the person I as a therapist meet in the therapeutic room.

Different theoretical schools try to find descriptions and terms for what happens in the therapeutic room. Concepts like transference, symptoms and the unconscious lead back to psychoanalytical theory and practice (Freud, 1920, Shedler, 2010, Sjögren, 2011, Tähkä, 1987). British object relation theory, which is not one but many schools, has further developed psychoanalysis in a more relational sense. Relationships and the actual meeting between the child and its caretakers are fundamental and the importance of the context is described and spotlighted (Phillips, 1988, Tudor-Sandahl, 1992, Winnicott, 1971). The importance of context is also described in the systemic tradition but in different words and terms. Language and words are central as well as the idea that all the separate parts form a whole and create a system that affects and is affected (Andersen, 1992, 1996a, 1996b, 2011, Bateson, 1979). According to proponents of social constructivism and postmodernism we create our reality both through words and the way we use language as well as the way we relate to each other (Anderson, 1997, Gerger, 1994, 2007).

It is nonetheless difficult to find descriptions of what exactly happens in the therapeutic meeting and how the therapist and the client are affected by, and affect, what happens between them. The human meeting is hard to define in exact terms since it encompasses highly personal expressions of feelings and sensations. Different theories are built on assumptions, observations, hypotheses and intensely personal experiences. No description of a therapeutic meeting is complete without taking into consideration a number of factors and circumstances connected to both the client and the therapist (Wampold, 2001, 2011).

In recent research Seikkula investigates how what he calls "polyphonies" are given space in the therapeutic dialogue, and how the therapist and his/her own experiences affect the dialogue (Seikkula, 2011).

In this dissertation I try to reveal what is most important in these experiences by describing my own experience in therapeutic work. This cannot be done without also trying to describe what we call feelings and

sensations, embodied expressions that take shape in the meeting with other people.

7.2.6 The structure and its importance

Explanatory models vary and there is a huge range of theories and therapeutic schools, people with different experiences and descriptions of reality, as well as authority, meet in the therapeutic room. It's therefore very important that our work is framed in a structure. Movie director and playwright Ingemar Bergman said in a radio interview, *"When we work with people's feelings, others and our own, we must have a well defined structure. Prudence. Punctuality. Predictability. This is because there is nothing more valuable than our feelings, they are what makes us the most vulnerable, but also because there is no absolute truth in feelings. They are experiences and deeply personal."*

The structure in the Extended Therapy Room appears clearly through the stories in this dissertation. Together the different rooms and contexts make up the basic structure which is the foundation of our work and efforts to maintain a living organization. They are part of a well defined structure that creates the prerequisites for an including and equal organization (Hersted and Gergen, 2013, Senge, 1994).

Lauren Mosher, founder of the Soteria Project describes how the interpersonal phenomenological stance was practiced in a safe and predictable structure, *"Its most basic tenet is "being with" – an alternative but non-intrusive, gradual way of getting oneself 'into the other person's shoes' so that a shared meaningfulness of the subjective aspects of the psychotic experience can be established within a confiding relationship"* (Read, Mosher, Bentall, 2004, page 351).

Experience from many years of clinical work as well as research from Open Dialogue shows that the way work is structured can be critical to its success and in creating trusting relationships. Within 24 hours a team is gathered that is then available to meet the person in question and his/her family and network (Seikkula and Olsen, 2003).

It takes time to get to know yourself and others, to arrive at creating meaning. We have needed to create a structure that facilitates this; the regular supervision of the family home illustrated in the story about David, the reoccurring therapy with the client shown in the story about Johan, the regular team conversations, two family home seminars every year which are presented in my material, the annual Christmas party presented in my material and the summer party. Both the Christmas and summer parties are inspired more by traditions in ordinary life than by therapeutic contexts.

The organization's other therapeutic contexts; supervision of the family home, therapeutic conversations with the client and his/her family, first visits and team conversations cannot be described as ordinary family home nor traditional therapy situations. They are *something else*. Something

new has been created in the frontier between so called ordinary life and psychotherapy. This *something else* has developed through many years of frequent and close collaboration between family homes, therapists and clients and their families.

7.2.7 Looking back

When we began twenty-five years ago most of the conversations took place in the family home kitchen or in some other room in the house. We often worked separately part of the time; one of us spoke with the client and the other talked with the family home. Then we would gather in the kitchen and all talk together. As the years passed the clients' families became more and more involved in the process and the conversation took place either at our office or at the family's home.

During the first ten years all supervision of family homes took place in their homes but as our organization grew new needs emerged and supervisors had a hard time fitting in all the visits since each one also meant a car trip of one to three hours. We tested inviting both the family home and the client to come to our office and in the process discovered that the office conversations were somehow different from those in the family kitchen. Conversations at the office led in part to *something else*.

That which I call *something else* led us to decide on a structure where supervision of the family home took place alternately at the office and alternately in the family home. This extension of the actual room has come to affect the work in the Extended Therapy Room in the sense that the conversations in kitchens in part differ from the conversations at the office. The conversations at the office are more characterized by a therapeutic conversational tone than those in the kitchen. By therapeutic conversational tone I mean that much more often, members in the team are asked to reflect on the conversation when we meet in the office than when we meet in the kitchen of the family home. The structure and order of the conversation is more defined at the office than in the kitchen where conversations tend to be more spontaneous. I won't go into more detail about this difference here since it requires an investigation all of its own.

In the beginning the individual conversations with clients were held in both the family home and the office with no particular order or plan and no fixed structure that determined where they would be held. When several of us became licensed psychotherapists this randomness was transformed into a fixed structure and individual psychotherapy conversations were then held at the office. Usually, I should say because they can also occur in other places; in the family home, a car, in a café or some other place.

Team conversations were introduced gradually over many years and therefore it isn't possible to stipulate exactly when they were established. However, for about the past ten years we have had a structure in which the

whole team meets once a month at the office. Some team conversations still take place in the family home kitchen, but they are the exception. The reasons for this vary and since I haven't examined them I can't present them in this dissertation. It would be worthwhile to examine and look further into the importance of team conversations as well as how the structure has affected the meetings and vice versa.

We have held the family home seminars since we started in 1987, their form and content isn't always the same and cannot be presented in detail. It would take up far too much space in this dissertation. The overriding purpose is to share our experiences, the family home's and staff's, with each other twice a year. These conversations are held partly in the general assembly and partly in small groups where the idea is that everyone participates, new members as well as "old". Sometimes we have visitors from our extensive network.

I know that the recurrent family home seminars are very important. I have experienced this through my own participation and both the family homes and my colleagues say the same, but I can't prove it scientifically. It would be worthwhile to examine and look further into the importance of the recurrent family home seminars and also investigate how they have influenced the content of the Extended Therapy Room.

We have held a Christmas party for everyone since 2002 when we decided to invite all the family homes, clients and staff to a party. At the end of the party when I stood in the doorway to say good-bye to everyone Jörgen, one of our family home fathers, said "We have to do this again!", and we have. We gather together every year and nowadays we also invite the families of our clients as well as former clients and their new families. It is a very valuable context.

The therapeutic framework; time and place were focal points in my psychotherapy education. We were taught the importance of being on time and the concept object constancy, both in regards to what the room looked like and the therapist's predictability – for example clothes and personal behavior. Personal style was not in focus, nor was the therapist's personality. It was as if this didn't matter, as if the therapist as a human being with his/her own lived experiences didn't matter. On the contrary, the idea seemed to be to tone down the therapist so that she/he gave the impression of neutrality and objectivity.

The defined therapeutic framework that was so essential in my psychotherapy education is not fundamental in the Extended Therapy Room, where early on our experience proved that we as therapists needed to be sensitive and open for what happened in the meeting with both the client and the family home. Concepts like object constancy and neutrality don't work in a home environment where people live ordinary lives, where interruptions we can't control occur and where life itself keeps making itself felt. You cannot keep strictly to the clock in people's homes where cows are calving and children are sick in the next room. The framework has to be adjusted to suit a different reality, or rather, therapeutic work has to be based

on something else. It has to be based on the meeting between all those who have sometime in their lives met in the Extended Therapy Room.

Jonathan Shedler talks about how psychodynamic knowledge is often simplified when it is described and that it is criticized by the uninitiated for being carried out in the same way as it was in the beginning of the twentieth century. However, a great deal has happened since then, particularly regarding the relational aspect between therapist and client but also regarding what is experienced inside the therapist and client. His criticism lies in the fact that current psychodynamic therapy research is so inaccessible and that it requires knowledge so many practitioners lack. This might be one explanation of why new facts concerning psychodynamic therapy aren't common knowledge (Shedler, 2010).

When I am touched by Peter's father's story about vulnerability in A team conversation I don't know in the moment where my feelings come from. Do they come from my own life and experiences or am I moved by what I hear the father say? Can it be both? Or perhaps it's neither but something else entirely.

Sitting in a car with a furious Miela definitely had an effect on me, both not knowing what was going on inside of her and not knowing what to do. We were stuck in a car that wouldn't start. Finally something snapped in me and I heard myself tell Miela in a sharp tone that this is the way it is and we can't do anything about it. "End of story".

How do you explain what made me nearly shout at Miela and she became quiet? Shouting at your clients when you are a therapist is not generally considered good behavior and it would be hard to find an example of it in a schoolbook. Nonetheless this is what happened. It was how I handled a critical situation in that particular moment.

I have a feeling and experience of that my reaction came from the knowledge that we have time, not just that actual day, but in the coming months as well. Time is central in the sense that there is time to correct things, to comprehend something important, to find the time, to put into words, to let the hard things take their time to come out.

Many years of close collaboration with family homes and their ordinary lives have shown the importance of time and letting things come out in a situation together with others by being present and participating. Explanatory models and interpretations are different than in what I call the traditional psychotherapy conversation which takes place between a client and a therapist and where transferences and counter-transferences are fundamental.

In the Extended Therapy Room transferences and counter-transferences take on a different meaning because both the therapists but above all family homes are more visible. They reveal more of themselves and living in a family home in practice means that the client and the family home interact together throughout the day.

As I have progressed in the work on my dissertation the significance of this visibility has become more and more apparent and I remember one

incident after the other where clients in therapeutic conversations with me or in joint team conversations talk about situations in the family home where someone said something or did something. Things that by definition were good, bad or wrong. When Johan tells me about the shoes that were thrown out in the snow it sounds like he lives in a family that doesn't care about him. *"Everybody else's shoes were in the warm hall but mine were out in the snow"*, he says (page 54).

I think about the importance of members of a family home letting another person into their home, and how by doing this they expose themselves to being observed, judged and interpreted, not only by the client and his/her family but also by myself and my colleagues. When Johan talks about the shoes that were thrown out I as his therapist could have drawn the conclusion that the family home treated him badly. It's important that everyone gets the chance to tell their version and that they do it together with Johan. I as a therapist have to create room for a joint conversation where everyone's voice is heard (Seikkula, 2011).

The experience of being judged and interpreted is something a number of clients communicate and talk about and it is apparent in many of my stories. They describe how they in contact with professional help are often judged particularly through psychiatric diagnoses and other manual based formulas.

An important precept in the Extended Therapy Room is that humans and human processes are dynamic and in movement. There is no one truth. There are many different ways to perceive and experience a person or a situation. I'm influenced by years of experience of how descriptions of people change and are in movement. A description is no longer valid when contexts and relationships change.

This became clear to me many years ago in a conversation with Johan and the family home where he lived but also during a car trip with Johan where I discovered something else in both Johan and myself. The story about Lars shows how a description of him as a "chronic alcoholic" doesn't hold up anymore when his situation changes and contact occurs, first between him and I and then between him and the family home. When I deviate from my therapeutic obligation to write journals when I meet with Pelle something is created in the relationship between him and I that in time has meaning for both Pelle and the people around him.

7.2.8 A framework breach or a reaction to a system that doesn't function

Working in the Extended Therapy Room can be considered a therapeutic framework breach or rather a reaction to a system that doesn't work. When we started there were very few, if any, organizations that offered family care in a therapeutic context. The clients that came to us had found contact

with psychiatry very difficult. They hadn't wanted, or couldn't adapt themselves, to the current explanatory models, systems and frameworks. As the years passed we received more and more requests to work with young people who had been placed in foster homes or institutions, but were considered "far too demanding and difficult".

This is illustrated in Jenny, a new client. After almost five years she can't stay in an institution because she is considered "far too difficult". When she comes to us she is described as incommunicable and incapable of communicating with others. A few years later Jenny graduates after having lived a couple of years in one of our family homes and participated in the work in the Extended Therapy Room. Her life changes through new experiences and previous conceptions and descriptions are no longer valid.

7.2.9 Interruptions and things we cannot predict

Being a psychotherapist in the Extended Therapy Room means *being in the world* (Heidegger, 1962) with other people based on a function that is called being a psychotherapist. It means becoming a psychotherapist in the meeting with the other person and together trying to find a meaning and trying to comprehend a context and oneself.

Early on in my career I felt joy and meaning in working together with a family home and being in their context because it so clearly included me both as a social worker and me as the person Carina. But also because you never knew what was going to happen next. All of a sudden we could be interrupted, something that disturbed and was unexpected. A veterinary might come right when we were talking about something extremely important with the person living in the family home. Despite this we would have to interrupt our conversation because the veterinary was there to help a sick horse.

Or when the family home father interrupted our conversation in the story about David because he had to go to the barn. Another time we were sitting in a kitchen and in the next room a child was home from school sick. In spite of this, or rather because of it, we talked about something the client living there is occupied with. There were various interruptions like the child repeatedly calling for its mother. But we were still talking to each other. It works. It almost feels like the interruptions are liberating, like they create a flow, they lighten up.

I can't remember the all times over the years I've experienced similar situations; having something unexpected happen, something unplanned, perhaps even undesired. It's about being part of an ordinary context, being part of life on the move.

An example of this is when a family home father clearly shows his displeasure at what I say when we are sitting at the kitchen table talking, or when I'm in a car with a furious Miela. Another example is sitting on

a veranda with a bunch of dogs while I think about what to say and do so that the boy and the family home can connect with each other.

Daniel Stern describes, *"that missteps are most valuable because the manner of negotiating repairs, and correcting slippages is one of the more important ways-of-being-with-the-other that become implicitly known"*. He adds, *"The rupture-repair sequence thus is one of the more important learning experiences for the infant in negotiating the imperfect world"* (Stern, 2004, page 157).

Sharing an ordinary life in a family home means both the client and the family home will make some "missteps" as Stern calls them, saying the wrong thing at the wrong time, doing the wrong thing at the wrong time. This is part of so-called ordinary life with all its misunderstandings, shortcomings, inadequacies and outright mistakes.

The story about Pelle reveals his strong reaction when I acted in a way he didn't like. His reaction gave me a chance to "correct" my mistake. He gave me a new chance but he also let me know what was necessary in order for him to come back to me. I could as a therapist use my experience and knowledge from similar situations to create meaning and comprehension out of what happened. I welcomed reflections and feelings into the room.

This isn't always possible in the family home's ordinary life where there are so many variables to take into consideration. These include both the desires and needs of the client as well as the members of the family home. Things happen in daily life that cannot always be fixed or understood but in context with others they become comprehensible and meaning can be created out of them (Gergen, 1994, Shotter, 1993).

In the story about Johan I remember how upset he was that his shoes had been thrown out in the snow. In a conversation at the kitchen table it turned out that one of the sons in the family home had thrown out his shoes by mistake. At least that is the explanation given, that it was a mistake. To this day I wonder if it was a mistake or if, in fact, it was a desire by the son to throw out Johan along with his shoes. That question was never asked at the kitchen table. One plausible explanation is that I was there and couldn't bring myself to expose myself to the criticism I felt from the family home father. I remember how he displayed his opinion that I asked far too many, in his words, psychological questions. But there can also be another reason why I decided to "let it pass".

7.2.10 Listening

There is a balance between on the one hand talking the way people ordinarily do and on the other hand using therapeutic experience and knowledge. Is there a difference between them? The answer must be both yes and no. It depends on which therapeutic experience and knowledge is referred to and which ordinary way is meant. One of my tasks as a therapist in the

Extended Therapy Room is to relate to this complexity; to ask questions to myself and others as well as sometimes not asking questions, or at least not out loud.

Seikkula describes the importance of listening to many voices and letting the client and his/her family be heard. He says that one of the therapist's important tasks is to listen not only to what is being expressed verbally but also what is wordlessly communicated (Seikkula, 2011).

In the Extended Therapy Room the client and his/her family meets both therapists and family home members who aren't professional colleagues. They are something else. That something else affects us all and leaves its mark on the therapeutic conversation. In daily life people don't usually take a reflective position or think in terms of transference and counter-transference. They bring themselves in a situation and what occurs could be described as a spontaneous meeting or conversation. The challenge for me as a therapist is to relate to this spontaneity and to try to be present in what is going on without knowing in advance what the conversation and meeting will be like.

This requires being open to what comes to life inside of me in the form of thoughts and bodily sensations. When I say openness I don't mean I always have to or even should share these thoughts and feelings with the others but I need to find a way to notice them for myself. On the other hand there might be situations where it's essential that I as a therapist put my own experiences into words.

The therapeutic meeting is about being attentive in the sense of being present and striving together to create meaning out of what is going on. It's about listening, even to the complicated, the "knotty", that which is beyond words and questionnaires based on manuals.

In his research Wampold shows why the randomized research method is insufficient for investigating the therapeutic meeting because the unique meeting contains things that aren't easily captured in predetermined concepts or something specific the research is intended to examine. There is a risk that by being bound to one or a few variables what is most important gets lost because it can't be measured (Wampold, 2001, 2011).

"Linguistic debris about unclear feelings can work as a file on our thinking. But when it is no longer debris, when it slides into language as a matter of fact, it no longer has a sharpening effect. Silence is active listening. One quiets oneself to hear a sound that is far away. A sound that is difficult to reach. In a voice barely audible. Who will be this hearing? Who will be the hearing that is trained and willing to listen to the ambiguous, multi-voiced individual? Who does not close the story to a thin line with a beginning and an end, to a dissected action, to a will without shadows?" (Öfsti, 2013, page 9).

7.2.11 Extending the therapeutic framework

When the Family Care Foundation began our vision was to create a place for people who for awhile in their lives needed other people around them (Håkansson, 2009). This was fundamental and the professional framework was secondary. In other words it was less important to decide exactly how long a conversation could take or where it would take place. We didn't think it was important to maintain a certain order in a conversation or follow a specific method or theory. We had a different goal. We wanted to make space for meaning creation meetings between people.

By extending the therapeutic framework it becomes possible to see and hear more. Or to express this in another way; to see and hear *something else*. An example of this is the interruptions that occur, primarily in the family home, both in daily life as well as in the therapeutic conversations that are held in the family home. In the story about David this is illustrated when, in the middle of a conversation, the family home father has to go out to the barn. This isn't interpreted into psychological terms but is seen as natural in that context. What seems to be important is what happens in the relationship between David and the rest of us. The meeting, presence and participation are what is essential.

These interruptions, or framework breaches in a traditional therapeutic sense, have broadened our perspective on psychotherapy and what is possible and not possible to do in a therapeutic context. The interruptions also clarify the question of what is important in the therapeutic conversation and context.

Today I have words to express this but back then when I worked together with David and the others in the team it wasn't articulated yet. At that time it was ongoing lived experience and neither I nor the others reflected from psychological or psychotherapeutic concepts or theories when we sat together at the kitchen table. The practical situation steered our conversations as well as the feelings we all sensed. Sometimes I think it was an advantage that we didn't "know" so much, that maybe it was a prerequisite for daring to do what we did.

This therapeutic "ignorance" together with limited therapeutic experience meant we had to rely on something else; each other and the relationship we had to each other as well as on ourselves and what felt right and seemed to be important.

"The aspects of things that are most important for us are hidden because of their simplicity and familiarity (one is unable to notice something – because it is always before one's eyes). The real foundation of his enquiry do not strike a man at all, unless that fact has at some time struck him. And this means: we fail to be struck by what, once seen; is most striking and most powerful" (Wittgenstein, 2007, & 129).

7.2.12 To be in the middle of life's different moments

In a newly produced film by Daniel Mackler (*Healing Homes*, 2011) there is a scene where the family home father Jonas talks about a serious and very decisive event at the same time the family home mother shows me a new flower she'd purchased as if it was the most important thing in the moment. A moment later lightning strikes not far from the house and the lights go out. The dogs get anxious and whine for attention, their panting can be clearly heard. One of the sons comes home for a little food. The interruptions don't stop the conversation. We continue to talk, giggle a little, get sidetracked for a little while and pick up the thread of the conversation again with the additions the interruptions created.

When watching that scene I think about how I interpret what happens from lived experience in the Extended Therapy Room. The interruptions don't disturb anything. They rather open up and create opportunities to see more, to see something else. The dogs pant and I think that if I hadn't experienced hundreds of hours talking in family home kitchens with panting dogs at my feet, perhaps the dogs' presence might have been a bother. But I didn't feel that way because I had a lived experience concerning the importance of being surrounded by panting dogs in a family home kitchen while an important conversation or a wordless meeting takes place.

Tom Andersen described how he has made decisions based on practical situations he has been part of, for example when he as a young doctor was called to the home of a family on the night before Christmas Eve, where he had to decide whether or not to let the father stay at home or be admitted to a psychiatric hospital. Andersen gathered the family together for a conversation instead of deciding on the authority of his expertise. It was an important choice that turned out to be significant for his perspective on therapeutic work (Abrahamsson & Berglund, 2007).

7.3 Being part of an ordinary context

The family homes and their ordinary lives have deeply influenced my therapeutic work, and correspondingly I as a psychotherapist have influenced the conversations at the family home's kitchen table and in other contexts. We have both affected and been affected by each other.

In kitchens we have talked about the conditions of life and existence. We've been tangibly reminded of the things we can't control and we've shared joy and profound sorrow. We've met with each other in innumerable situations and been part of each others' lives in both the beautiful and big as well as the hardest things in the world. As I write these words a memory comes to mind. It's the memory of a meeting with one of our most

experienced and wisest family homes. After careful consideration I decide to tell this story despite the fact that it isn't included in my basic material and therefore hasn't been analyzed according to the method used in this dissertation:

The couple in the family home had just lost a loved grandchild and I was with them together with a colleague. On the way over I was worried about how it would go. I had no idea what to say to them or do for them in this horrible moment. After we have been sitting in the kitchen awhile I tell them how much I would wish I could have saved them from this. The woman in the family answers, "You know that isn't possible." She says it with a warm smile and then we cry together. It is a moment so full of warmth, sorrow and love that it can hardly be expressed in words. Anger and powerlessness are there too. It's so unfair that a child should have to die. We drink coffee and eat sandwiches and listen to the couple's stories about their grandchild, about who she was and what she meant to them. They tell us about her mom and dad and their endless sorrow. They talk about their fear that her parents won't be able to overcome their crushing grief. But there is also hope that everything will be good again, sometime. "It feels like she is still here with us," says the woman. We sit together there for several hours and I think how these people have once again shown me what is important in life. What is most important.

7.3.1 Organizations consist of people

Organizations and their operations consist of people. You can't copy people – not clients, their families, therapists or family homes. The people involved are affected by, and affect each other. This is how substance is born, the soul of an organization. *"A soul cannot be copied, nor can the relationship between people"* (Wolf and Gjerris, 2002, Lindseth, page 87).

One of the tasks as a psychotherapist is to create room for meetings between people. This requires a therapist's presence but it also calls for an organization and structure where there is room for spontaneity and improvisation, where the spontaneous and unplanned is accepted and allowed. The fact that I and my colleagues were not steeped in education and were rather inexperienced therapeutically and professionally when we started the Family Care Foundation promoted spontaneity and improvisation. In addition, there were very few role models since we were pioneers in this field. We therefore had no other choice unless we wanted to follow an external book of rules, and we didn't.

Why not? The question requires an answer but there isn't any rational answer to give. It was just the way it was. *"By our very attitude to one another we help to shape one another's world. By our attitude to the other person we help to determine the scope and hue of his world; we make it large or small, bright or drab, rich or dull, threatening or secure. We help to shape his world not by theories and views but by our very attitude towards him. Herein lies the unarticulated and one might say anonymous demand that we take care of the life which*

trust has placed in our hands" (Lögstrup, 1971, page 19).

Forcing the staff or the family homes to follow an external book of rules was never an option. Now years later when I try to understand why this was the case I realize that we were helped by the fact that we didn't have a lot of theoretic ideas or methods to base our work on (Topor, 2004). Instead we had to improvise and trust our own and others' lived experience. This experience wasn't formulated in specific methods or theories, but in a number of images and lived experiences of being a human being among other human beings. No one in the family home where Lars lived had any previous experience of being a family home when we began to work together. Despite this they made a decisive difference in Lars' life and in mine as well. That lived experience was part of me when the Family Care Foundation started. I had experienced how the meeting between them had a crucial effect, how important it was that both the family home members and Lars dared to expose themselves to the unknown.

Suzanne Osten says that working at the theater Unga Klara requires courage since the co-workers and organization dare to take on the unknown, to improvise and create new images (Osten, 2009). Lone Hersted and Kenneth Gergen describe how the dialogic and living organization is built on people participating, using improvisation and a willingness to expose oneself to the unknown (Hersted and Gergen, 2013).

7.3.2 Our work is based on practice

The Extended Therapy Room as a concept is rooted in practice. It has grown out of close collaboration between family homes, clients, their families, therapists and other staff members. The book *The Extended Therapy Room* describes how the concept was created and articulated as a consequence of the fact that existing concepts couldn't adequately describe our work. *"We work with family care, and we offer our clients psychotherapy but the extended therapy room is not one thing or another but both. The extended therapy room symbolizes a room where family care and psychotherapy meet, inspire each other and become each other's prerequisite. Experience shows that on their own family homes and psychotherapy haven't been successful when offered to the clients that I and my colleagues meet in our work* (Håkansson, 2000, page 10).

The Family Care Foundation began based on a vision of creating a way of working that would be good for people, a place where people would be useful, whether they were clients, their families, professional helpers or family homes.

In other words, our vision wasn't to create a method of treatment or produce a new theory. It was about *something else*, something that had to do with the conditions of people's lives, their dreams, hopes and chances of creating meaning in their lives. It was about something that would give people the courage to live and promote the living part of ourselves. Our

vision was built on the idea that we all contribute in different ways and that these contributions form a whole where each part is vital (Bateson, 1972).

The knowledge and experience the family home has of being part of an ordinary life with all that this entails is of crucial importance for the development of the organization, and for me as a therapist as well. For example, being put in situations and questions I can't with certainty resolve or being part of life in all its richness.

John Shotter describes how knowledge from ordinary life affects language and relationships. He believes that knowledge is found in people's social daily life. It is through everyday language in living life that truly important knowledge develops rather than through theoretical formulas and constructions (Shotter, 1993, 2002).

One of the stories I discarded in the research process concerned how, during one of the first years of the Family Care Foundation's existence, I went to a family home and lived with them for three days. A telephone conversation with a family mother preceded this action. She was sad and didn't know how to resolve a situation with the young mother and her child that lived in her home. It was a Friday afternoon and I decided on the spot to drive over to them and stay for the weekend. I slept on the couch in the living room and we had conversations at different times day and night, in various constellations. For me this was an extremely important experience since I had the chance, in a live situation, to share the family home's conditions for awhile. It gave me a broader perspective of the work I'm part of as well as a deeper meaning in the sense that I understood something essential about the power of sharing your home with another person. As Lögstrup says, "*...having something of the other person's life in your hands*" (Lögstrup, 1971).

Hersted and Gergen show how a living organization is built on taking advantage of ordinary life and not fastening in specific forms or models. It allows people and events to affect and characterize a group and an organization (Hersted and Gergen, 2013).

It's about creating a place where it's possible to deliver over something of oneself into the hands of another person, and to be received. This is a big responsibility and it requires that both the organization and each individual do not misuse each other and that they disregard the existing power relationship. "*That life together with and over against one another consists in one person being delivered over to another person means that our mutual relationships are always relationships of power, the one person being more or less in the power of another person*" (Lögstrup, 1971, page 55).

7.3.3 Decisive moments

Several of the stories in this dissertation spotlight decisive moments, events that cannot always be explained nor understood at the time but in time

emerge as important, something that creates meaning and includes us in the meeting with others.

Daniel Stern describes how the present moment, small momentary events shape our world of experiences and influence our relationships, in life as well as in the therapeutic room. *"In short, in most psychodynamic treatments there is a rush toward meaning, leaving the present moment behind. We forget that there is a difference between meaning, in the sense of understanding enough to explain it, and experiencing something more and more deeply"* (Stern, 2004, page 140).

Johan came every Tuesday at one o'clock. When we started working together I often had the feeling our meetings didn't really make a difference, and that was what he used to say. He said that there wasn't any point in his coming and that he didn't really understand why he had to. One day I suggest we take a trip to the town where he grew up. *"As soon as the words are out of my mouth I realize this wasn't planned or thought out. It just hit me when he walked in the door. Somehow I just knew what we needed to do together."*

When I suggested to Johan that we drive to the town where he was born I couldn't know the difference this would make in his life or mine. In the car on the way home I realize something important about my future work, something that was created during the day with Johan.

When I rush to Lars' defense when he has been knocked to the ground by the police I'm not aware of the importance this action will have for him or me either. Only later are both of us given the chance to understand the importance of me so tangibly coming forth and daring to stand up for him. Should my action be considered courageous? I'm not sure about whether I would define what I did as being brave or not, and never have been. I acted on something else. It was just something I had to do.

Lögstrup says that having to protect another person where it's possible, is always about creating space for the other person. *"The demand is always also a demand that we use the surrender out of which the demand has come in such a way as to free the other person from his confinement and to give his vision the widest horizon"* (Lögstrup, 1971, page 28).

Andersen describes the importance of, or rather the necessity of, being touched in order for a meeting to happen. He shows how words give meaning because words remind us of something we've already experienced. This is why words also generate different meanings and signify different things for different people. We understand what we hear based on previous lived experiences (Abrahamsson & Berglund, 2007, Andersen, 1992, 1996b, 2011, Kjellberg, 2001).

This reminds me of the day when I sat at my grandmother's kitchen table and witnessed how Bjelken was chased through the village by some villagers. How I felt in my gut that this was completely wrong. My body reacted that time, like in the situation with Lars, from a feeling that then became a thought that was expressed in the words, *"This is totally unacceptable"*.

7.3.4 What is created in the meeting between people

The story about Johan illustrates how a spontaneous feeling leads to a decisive trip, not just for Johan but for me as a therapist and person as well. At the time I wasn't a licensed psychotherapist, but our conversations were defined by Johan, me and my colleagues as therapy. Our idea was that it was valuable to have someone to talk to, someone who listened and heard about the experience of living in a family home.

This was how the therapeutic conversation started. It was focused on the importance of listening to a description of what it was like to live in a family home. But as is so often the case when people come together and talk, they find that in time these conversations take on a different form (Andersen, 1992, 1996a, 2011, Seikkula, 2008, 2011, Seikkula and Arnkil, 2006).

The meeting with Johan illustrated this, the importance of his life's history. It showed the significance of what he had previously been through in his contact with me and the family home. In the spontaneous meeting in the here and now a link is forged with the past and through it a band to the future.

The first few years of working with the Family Care Foundation were spent building up an organization and solving different things (Håkansson, 2000, 2009). There was so much that hadn't occurred to us and we faced a lot of challenges. We had to trust each other and count on each other, and in particular we had to improvise and find our way while we dealt with the practical work. Creating a place for those who sought our help was paramount and what we tried in different ways to relate to. We didn't let predetermined so-called truths steer us. Instead we were open for different ways of thinking and acting in relation to each other.

The Extended Therapy Room has developed from people's joint efforts, feelings, thoughts and deeds. There have been both moments and longer periods of deep anguish and uncertainty concerning the work with our clients and our ability to survive as an organization. We've been questioned and questioned ourselves about what we're doing. Is it really possible that so-called ordinary people can do what both psychiatry and social service "have failed at"? We've come to understand over the years how doubt and periods of self-examination are important. We've found a way to use this doubt and anxiety in practice, to listen to it and see it as an opportunity to comprehend something vital, something that creates meaning.

Still today, the idea that we could create a living organization together with others is amazing. Influenced by a strong embodied feeling we made the important decision when we started in 1987 that we would never do something we couldn't stand for. No matter what happened we wouldn't do it. We would rather shut down our operations. What brought us to this decision? The answer has to be that it felt so right, that intuitively we knew it was crucial.

7.3.5 Looking back

The story about Bjelken illustrates how as a ten-year old I witnessed an abuse but it also shows that through my grandmother's involvement in the board of social services I experienced the importance of taking personal responsibility. These early memories, also experienced as bodily sensations, had an influence on the decisions made when we started the Family Care Foundation.

Life was different then than it is now. I was very young and didn't have any responsibilities to other people. No children, no home loans, just a few bills to pay. I didn't really need a lot materially either. We didn't start the Family Care Foundation to make money. We had a dream about doing something different, something that would be useful for others and we wanted to create a place that would bring out the usefulness in people.

At the time I didn't think about the fact that I did it for myself as well. I didn't realize the significance of dedicating my life to something I believed in, something that engaged me and touched me. I didn't see it that way then but I do now. I see the value of spending your life doing something that seems important. I'm lucky to be able to do this, to have the chance together with others to form a philosophy about life, a stance to therapeutic work.

One of the family homes' most important contributions is opening their homes to another person, sharing for a time the other person's daily life. They enable, through their participation and presence, something else to happen, in the clients' lives and in their own as well. Meeting another person means something in your own life too. *"The family home members offer the client an opportunity to become involved in their lives during the time the client lives with the family. Being involved means sharing experiences. The family home members expect involvement and participation on the part of the client"* (Håkansson, 2009, page 51).

7.3.6 Eating and drinking coffee during therapeutic conversations

During the first few years of our operations, conversations took place at the family home kitchen table, during daily life with all its interruptions, pauses and unexpected events. At the time we met both the family home and the client in the family home, first in separate rooms and then together in the kitchen. We drank coffee or ate while we talked about how things were in the family home and with each person. It never occurred to me that we couldn't drink coffee while we talked. I share this experience with many others who in their work meet people in their homes. Research shows that many professional helpers and clients find it easier to meet in a home than in a professional room (Mosher, 1999, Topor, 2004).

We often meet around a cup of coffee when we have team conversations at the office as well. One of the therapists is responsible for providing coffee and a snack, especially if the people coming have had a long journey. I was sitting in the kitchen when one of my colleagues prepared coffee for a team conversation. Her care was expressed in the way she made the coffee and laid out the buns and cookies. I thought to myself this is important, it's become part of our culture. This is something that originates from our cooperation with the family homes. It's a reminder of experience-based knowledge that humans have had for ages – the significance of offering visitors something to eat and drink.

Eating and drinking during our conversations hasn't always been a clear cut matter to me. At times I've seriously questioned the time we take from the conversation to drink coffee and make a sandwich. In some cases I've felt drinking coffee has functioned as an escape from difficult subjects and that we drink coffee instead of talking to each other. I can admit that my attitude has been influenced by educational contexts I've participated in, and by psychological theories and concepts such as resistance, action, transference and counter-transference. Sometimes I feel ambivalent about whether or not we should drink coffee while we talk to each other. I can't help it. Family home members decide what happens in their kitchen and they haven't found any reason why we shouldn't have coffee while we talk to each other. Their culture has affected us at the office to the extent that we too usually offer coffee and snacks during team conversations. According to classic psychoanalytic theory this coffee drinking and eating could be interpreted as defense or evasion (Tähkä, 1982). I don't see it that way. I consider it a consequence of many years of working together with family homes and being part of their daily life which includes having coffee when you meet. In the Extended Therapy Room the client isn't interpreted through previous, putative experiences. They are met like a person who, together with others, is part of an ordinary life and therapeutic work.

Instead of explaining coffee drinking and ordinary conversation as defense or evasion I, like non-psychoanalytic traditions, prefer to see coffee drinking and chatting as something functional, something to nurture and cherish. It's something that in time creates meaning and a deeper experience.

7.3.7 The significance of context

D.W. Winnicott was a pioneer in psychoanalysis through his emphasis, in practice and research, on the significance of, not only one's own self, but context regarding both the early bonding between mother and child as well as the child's need for its father which, according to Winnicott symbolizes "being in the world" (Phillips, 1988, Tudor-Sandahl, 1990, 1992, Winnicott, 1971). In his clinical work as a pediatrician and a psychoanalyst he saw

the importance of the child's actual caretakers, and not just the fantasy figures that emerged in psychoanalysis. He emphasized how circumstances in life, current and past, leave their mark on and influence us as human beings. In close collaboration with his second wife Clare Britton, Winnicott extended the analytic perspective by also integrating the social significance of a context, not just in thought but also in deed. Winnicott is no stranger to stepping out of the therapeutic room when necessary and meeting his young clients in their contexts (Kanter, 2000, 2004).

Adam Phillips describes how Winnicott's belief in simple and personal truths with few psychological interpretations characterized the way he conducted psychoanalysis in ordinary language. *"Faced with the management of children deprived of their homes, Winnicott suggested that: 'In all work that concerns the care of human beings it is the worker with originality and a live sense of responsibility that is needed'"* (Phillips, 1988, page 65).

Tom Andersen emphasizes the significance of context and how our relationship to each other affects the language we use as well as our bodily sensations. Andersen's understanding of context stems from his own experience in the circumstances in which he worked and existed. In the northernmost Norway he realized how the forces of nature influence humans and their life conditions (Andersen, 1992, 2011). His theoretical reasoning is influenced by both systemic family therapy as well as social constructionism; the idea that we are created in the contexts and situations we are in, and that language is fundamental to the way we see each other. *"More generally, this is to say that we socially construct our worlds – together we come to describe, explain, and to know the world as this as opposed to that... From a constructionist perspective, however, the world comes to be what it is for us by virtue of our relationships. Whatever exists, simply exists. But the moment we begin to describe or explain, we are taking part in a cultural tradition- one amongst others"* (Hersted and Gergen, 2013, page 20).

When Andersen and his colleagues introduced reflecting teams they showed how context is crucial to therapeutic work. The introduction of reflecting teams was a concrete change of context which came to be important, not only for those involved in therapeutic work, but in a broader sphere as well. Several accepted therapeutic "truths" came into question, focus shifted and new knowledge was created (Andersen, 1987, 1991, 1996a).

Jaakko Seikkula and others have shown the importance of opening up the therapeutic conversation and context to create room for dialogue and participation. This entails creating a relationship with the client and his/her family and a network is immediately initiated when someone seeks help in psychiatry. Accessibility, flexibility, continuity are important principles in work based on the idea that the person seeking help has something to communicate and that it's the responsibility of the staff to make space for an open dialogue (Seikkula, Alakare, Aaltonen, Haarakangas, Keränen, Lehtinen, 2006, Seikkula and Arnkil, 2006, Seikkula, 2008).

Rolf Sundet shows how collaboration, openness and the will to communicate are essential to the treatment contexts his research is based on

(Sundet, 2010).

Anne Öfsti shows in her dissertation how one's own experiences affect both the language and interpretation of therapeutic practice and how the therapist's own experiences influence both words and actions in the therapeutic meeting (Öfsti, 2008).

In her research Anne Hedvig Vedeler describes not only how the different situations she is part of affect her therapeutic work, but also how her own life makes an impression on it (A.H. Vedeler, 2012).

Kenneth Gergens' research is based on a social constructionist perspective and it demonstrates how mental processes take place in the context between people and not "inside" ourselves (Gergen, 1994, 2007).

Research regarding connection-based theory notes the importance of context and how what happens in the here and now between the therapist and client affects therapeutic work. Stern shows how knowledge from so-called ordinary life is significant for therapeutic work and in the meeting between the therapist and client (Stern, 2004).

7.3.8 The Extended Therapy Room

My dissertation describes an experience-based knowledge that has developed from practice built on presence and participation. This practice combines ordinary life with psychotherapeutic knowledge and isn't primarily about theoretic perspectives and therapeutic techniques, but the meeting between people. The different stories illustrate how ordinary situations affect and touch the clients and everyone else involved in the work; the client's family, the family home, supervisors and therapists.

The Extended Therapy Room entails seeing more of others and myself as a psychotherapist and the human being Carina. Seeing more entails both actually seeing as well as what the body senses, and what the ear hears and creates meaning from. Right from the beginning our work has been based on practice, practical doing and being. It has also been founded on a vision of, together with others, extending the therapeutic room.

Peter Senge, founder of "The learning organization" describes how a shared vision becomes compelling, something that takes on a life of its own after awhile. He shows how a shared vision affects and leaves its mark on practice, how a vision creates a stance in the organization as well as in an individual's work. *"Few, if any, forces in human affairs are as powerful as shared visions"* (Senge, 1990, page 206).

As our work deepened and developed the Extended Therapy Room as a concept has also come to mean extending the perspective on therapeutic work in general; allowing knowledge from daily life and your own experience to influence the way in which you are a psychotherapist and conduct psychotherapy even when this takes place without a family home participating. This is illustrated in the stories Pelle and A call for help. Vis-

it to Paraguay is an example of how the vision has created new meeting places and allies, and how our experiences are used in other contexts and countries.

Experience from many years of collaboration with family homes, clients and their families has given us deeper knowledge about what is important in the therapeutic meeting, and this is relationships. Relationships depend on each person's presence and participation. In close collaboration with clients and their families the therapist is also made visible, in both his/her professional role and as a person.

7.3.9 A band of people

The Family Care Foundation and the Extended Therapy Room consist of people. It's not possible to copy people and those who are part of an organization are affected and affect each other. They discuss things back and forth, overcome temptations and get through hard times. They test each other and themselves. They get scared and get happy. They have hope, doubts and go on, together and sometimes alone. This is how substance is born, the soul of an organization.

When I listen to people during a family home seminar conversation about themselves and others I realize it would have been very hard to create a specific treatment method or technique out of this. Something vital would have been lost. It would have limited our access to meeting and improvisation, to the unpredictable and incomprehensible.

The knowledge that has developed over the years of participation and presence wouldn't exist. And my life wouldn't look like it does. This is an amazing thought, an absolute certainty about how we human beings are affected by the circumstances of life as well as the situations we are given the chance to take responsibility for and participate in (Lögstrup, 1971).

Presence and participation don't have anything to do with treatment methods or specific techniques. Tom Andersen suggested to stop talking about therapy and research as human technique all together and instead speak of it as human art, the art of sharing a connection with each other (Andersen, 2001, 2011).

Suzanne Osten describes how theater and art create an opportunity to live in someone else's world, to endure contradictions and have a dialogue with each other. *"Art has the ability to engulf a person. It develops subjectivity following strong inner forces. Creating and reflecting yourself gives you the chance to see others and allows them to speak"* (Osten, 2009, page 153).

Over the years the Extended Therapy Room has developed a strong band of people made up of clients, their families, family home members and therapists. This band contains our collective experience where each one of us acts out of our own lived experience, but also who we become in the meeting with each other.

7.3.10 Being a human being

In our daily lives we use an experience-based knowledge about being human beings which we would find very difficult to exist without. It would be very confusing to exist without this both general and deeply personal knowledge. Like tiny particles we would flutter around with only ourselves as reference points.

"Being a human being means always having to relate to the world and answering to its demands and opportunities... Practical knowledge is meant to respond to challenges- of relating to the tasks we face, relating to someone or something, participating in what happens, understanding and acting in life" (Lindseth, 2012, page 169).

People need each other and we are both completely unique and not. There are things that unite us, and yet we are alone. There are things that can't be shared with someone else, things we will never know about each other no matter how well we get to know each other. The question of what it means to be a human being has occupied philosophy and science for thousands of years.

Alf Ahlberg describes how Socrates spent his days relentlessly putting the question what it means to be a human being to himself and others in a multitude of situations. *"Socrates doesn't doubt for a moment that there is an objective truth or that it can be acquired. However, he says that the first condition is therefore that you liberate yourself from professed knowledge"* (Ahlberg, 1946, page 89).

Socrates asked questions about what it means to be a human being. He moved in different spheres and talked to a variety of people, asking questions and discussing. To his death he defended a person's right to be a human being. In working with this dissertation the matter of professed knowledge is at times very present in terms of whether or not there is something that is more true than something else, but also what it means to be a human being in the therapeutic meeting.

The question of what it means to be a human being also in a therapeutic context is important because how I see myself and the other person affects the therapeutic work. This doesn't mean there is a given answer but it's extremely important that as a therapist you ask yourself what it means to be a human being in therapeutic work, as in life itself.

"You should thank your gods, if they force you to go where you have no foot-steps to rely upon // You should thank your gods, if they make all shame yours. You must seek escape a little farther in // Something the world judges can sometimes turn out quite well. Free as a bird many were, won their own souls // Someone forced out into the wilderness sees everything with new eyes and gratefully tastes the bread and salt of life // You should thank your gods, when they break open your shell. Reality and core become your only choice", wrote Karin Boye, the poet. (Boye, 1963).

I ponder about the person I was many years ago, the person who in

the meeting with Johan understood something important about my future as a psychotherapist. I think about how what was important then is still important, namely to be present and participate, to meet the other person and in doing so, to meet myself.

Johan is no longer alive but I believe he would have liked being mentioned in this work. He would have said that both he and I are also symbols for each other, that we aren't just our own selves. He wouldn't have expressed it quite that way but that's what he would have meant.

In her thesis Barbro Sandin writes; *"In conclusion I would like to say: human beings are human beings. Human beings are borderline creatures: in other words, creative and responsible creatures... Humans are free to choose, or rather, free to renege on their humanity, renege on the insight of being human. Humans can allow themselves to be engulfed by the bureaucratic system I mentioned previously. Humans can allow themselves to become robots or "hold on to" their illusions. But if a human being does this they are no longer real according to the concept human being. In other words, there are options but human beings have no choice. A human being's option is to be a human being"* (Sandin, 1990, page 40).

Sandin talks about people as human beings but also the context of human beings as psychotherapists. The Extended Therapy Room contains a number of situations, dilemmas and opportunities. The vision and the practical work of not only extending the actual room but the concept of psychotherapy as well, are all coming from an authentic place and creating space. Not just creating space for the client and his/her band of people but for the therapists, family homes and everyone around.

7.3.11 The importance of meeting

Working as a psychotherapist in the Extended Therapy Room requires combining in thought and deed knowledge from ordinary life and psychotherapy. This could be described as a gigantic and almost impossible task if we were talking about arriving at a general method of treatment, if the idea was to find overall answers and solutions concerning human behavior and problems. This would be very hard in part because both the concept of ordinary life and psychotherapy are not easily defined and they are affected by culture, time and context, and in part because of subjective interpretations and ideas.

This hasn't been our intention. We wanted to create a place for meetings between people and enable relationships; between the client and his/her family, between the client and the family home, between the client and the therapist, between the family home and the therapist and between therapists.

During this investigation I have repeatedly come to the same conclusion: the importance of the unique meeting; between the client and the therapist, but also between the client and the family home, between the family home and the therapist, between the therapist and the client's family and

between the family home and the client's family. In other words, between everyone who, for a period of time, meets in the Extended Therapy Room.

Current psychotherapy research underlines the significance of meeting and relationships between the client and the therapist (Denhov, 2000, Lambert & Ogles, 2004, Norcross, 2000, Olsson, 2008, Wampold, 2001, 2011). However, the connection is not easily verifiable in a medical model since the therapeutic meeting is affected by so many variables. Wampold shows that the one-sided use of randomized controlled studies is inadequate since these research studies often radically deviate from reality and have a tendency to simplify the individual client, the therapist and their relationship (Wampold, 2001, 2011).

The significance of meeting and relationships emerges as the most important factor in research concerning the Soteria Project, which is built on the idea that what is most important in "the treatment" of so-called psychotic patients is making room for meetings. Lauren Mosher states that important meetings take place even in contexts without therapists or other professional helpers. Something else happens there (Read, Mosher, Bentall, 2004). Mosher means this something else has to do with a desire and ability to "be present" with the other person, to meet each person (patient) in a home-like environment with respect and a non-medical stance (Mosher, 1999).

Alain Topor shows similar results in his research; the significance of meeting and relationships, even though this takes place without a professional helper present. *"A reoccurring phenomenon is that people who recover seldom refer to a method of treatment or a special care organization as contributing to their development. And even when they mention a special method or organization, they do not focus on the method or organization but on one person or a few specific people and their personal qualities. They often remember their names even though it might have been years since they last had any contact"* (Topor, 2004, page 152).

Research based on Open Dialogue illustrates the importance of inviting the family and other vital people to participate in the therapeutic conversation. Therapists are responsible for letting everyone have a say and thus provide the opportunity to talk about, and if possible, sort out what has thwarted relationships (Seikkula, 2008, Seikkula and Arnkil, 2006).

7.3.12 Tom Andersen and Barbro Sandin

When we decided to start the Family Care Foundation I didn't know who Tom Andersen was. It took years before I got to know him, first through his books and then as a dear friend and colleague. When I met him practical experience and feelings I'd had for years took on a new meaning. He gave them a theoretical framework in a broader context, showed there was a crucial difference between a practical and a theoretical platform. Therapeutic

practice is based on situations and contexts where the person it concerns becomes involved in what is going on around him/her. Together we create the conditions for something new, something that also includes the person or persons concerned.

"Letting our ideas about the families come out in the open, as the families let their ideas come to the fore made us more equal. The hierarchical either/or tendencies declined, and we shifted into the framework of both/and" (Andersen, 1996a, page 120).

When Andersen and his colleagues launched reflecting teams, which were later defined as reflecting processes, it was like starting a revolution in traditional psychiatric contexts as well as in many individual and family therapeutic contexts. It turned accepted concepts upside down, changed the balance of power and challenged the conventions of interpretations, interventions and technical methods. The reflecting teams contributed to opening up the therapeutic room and letting many voices be heard. The meeting between humans became the focal point and many previous "truths" were revised.

Andersen describes how he ran into a number of crossroads that were crucial to where he arrived in his professional life: the use of a contextual perspective and non-pathological language, and asking himself how to extend the therapeutic conversation without any special tools or interventions and inviting the people involved into an open context instead (Abrahamsson and Berglund, 2007).

Andersen's importance also stems from his ability to create networks, to find ways for people from different places to talk to each other and share valuable experiences. Andersen meant that we ought to strive to move towards the ordinary, that which people can recognize, and use easily understood words and language. Words and language that touches us and reminds us of important experiences. He talked about the power of nature, in the mountains and the sea, and how nature interacts with human beings and helps to create meaning, for both individuals and society (Andersen, 1996b, Kjellberg, 2005).

Like Tom Andersen, Barbro Sandin is an important person in my therapeutic work and in this dissertation. Sandin and Andersen come from different theoretical traditions and use different words and concepts to describe their work, but they have many similarities. Their foremost similarity is how they illustrate the importance of relationships, human value, context and the personal responsibility that goes together with being a human being. With their stance they have clarified the importance of presence and participation in therapeutic work.

Sandin achieved, as did Andersen, a kind of revolution through her work at Sätters Hospital when she defied conventional knowledge and proved it was possible to work therapeutically with "schizophrenic patients" who had previously been considered "incurable". Her work drew attention and is now a model for many people all over the world who had previously learned that there was no point in having therapy with

“schizophrenic patients”. Sandin has an idea of an existing self, and the significance of this self. Her therapeutic work emphasizes the connection between two present selves, the therapist and the client. Therapeutic work is based on a philosophic stance that a person is a person because of their responsibility in relationship to themselves, others and existence.

Sandin’s focus in therapeutic work is relationships: between therapists and clients, as well as clients’ relationships to themselves, their history and their surroundings. Sandin shows that therapeutic work means a history that creates meaning and an ongoing now. Her understanding of psychotic conditions is based on knowledge about children’s natural development and how deficiencies in it can appear as withdrawal and lack of relationships. In her work Sandin shows the necessity of creating a connection between the therapist and the client, a recreation of the early loss of actual relationships and the sense of one’s own self. She shows the importance of being present, having the patience to wait, and listening to what is said and what you feel in your body. And when it’s time, to help create a language and let the words be significant for meaning creation (Sandin, 1986, 1990).

The importance of context becomes clear when Sandin describes the necessity of relationships for a self to grow: the relationship between the little baby and its mother as well as between the therapist and client. However, she doesn’t emphasize context in relation to the therapist and his/her colleagues and organization. Viggo Rossvaer noticed this and says, *“the doctoral candidate could not have performed “miracles” on her own. All understanding requires context. The fact that the treatment environment is not included at all in the thesis blurs it”* (Sandin, 1990, page 98). He adds that Sandin’s therapeutic result *“would have been impossible without the hundred percent loyal support she had from those around her in crises and setbacks in treatment.”*

The reasoning behind the opponent’s conclusions isn’t given in the text. I’m critical of Rossvaer’s analysis for certain reasons, but at the same time show in my dissertation the importance of being surrounded by others, even for me as a psychotherapist. Neither Andersen nor Sandin describe the importance of context for themselves as therapists, and I find this lacking in their work. I miss a clearer description of how their own therapeutic work was affected by contexts and vice versa. Their own significant authentic experiences can be glimpsed in the texts they’ve written but how much importance they attribute to it in general is unclear. In other words, what I find lacking in the work of both Sandin and Andersen is how they view therapist’s significance in the meeting with another human being. You can read it between the lines and when you met them personally there was never any doubt that they as human beings were important and made their mark on a meeting. But neither of them was clear about their stance in this matter. Although I’ve missed this perhaps I never would have begun my investigation if I hadn’t. It generated a desire to further examine this phenomenon.

Around the same time Sandin wrote her book (1986), which is also

the basis of her thesis (Sandin, 1990), one of her clients, Elgard Jonsson, wrote an autobiographical book *"Tokfursten"*.

Jonsson describes therapeutic work together with Sandin, and the critical moment when he decided to move into the home of the therapist and her family. *"The car rolled through the landscape. The people in the lights frightened and attracted the Mad Prince. God Mother thought I needed to get away from The Madhouse awhile. How could she open her doors to someone like me? Would they be disgusted by a fat and sweaty madman? Notice the smell? Was there something new there? How do you talk to people? How do you behave? Those five miles were long in this stunted world. God had really helped me make myself small. A little child crouched before the world. Waited out its time in the fog? I arrived! Then I stepped into the house. Half blind, the dwarf child greeted the giant children. They didn't weigh gold for gold. They sat on tall chairs and felt no shame. Stare-eyes stared in terror at the giant children, peeked jealously at their worth. They must have been given a lot of milk and honey"* (Jonsson, 1986, page 190).

Neither Sandin nor Jonsson describe the period Jonsson lived with the Sandin family in terms of either family care or an extended therapy room, but there are obvious similarities between the experiences they shared the year Jonsson lived with the Sandin family and those described in this dissertation. The importance of presence and participation, to sharing ordinary life and taking personal responsibility. Jonsson came forth when he rang the doorbell at the Sandin home and asked to come in, and the family said yes when they opened the door for him and let him become a part of their lives. They began something they couldn't predict the outcome of but had a desire to try.

7.3.13 Participating and including yourself in the meeting

The importance of *presence* and *participation* has proven to be the most important factors in being a psychotherapist in the Extended Therapy Room. Coming from an authentic place is vital in meetings with other people. Story after story illustrates how people participate in different ways and includes oneself and each other, both in delimited therapeutic rooms as well as in what I call ordinary life.

Wittgenstein believes the most important factors in life are those right before our very eyes (Wittgenstein, 2007). This is a meaningful description of the contribution of the family home to our joint work. They include themselves in the meeting with the person temporarily living in their home as well as with the therapist and supervisor. This meeting isn't grounded in a specific manual or method and it isn't based either on a linguistic systemic theory or a psychodynamic theory. And yet it happens.

Glenda Fredman describes the importance of including yourself and your own experiences when meeting people dealing with life and death. *"Instead of perceiving personal beliefs as obstacles to be subdued or eradicated*

when working with clients, I am suggesting that helpers might use their own beliefs about death and dying derived from their families, their experiences, their relationships, their religion, and their culture as a resource to facilitate their conversations with the dying and bereaved” (Fredman, 1997, page 79).

Lögstrup demonstrates how essential the spontaneous meeting is, i.e. meeting another person because of a desire to meet her, without intent or gain. This means for a moment holding another person’s life in your hands while the person allows this to happen in trust, without really reflecting or considering and without either person knowing the outcome of the meeting. Life itself is about the fact that we human beings are connected to each other, according to Lögstrup. It’s one of the conditions of existence (Lögstrup, 1971).

7.3.14 Being surrounded by others

In the first story in this dissertation I’m surrounded by several other people on a veranda; the boy who is there visiting, the family home which is represented by the mother, father and adult son, my colleague and a bunch of dogs that happen to play a central role in that moment. They help create an atmosphere. They also help me to pay attention to the boy and his experience of being on a veranda with unfamiliar people. I can’t be sure but I assume it’s easier for him to focus on the dogs a little while. My task as the boy’s therapist becomes obvious when I note that I think about how the boy reacts to one of the dogs wanting to sit in my lap while a conversation slowly takes shape even though there are a lot of other people sitting on the veranda.

In the story about Miela we are three people involved in the actual situation but we are on our way to visit a family home. The family home is the reason we are in the car and we know we are expected. I assume anyway that Miela also knows we are going to visit a family home. I can’t know for sure since up to the named situation we haven’t had a shared conversation with each other. When I told her we were going to visit a family home I didn’t get any verbal response, but Miela arrived at the time and date I had suggested for the visit and therefore I assume she had heard what I said. I suppose she has hopes for the visit to the family home since it’s the only thing I feel sure about - her strong desire to live in a family home. At the time of the car trip I didn’t know much about Miela’s own family but I had formed some ideas based on what Miela had talked about during her visits to me. So to a certain extent her family was also with us during our trip in the form of assumptions, hypotheses, ideas and feelings. I had a number of emotional ideas about the family Miela grew up in.

There is no specific family home in the beginning of the story about Lars but there is one in general. They haven’t met Lars yet but they are present in our very first conversation since we’re meeting because Lars wants

to live in a family home. We aren't meeting primarily to initiate individual therapeutic work. This has bearing and affects the relationship between Lars and me, but also my view of myself and my part of the coming work.

At the time I was a completely new graduate social worker who hadn't even begun to think about learning to be therapist. The knowledge that I'm surrounded by others, more experienced colleagues as well as a waiting family home was very important to me and my desire to emerge from an authentic position in relation to Lars.

In one of the last stories in the dissertation A call for help the situation is different. In this story I am myself a very experienced psychotherapist and there isn't any family home waiting or colleagues actively cooperating with me. Nonetheless, both the young man and I are surrounded by others; colleagues at the office, my supervisor Barbro and the young man's parents who participate in some of our conversations.

When Jenny and her parents meet a colleague and I we're aware that our future work together will include a family home. We don't know yet which family home but we know there is a family home waiting to come forth in relation to Jenny and her parents and to my colleague and me. The regular supervision, the scheduled therapy conversations and team conversations are all contexts that remind us of how we are surrounded by each other, that each one of is a participant.

Three years later Jenny graduates and the family home is in the schoolyard together with Jenny's family, some friends and me. The strong feeling I have inside of me stems from knowing that not only have Jenny and her parents been surrounded by others during our work together but I too as Jenny's therapist. Without the others' participation my work wouldn't have been possible. The family home has been there, my colleague who has supervised the family home and Jenny's parents who have been present in both the family home and during therapeutic conversations at the office.

The importance of being surrounded by others was evident when I was asked to participate in a team conversation. Each person in the team describes being surrounded by others as something utterly fundamental. The father says it's really important that he knows his son likes to meet his therapist in the individual conversations. The family home parents describe how important contact with Peter's parents is for them. My colleagues; the supervisor and the therapist describe in different ways the importance of working together.

In the story about Pelle as in the story A call for help there isn't any family home involved in our work. Pelle and his mother meet me and a colleague for a few years. The story starts with Pelle asking me if I can be his therapist, if I can be a person he can tell his dreams to. He asks me for an answer standing on the threshold to my room, and I say yes to his request.

At the time I don't know what saying "yes" means. In the coming conversations Pelle makes it clear what's important to him. Among other things he says I can't write down what we talk about and I can't say I understand when I don't. After some consideration I promise him these things.

Later on in the conversation I tell him that sometimes we will talk together with his mother and my colleague who has conversations with her. Pelle says he won't agree to that. But this is non-negotiable for me. From experience I know that it's crucial that we aren't completely alone. We need to talk to his mother and her therapist too and allow ourselves to be surrounded by others. After some hesitation Pelle accepts this. Perhaps he realizes that I'm not going to budge in this matter. I know the importance of inviting parents to join in on conversations about their children and youths.

7.3.15 Things that can't be easily explained

The story about Bjelken takes place when I was a child and witnessed a man being chased through the village. My beloved grandmother and I sit in the kitchen and try to understand what's going on. Now many years later I remember her saying that people do so many things we can't understand. That sentence has remained with me and during the course of this investigation my grandmother's words come back to me again and again. There are a lot of things that are hard to explain and understand, but you need to find a way to be a part of what's going on, to be here and now.

This is a central theme in therapeutic practice as well as in this research; relating to something that is at first incomprehensible. On the one hand accepting this, in the sense that there are things that aren't easily explained nor fit into an explanation model. On the other hand, together with the other/others, trying to understand and create meaning so that something else can happen.

The story about Bjelken is included because it demanded to be told. There was something in what I witnessed as a child that became a driving force in my work. Something about the necessity of saying yes to a meeting with another person and enabling people to meet each other. This was an early experience of the importance of participating and belonging. Being included in a context with other people.

7.3.16 A crucial experience

A seed is sown in my grandmother's kitchen, a seed that will grow into my working identity. When I watch her get ready for her meeting with the Social Welfare Board, I'm struck by the thought, or perhaps more the feeling, that I'm participating in something important. My grandmother is doing something important, something that has to do with people meeting and creating better conditions in the world.

My grandmother is part of this dissertation, in my thoughts and in

the story about Bjelken. She also symbolizes one of the many women who grew up during a time of rapid change. Olof Palme, who was a role model for my grandmother, described the necessity of solidarity and its consequences for society and individuals (Palme, 2006). My grandmother was one of the many children who, growing up in the beginning of the twentieth century, personally experienced how there wasn't always enough food to feed her and her large family cramped together in tiny crofter's cabin. In her life she knew what it was like to want for necessities but she also knew that change was possible.

In the book "*Hjärtblad*" a young woman's life's journey and a society in change is described through Hulda. *"Life is an unruly tapestry and if only heroes existed all the colors would fade. And if there weren't any stories Hulda would have been the poorest of all. Is time really a line? Isn't it more like an onion that grows bigger and bigger, and which she has had the incredible luck to end up on top of? However, without the layers underneath she might easily be carried off by the wind. To be a part of a growing incomprehensible whole is mindboggling. Life didn't start when she was born and won't end when she dies. And at some point she will be one of all those that went before"* (Trosell, 2010, page 461).

There is a big difference between my grandmother's childhood and mine and yet she is one of the people who has influenced and formed me the most. How is that possible? What did she teach me? And how was this knowledge communicated? When my grandmother and I *together* witnessed how Bjelken was oppressed something happened in me. This intense experience became a driving force in my future career. I didn't know it at the time, but I do now. This has become clear to me as I've over the years listened to other's experiences, read books, travelled, watched films, gone to the theater and studied. In other words, by participating and being present in life together with other people.

7.3.17 Allowing lived experiences to extend the therapeutic work

The story A family home seminar illustrates the importance of being surrounded by many people and the force generated when everyone shares an idea and vision. There are physically a lot of people in the room, and in addition we are surrounded by many others who have been physically present in our shared work. As the blackboard is filled with the names of those who have previously lived in our family homes something happens to all of us in the room. We are touched by the memory of all these people and what we have gone through together. We are reminded of events and moments from all our years of work and effort together. We can clearly see how dependent we are on each other's participation.

The story Visit to Paraguay is about being surrounded by colleagues in other parts of the world living in different conditions but who share a common vision and lived experiences with my colleagues and me. It's

about the power of utilizing ordinary people's knowledge and engagement in therapeutic work.

The story explains how Leticia and I met when, together with other Nordic and South American therapists, we were invited to attend a meeting arranged by Tom Andersen in Tromsø. Andersens' lived experience and belief about the importance of being surrounded by others in therapeutic work built the foundation for a collaboration and exchange that has meant a great deal to both our organizations. Ideas were realized and they created something new, a collaboration between my organization and Leticia's. Tom is no longer alive but his achievements and visions live on in our work and shared endeavors.

I'm surrounded by people – in the work with this dissertation, in therapeutic work and in my daily life. People I have a relation to and people I've never met personally but who have influenced me through their books, paintings, films, thoughts and experiences in life. I'm affected, inspired and encouraged to continue during periods when work and life seem far too hard and far too much. This is extremely important, especially when the feeling that things are impossible consumes me, the feeling that this is more than I can handle. Remembering in these moments how people throughout time have struggled with questions about what it means to be a human being helps and motivates me to continue.

Lasse Berg depicts how modern brain researchers all over the world have concluded that human beings have been seeking a context ever since the beginning of time. The desire for togetherness and belonging has been and remains fundamental for human beings no matter where on earth we are. *"No doubt our ability to empathize has during the course of evolution developed out of our own pain, discomfort and happiness. Another reaction pattern which is perhaps the most characteristic in human beings probably has the same origin. It is our purely existential fear of not belonging to a group, of not counting, of not being respected, of falling outside of a context. This can be seen in MRIs of brain functions"* (Berg, 2005, page 333-334).

The work in the Extended Therapy Room deals with many things and many ways of relating and thinking about yourself and your context. It requires being willing to expose yourself to this complexity. Being yourself with your own lived experiences and being open to what comes up in meetings with others.

Mary Midgley believes that we as researchers and practitioners can choose our perspective on human existence. Midgley points out the importance of including many different perspectives and realizing that while we include ourselves in both research and practice we also have in mind what others have experienced and found vital. *"The conceptual framework is indeed its skeleton, but skeletons do not go about nude. Concepts are embodied in myths and fantasies, in images, ideologies and half-beliefs, in hopes and fears, in shame, pride and vanity. Like the great philosophers in the past who helped to shape our traditions, we need to start by taking notice of these"* (Midgley, 2003).

There are a great many practitioners and researchers to refer to con-

cerning the importance of your own experience and many more authors who, through fiction, attempt to capture the experience of being a human being among other human beings in what we call life; in the incredibly difficult and almost unbearable as well as the beautiful and life-affirming. Because of its diversity and complexity the subject requires an investigation of its own and here I only have room to conclude that there is no single all-enveloping answer, rather there are many.

7.3.18 The importance of your own experience

This dissertation isn't primarily based on clients' or family homes' experiences. It isn't someone else's experiences or thoughts that are retold in detail but my own lived experience of being a psychotherapist in the Extended Therapy Room. I wasn't completely sure about the reason for this when I first began my research. At the time I was generally driven by an insistent feeling of that I wanted to do it this way. It seemed to me that the focus shouldn't be first and foremost on the clients but rather on myself as a psychotherapist, and as the human being Carina. As the research has progressed I can clearly see the importance of including my own experience in a scientific context. Coming from an authentic place as a psychotherapist is essential to research and therapeutic work as well as realizing from your own experience both how difficult it can be to put your sensations and personal experience into words, and how deeply personal experience can't always be conceptualized or boxed into specific formulations. It's also important to show how psychotherapists and their work is affected by their own lived experiences and that their perspective on life and what it means to be a human being influences their practical work and is significant in meetings with other people (Andersen, 1987, 1992, 1996b, Fredman, 1997, Håkansson, 2009, Mosher, 1991, Olsson, 2008, Sandin, 1986, Seikkula, 2011, Stern, 2004, Tudor-Sandahl, 1990, Vedeler, 2012, Wampold, 2001, 2011, Winnicott, 1971, 1990, Öfsti, 2008).

Through years of close collaboration with family homes I have experienced the importance of utilizing own lived experience in meetings with other people. This is what happens every time a client meets a family home. The family home hasn't learnt through therapeutic education *not* to be private or personal. They haven't learnt to be neutral or objective. They bring themselves to meetings. It isn't always easy. Sometimes it can be pretty difficult and I don't mean to say that it's simple or uncomplicated because it isn't.

In many ways the meeting between clients and family homes could be described as a meeting among other meetings in life. But that would be simplifying them considerably. There is a reason why they meet each other and that is that one of them needs to live in the other's home for awhile. In other words they don't meet on an equal basis and this factor becomes

apparent now and then in their shared daily lives. You might define their meeting in the light of this imbalance of power or you could just say that they have different conditions in life, now and in the past.

This is why it's vital that the family home and the client and his/her family aren't left totally alone with each other. This is why they are surrounded by two therapists; one defined as the client's therapist and the other as the family home's supervisor. One or both of the therapists also keep close contact with the client's family. The joint task of the therapists is to make room for conversations and meetings, and participate in creating meaning.

To include yourself in meaning creation entails taking responsibility, both for family homes and therapists who must critically observe themselves and what surfaces in the meeting with others. It's a matter of repeatedly asking yourself "What am I doing now?" but also listening to the feelings and sensations created in the meeting with others. Including yourself requires self-knowledge and developing an ability to listen, to others and yourself.

While working on this investigation I was surrounded by people in different contexts who have in different ways reacted to my findings. By different ways I mean both verbal formulations and more emotional expressions in the form of sighs and moans, tears and shouts of happiness! This has been crucial. I've been influenced by the response I've received as well as inspired and encouraged to continue during periods when the work has felt far too difficult and massive. This is similar to processes I've been through over the years and it's been a part of my work as a therapist; how important and necessary others are in order for me to be present and do my work, to be useful and support clients.

It's essential that the therapist in presence and participation is critical to what is going on; to thoughts, feelings, events and sensations. Being critical requires being aware of the limitations of life and therapeutic work. There is so much we can't know about ourselves and others. It takes time to get close to yourself and others. It requires trusting yourself and others as well as being aware that life, with all its conditions and demands, cannot be ignored.

7.3.19 Vulnerability – your own and others'

Early on in my career I realized that, for me, psychotherapy had to do with relationships and meetings. I experienced the crucial importance of relationships in the professional meeting early on in life; both the force of a relationship and the devastation of a distancing, objectifying treatment. For many years my father was at times a psychiatric patient and he was "treated" through theories and methods. This period was characterized by vulnerability and exclusion, for both him and his family. Life changed for all of us when he eventually met a psychologist that took my father and his

family seriously. The psychologist not only spoke about the importance of relationships, he showed it by his deeds.

In connection with my divorce ten years ago (Enclosure 2). I was intensely reminded of what it's like to be vulnerable. I reacted in a way I wouldn't have thought possible and for awhile I lost my footing. If I hadn't had important people around me I don't know how it would have turned out. People who accepted the way things were. People who listened and never stopped believing things would be alright again, that I would straighten my life out. In that situation it became crystal clear how dependent I was on someone else maintaining the hope that everything would be alright again. These important people also reminded me of my ability, of who I was and what I could do before I became so terrified.

This was a lesson to nurture and keep alive in my work as a psychotherapist. It's important to have been one of those who lost contact for awhile, who was temporarily lost. It's important to have experienced in my own life the necessity of someone else maintaining hope, participating and being present, to have experienced someone holding my life in her hand (Lögstrup, 1971).

The growing movement Hearing Voices consists of people who have experienced vulnerability, either from having been defined as a client or as a client family member (Dillon and Longden, 2011, Dillon, Johnstone and Longden, 2012, Dillon and Longden, 2013).

Joanne Greenberg is a pioneer who, in her autobiography, describes the painful process of being a subject, a human being in the world. The reader follows her path from being defined as an incurable schizophrenic to a life as a human being among other human beings (Greenberg, 1992).

Elgard Jonsson describes how the meeting between the psychotherapist Sandin and her family became an opportunity for him to escape from being a defined "chronic patient" (Jonsson, 1986).

Suzanne Osten describes her childhood together with a mother who during long periods of time couldn't take care of herself or her children. She describes the vulnerability of being invisible, not only in relation to her mother but also in relation to the protection society ought to provide (Osten, 1998).

7.4 Taking personal responsibility

During a bus trip from Oslo I listened to a conversation that led to the start of this investigation. When I heard how two other passengers talked about people with the kinds of difficulties I've met for years in my work I realized that I needed to contribute with my experiences.

Hanna Arendt believes that everybody has a responsibility to think for themselves and take responsibility for the decisions they make (Arendt,

1998, 2006). As a therapist and human being, I find myself in a number of situations and moments, in work and in life, where I must take responsibility and stand up for what I know to be important. This is knowledge I've acquired from my own and other's lived experience, sometimes in connection with a feeling that "this is totally unacceptable." This is illustrated in some of the stories, for example when I as a completely new social worker see how Lars is knocked to the ground by police. I rush to his defense and a few days later that leads to his announcement that he's ready to go to the waiting family home and start a drug free life. Lögstrup's expression "to deliver something of your life in someone else's hands" works well to understand why this happened. If Lars hadn't felt I was on his side he wouldn't have said yes to what was waiting.

This is also a fitting description of David's meeting with the family home where he came to live for awhile. Both the family home and David take responsibility for the chance to make a change, for something new to happen, even though as the family mother points out, they can't know how it will turn out. Nonetheless she is willing to try and David is willing to open the door to the as yet unknown.

The story about a team conversation illustrates how everyone in the room takes responsibility in different ways for something new to happen, for a change to come about. It's apparent how each individual has had to expose themselves to the unknown and trust one another.

When I and a colleague visit a family home with a young boy a similar event takes place. None of us can know what the future will bring but we are all determined to make a go of it. Each one of us decides to endure even when it's hard and even when we don't really understand what's going on. This decision is coupled to a personal responsibility, just as we make a joint decision to take on a responsibility for what lies ahead.

When Jenny, who has lived five years in a special institution, moves home to one of our family homes they can't possibly know how things will turn out but they say yes anyway. They are willing to try, together with the rest of us. Jenny and her parents are also willing to try, to take their share of our joint responsibility.

Similarly I as a psychotherapist take personal responsibility when I say yes to working with Jenny who has previously been described as "impossible and incapable of communicating". What I mean when I say I take personal responsibility is that I know this situation is going to make demands on me and I'm going to need to endure some hard times and be part of a context I won't always understand or be able to explain.

This is what happens in a car with Miela and a colleague on our way to visit a family home as well. At the moment there is no apparent reason for us to continue the journey but we decide to do it anyway, thereby taking personal responsibility for the current situation and what we are about to attempt.

When a young man calls because he wants help to stop taking pharmaceuticals my supervisor encourages me to, in her words, "hold the ther-

apy over the phone". She is willing to support me in this and says that it will all work out.

As several of my stories demonstrate it's no simple thing to step forth and take personal responsibility. On the contrary, it's often associated with moments of discomfort and intense doubt. It entails exposing yourself and another person to a situation no one can predict the outcome of. And yet this happens, time and time again.

This is possible because of the surrounding structure and the knowledge that you aren't alone, that there are other people around bringing their lived experience, for me as a therapist, the client and his/her family. The family home is also surrounded by others – their supervisor and the client's therapist. This creates room and an opportunity to take personal responsibility, in the actual situation as well as in the relationship.

7.4.1 What is most important doesn't primarily concern theories or schools of psychology

I began my career as a psychotherapist in the psychodynamic tradition. It wasn't a well thought out decision but rather a consequence of the fact that at that point in time I didn't know very much about anything else. In other words, coincidence and chance played a big part as well as a lack of knowledge about what was available outside the psychoanalytic tradition. As a student at the School of Social Work I read Joanne Greenberg's book *I Never Promised You a Rose Garden* (Greenberg, 1992) and was deeply touched by it. I remember how it sparked a hope in me that you can change what seems to be completely impossible. And above all that the therapist never lost faith in the young client. She stood by her side and together they tried to create meaning of the here and now as well as the past.

The psychotherapist in the book became a role model. I remember thinking and feeling that this was what I wanted to be like. At the time I didn't know the therapist portrayed in the book was Frida Fromm Reichmann (1960). Many years later when I met Barbro Sandin she told me this, and that knowledge had special meaning for me since Fromm Reichmann and Winnicott were Sandin's role models in therapeutic work.

Sandin often referred to Winnicott during our supervision sessions. I had read about both Winnicott and object relation theory in my basic therapy education but it was in the meeting with Sandin and a few years later Patricia Tudor-Sandahl that Winnicott emerged as a human being and psychotherapist. It was through Sandin and Tudor-Sandahl's living descriptions of Winnicott and his work that he became real, and something to relate to. It was the stories about his patients, children and youths, that made an impression, remained with me and have helped me in my work.

"According to the British object relation theory a child's real relationships to important adults are the foundation of its character", writes Tudor-Sandahl

(Tudor-Sandahl, 1990, page 98). It's this knowledge about the early relationship's importance between the mother and child that has come to put the focus in object relation theory on the relationship between client and therapist. Both the client and therapist affect and are affected by the meeting they are part of (Tudor-Sandahl, 1983, 1989, 1990).

Despite the odd term object relation theory, Winnicott relates to his patients as subjects, not objects. He emphasized the relationship and meeting between two people, or between many people, and used concepts connected to art and creativeness, and he was very sceptical to therapeutic interpretations. It wasn't the therapist's task to tell clients what "they were missing". Therapists ought instead to try, when possible, to help clients understand something about their lives themselves. This mindset is very similar to what Andersen came to call reflecting teams and processes, and what Seikkula with others call the Open Dialogue.

There are different approaches in object relation theory, and the approach Winnicott and later Sandin and Tudor-Sandahl took grew out of a reaction to classic psychoanalysis and its objectifying of both the therapist and the client. Adam Phillips describes how Winnicott, during the final decenniums of his career, increasingly disassociated himself from Melanie Klein and her followers and their description of babies as if they were isolated from context and relationships, and how "*they had thereby overburdened the infant with innate characteristics*" (Phillips, 1988, page 100).

As previously mentioned in this dissertation the meeting with Tom Andersen meant a great deal to me as a human being and for my work in the Extended Therapy Room. His words and concepts were different from those I'd learnt in my psychotherapy education. The meeting's significance was central but social and political stances and considerations were important too. Andersen questioned the diagnostic language and pointed out the importance of not saying we understand things we don't. He showed how research and practice is decided by the preconceived notions we have, conscious and unconscious. Our ideas about other people influence both the words we use and the actual meetings taking place with them (Andersen, 1991, 1992, 1996a, 1996b).

Andersen and Seikkula found common ground in their similar experiences and visions about what is important in the therapeutic meeting. Through years of working at the Kerapoudas hospital where Seikkula began as a psychologist the staff, together with the clients and their families, have demonstrated how within the psychiatric system using the Open Dialogue they have radically reduced committing, "cronifying" and drugging patients (Seikkula and Olsen, 2003).

The clinics and researchers I refer to show the importance of relationships and that people aren't separate islands. They are dependent on other people and their own context. The above mentioned clinics and researchers have all extended their work and perception to create room for meetings; everything from the first meeting between the baby and its mother to large network meetings that include many people's voices and experiences.

7.4.2 The consequences of not being met

One of the stories in this investigation is about Bjelken and about the consequences of not being met and included but instead being considered odd and kept outside of both context and community. There was no therapeutic treatment for Bjelken in the 60s in southern Sweden. Nor was he included in ordinary life in the village where he and I lived. His life was characterized by exclusion, vulnerability and stays at the mental hospital where he was repeatedly committed.

If the story about Bjelken had been an anecdote from the past, something that no longer happened in 2010, this dissertation wouldn't have been written. There wouldn't have been any reason to spend the time and energy it's taken to investigate and attempt to understand what is most important in the Extended Therapy Room. I probably would have done something else. But unfortunately what happened to Bjelken is still going on today, albeit in new forms.

7.4.3 The importance of acting

Lögstrup has formulated the importance of ethical demands and how they form us as human beings and our connection to each other. How we relate to the conditions of life (Lögstrup, 1971).

In later years Tom Andersen was absorbed by verbs and he suggested that therapeutic work should be based less on adjectives and more on verbs. The spotlight should be on what we do, because our acts are significant, in both an individual perspective as well as in a social and political context (Abrahamsson & Berglund, 2007).

The importance of acting has become apparent in this dissertation. Story after story illuminates how the way we treat each other has consequences. In my work I often meet people who describe experiences much like those of Bjelken; exclusion, alienation, loneliness and depreciation. The same people usually describe a completely opposite experience of participating in work in the Extended Therapy Room.

Why? What do they define as the difference and what takes place that is important in the Extended Therapy Room? I've asked myself these questions many times while writing two books (Håkansson, 2000, 2009) and a number of articles (Håkansson, 2001, 2006, 2008) as well as in my role as psychotherapist and director of our organization. I've spent thousands of hours talking to clients, their families, family homes and colleagues at the office about their experiences, thoughts and feelings regarding being part of our joint work. The answer I keep getting is the importance of being surrounded by others, being listened to and that "someone is there".

This can't be verified in this dissertation since it isn't based on ques-

tions related to clients, their families, family homes and colleagues. But that doesn't change the fact that this is important since it was these questions and experiences that motivated me to begin this research project. And this experience is confirmed in research done by others (Andersen, 1987, 1992, 1996, Anderson, 1997, Fredman, 1997, Mosher, 1999, Osten, 2009, Sandin, 1990, Seikkula, 1996, 2011, Seikkula and Arnkil, 2006, Shotter, 2006, Stern, 2004, Topor, 2004, Vedeler, 2012, Wampold, 2001, 2011, Winnicott, 1971).

7.4.4 A stance shown in deeds

As a young social worker at Smålandsgårdar in the story about Lars I was very happy to find a place to be useful and to find a place where there was a real commitment and a belief in everybody's responsibility.

Lars could correspondingly describe what he became a part of; how some people got involved in his life and invited him into theirs and how, in order for this to happen, he had to do certain things. First of all, he had to demonstrate he wanted to be sober. He also had to expose himself to being in the world together with the people he had around him; the family home members and his social worker.

The first process between him and I could be portrayed in terms of participation and a growing presence where we also took advantage of our experiences. The same process took place between him and the family home and between the family home and I as well as between my colleagues and the rest of us. Our *being in the world* together created a context of people who influenced, touched and were involved with each other. We were all dependent on each other and each other's presence and participation.

Our stance in life shows itself in our deeds, in what we actually do, or don't do. Taking personal responsibility is revealing who you are by your actions, coming forth for yourself and others to see (Arendt, 1998).

Immanuel Kant formulated *The Categorical Imperative* as the highest principle of moral. His basic formulation reads, "*Act only according to that maxim whereby you can, at the same time, will that it should become a universal law*" (Kant, 1997). "*Do unto others as you would have them do unto you*" is a central theme in the major religions and many philosophies of life.

"*A philosophy of life is a perception of values, which ought to be definitive for our lives*", summarizes Alf Ahlberg (Ahlberg, 1992, page 23). Ahlberg was Sandin's mentor and Sandin has described how essential this was for her. The meeting with Ahlberg helped her see her true task in the therapeutic work. Sandin understood that she *had to do something else* than what was currently being done in mental hospitals.

The first time I visited my colleagues in Paraguay in 2008 I wrote in my diary: *I'm going to talk about Perla and her children, about having two beds for nine people. I'm going to talk about the poverty, and the degradation and impotence that come from poverty and repression. But I'm also going to talk about*

the pride and happiness, about the hope that comes from trying to change things together, and how we first and foremost are human beings. The class perspective is glaring here. There are people who have a huge amount of money and power and those who have neither. There are those who serve and those who are served. It seems so easy to accept a system where one person waits on the other, to be the one who sits in the sun while the other person works. The difference between the classes is obvious in daily life. That doesn't mean it's simple because it isn't, far from it. But for me it reveals and clarifies the difference between theory and practice, between talking about something I'm not involved in and being smack dab in it. It makes a difference to experience something yourself and feel the feeling. What does it do to me? How am I affected in this context? Someone told me that Tom found it hard to let someone carry his bag. That honors him. I think people should find that hard to live with. At least if it's always one person carrying the other person's bag. I want to live in a world where we all carry each other's bags and spare each other's backs. Jesus said, "Carry each other's burdens." Normally I don't refer to Jesus or Christianity but in this they have a point. There is a basal thought here, perhaps even a theory in my work at home. We help each other and we carry each other. And through this we also see and discover new things, in ourselves and in others. I can see this even clearer now that I'm several hundred miles away.

The previous experience of Bjelken's vulnerability left its mark on me, but so did my grandmother's strength and pride. I remember the scenes I witnessed from my grandmother's kitchen window when Bjelken was chased by the villagers, but I also remember what it was like to sit in the parlor and watch my grandmother get ready for a meeting with the Social Welfare Board.

At the time these memories weren't verbalized, they weren't even really conscious. They were a feeling inside of me. During this research it's become clear that the feeling I had as a child led me to where I am today, along with an attempt to understand something about what I experienced in the village I grew up in. Not only comprehend but to try to "do something" about it. It is important to act on your feelings, in therapeutic work as well.

"With each new person something new is born in the world, something new and unique that wasn't there before. It's our mission to develop and realize in deeds the special and unique in us" (Buber, 1993, page 23).

7.4.5 To dare

To come forth means to dare, and to say yes; to others, to a meeting, to complexity, to a dilemma, to a contradictory situation, to uncertainty, to worry, to the still unknown, to life and all its facets.

In my first book I wrote about how the Family Care Foundation came to exist. *"My former colleague and I had been talking about starting up our own organization. I remember looking at her that day in the coffee shop and exclaiming, 'Let's do it!'"* (Håkansson, 2000, page 13).

Little did I know the importance this decision would have on my life, and I'm still not quite certain if this decision should be defined as brave or not but there is no doubt whatsoever that we had no way of knowing how what we started would turn out. In that sense it was a matter of daring to tread into the unknown. Several of the stories in this dissertation also demonstrate the importance of daring to tread into the unknown; for clients, their families and for me as a psychotherapist.

In her autobiography Jeanette Winterson writes, *"As I try and understand how life works - and why some people cope better than others with adversity - I come back to something that has to do with saying yes to life, which is love of life, however inadequate, and love for the self, however found. Not in the me - first way that is the opposite of life and love, but with a salmon-like determination to swim upstream, however choppy upstream is, because this is your stream..."* (Winterson, 2012, page 24).

The people I refer to in this dissertation have shown courage. All of them have in different ways dared to do something different. They have shown in both words and deeds that it's possible to do something else, that it's no longer possible *not* to do something else. New knowledge requires courage, a will to take personal responsibility not only for yourself but for others. It's a matter of saying yes to life.

The stories in this dissertation show how people have dared to tread into the unknown. Moving in with people they don't know demands courage. It requires a will to expose yourself to the as yet unknown, to ignore your insecurity and fear and make a stab at it.

The family home members also expose themselves to the unknown, to revealing themselves, not only to the person living in their home for awhile but to the therapist and supervisor as well. They open their homes and lives to an almost unknown person. I write almost because during the preparation period of five weeks they have met each other and spoken for a few hours. Our clients lead difficult lives, otherwise they wouldn't have come to us in the first place. Despite this the family home members invite them to become part of their lives for a shorter or longer period.

The clients, their families and the family homes have influenced me as a therapist. They have made me dare more and helped me see the power of including myself in the meeting. You can't meet people and share a home

with them without exposing yourself, being vulnerable and sharing your life with them.

My contribution as a psychotherapist to both clients and family homes is to create a place where meetings can happen and to reveal myself beyond the psychotherapist Carina. This entails sharing my own experiences, important situations and meetings with the others when it serves a purpose. I can't sit all day in a car with Johan and not talk about things that mean something to me and my family. Or sit on a veranda with a young boy, a family home, a colleague and seven dogs without contributing something of myself and something that is part of my life.

When I talk about problems in my own life in a therapeutic conversation I do it to communicate the hope that life isn't static. It can change, people can change and life goes on. It's vital that you aren't completely on your own, that you have someone to turn with the hard things. I might talk about events or moments from my life if I think it will facilitate a conversation. Many of my clients have been through the examination process several times. They have filled out forms and answered a number of questions, often very personal and intimate. For obvious reasons many of them aren't willing to "reveal themselves", to talk about things that matter to them and their lives. By including my own experiences in the conversation I want to show that a dialogic conversation is different. It's a meeting between people who want to do something together (Seikkula and Arnkil, 2006).

It requires courage to say yes to someone balancing between life and death. It's somewhat easier if I know that as a therapist I'm not totally alone with the responsibility. The family home never is either. We work together and it makes us stronger and braver. This doesn't mean it's always easy or that everything always "works out". Because it isn't and it doesn't. But, for the most part, our joint work contributes to turning a seemingly hopeless situation around. As is apparent in the stories, this doesn't come about without doubt, difficulties and strong feelings. But it does happen. The lived experience and knowledge that you are one among many who are also prepared to expose themselves generates courage, and means that I together with others around me dare more.

7.5 Abolishing psychiatric diagnoses and concepts

Being part of an ordinary context has affected the way we talk about, and talk to the people I here call clients. A person in someone's home is neither a client nor a patient with a psychiatric diagnosis. The person living for awhile in one of our family homes is Jenny, Lars, David, Johan, Miela with everything that entails, by which I mean everything that is comprehensible and can be put into words as well as that which is hard to express. In someone's home you are and do what people generally are and do, and the

words used to depict this are so-called ordinary words. You are tired, angry, sad, upset and perhaps even crazy at times.

In someone's home you are a human being among other human beings, a person in a situation with others and everyone through their presence participates in what is going on. It isn't possible to define one of the persons - the client - without defining everyone else around them. We influence and are influenced by each other, as always when people come together.

We couldn't know, when some ten years ago we at the Family Care Foundation decided not to use psychiatric diagnoses anymore in reference to our clients, how it would affect our future. Nonetheless we took the decision because it was no longer possible to do anything else. Many years of experience had taught us the importance of taking into consideration the people and contexts a client is part of when defining them.

We had also seen far too many instances where people had been given a diagnosis without them or their families understanding what it meant. The story about Jenny illustrates the affect a diagnosis can have, not just on the client and her family, but on me as a therapist as well. I describe how worried I was before the conversation took place, how I didn't know how to talk to Jenny or what I should say. This anxiety was caused by what I'd read about the diagnoses Jenny was given years ago, describing her as uncontactable and in terms of schizophrenia and autism.

For a moment I "forgot" my many years of experience of not letting written assessments affect the meeting. For a moment I was paralyzed by what I'd read and couldn't figure out how in the world I thought it could be possible to work together with Jenny and her family. After awhile I came to my senses and could "rise above" my anxiety and trust my previous experience and knowledge.

This was of critical significance for the meeting with Jenny and her parents and contributed to a conversation that meant a great deal to all three of them. It was important for me as well since it gave me the chance to be part of the life-changing process of Jenny finding the life she wanted to live.

7.5.1 A critical moment

The following text isn't in the stories that make up my research material. It was meant to be an enclosure in order to illustrate the limitations, and in some cases danger, that comes with a psychiatric diagnosis. However, when I was nearing the close of my investigation I realized that I had to include this incident to demonstrate why it's vital to abolish psychiatric diagnoses and concepts.

Jenny had been living in the family home almost a year when a colleague and I came to visit. We immediately noticed that something was wrong. The atmo-

sphere around the kitchen table is depressed. The family home mother Stina tells Jenny to go and get the letter that came in the mail that morning. She fetches the letter and gives it to me. Her hands are shaking.

"Is that really me?" Jenny asks. As I'm reading I notice how my hands begin to shake too. In front of me is a report written signed by a doctor and specialist in psychiatry who has met Jenny a few times. He writes;

"The undersigned has since xxxx met the named person regularly for supportive conversations and psychiatric assessments. The following can be concluded from previous examinations/journals: several prenatal stigmata (high gum ceiling, bilateral epikantus, crooked pinkies, bilateral sandal gap). Early heavy weight increase.

Heredity for serious mental illness including schizophrenia.

1994 named person was diagnosed with DAMP.

Bouts of aggression in grade school.

After transferring to a school for disabled children schooling functions rather well.

LVU at 11 years old for home environment reasons and is then described as very deviant. Suspected sexual abuse at 11 years of age.

Child and Youth Psychiatry contact since 01 due to aggression and suicidal statements.

2001 and 2004 examined for intelligence, result considerably lower than the normal level, borderline for mild mental retardation (IQ 70).

2004 named person diagnosed with atypical autism + DAMP + negative experience in her childhood.

2005 named person diagnosed with UNS, DAMP, atypical autism and learning disturbance UNS.

Current summer 2005 under care due to voice hallucinations and destructive behavior, partial compulsory care according to LPT. Responds well to neuroleptics.

In summary the assessment of the undersigned is that named person has an untreated trauma which in combination with autism and low intelligence creates psychiatric problems such as depression and a psychosis-like state."

The feeling around the table is both tense and upset. Jenny has tears in her eyes and asks once again, "Is this really me?"

What can I say, what explanation can I give for Jenny being described as "the named person" in a static, clinical and cold manner I think to myself while I search for the right words.

"Of course that isn't you. Everyone sitting here knows that", states Stina and turns to me. "How can someone be allowed to write about a sixteen year-old girl like this? And what on earth was this person thinking when he sent this for her to read about herself?"

I'm furious but sad as well. I can't stand the fact that this is possible, that a professional uses language like this to describe a young girl who has had a very difficult life. How can anyone be permitted to describe another person this way? I'm so upset that I need to take a few deep breaths before I answer Jenny's question. "Of course this isn't you and I wish from the bottom of my heart that no one was

allowed to describe another person this way. What I and everyone else here can do today is to be with you and listen to you, and also tell you what we know about you."

7.5.2 The importance of a non-medical model

The medical assessment given in the text above is based on a medical model, on the idea that a human being and her life can be defined through an individual, medical perspective, taken out of context. There is nothing in the assessment about what life was like for Jenny at the different times she's described in terms of psychiatric diagnoses. It's built on the assumption that she has an "untreated trauma", and this writes the doctor, *"in combination with autism and low intelligence creates psychiatric problems such as depression and a psychosis-like state."*

The assessment is very sloppily written and it's built on a few meetings between the doctor and Jenny. Unfortunately, in my experience it isn't unusual to read similar statements based on equally few appointments. I can't verify the frequency in this dissertation but this kind of assessment must to be mentioned because it has a great deal of bearing on our decision to do away with these kinds of words and concepts in our work.

Our decision was also influenced by our many years of collaborating with family homes. You just can't talk like that in someone's kitchen while they pour coffee. Language in daily life is different. You need to find a way to speak to each other so that everyone is understood and everyone can feel their participation, influence and importance. In someone's kitchen you are a human being among human beings.

Another reason not to use diagnoses is the uncertainty surrounding the construction of current classifications. There is a great deal of ambiguity, and at times outright error, concerning the assumption of connections between a person's situation in life, their behavior and their symptoms.

In the past few years the diagnostic system coupled with the extensive use of pharmaceuticals has been spotlighted by people with their own lived experiences in the area and others. The authors mentioned here have proven through their research and practice how the diagnose system and radically increased levels of pharmaceutical prescriptions are based on highly dubious grounds. They have also brought to light a correspondingly close collaboration between the pharmaceutical industry and psychiatry (Breggin, 2008, 2013, Gottstein, 2012, Read, Mosher and Bentall, 2004, Stastny and Lehmann, 2007). The journalist Robert Whitaker reported on research on the pharmaceutical industry and psychiatry that points out a number of uncertain factors around, and even directly harmful effects of, pharmaceuticals (Whitaker, 2002, 2010).

The strongest reason for not using diagnostic linguistics is a profound unwillingness to classify people in the manner required by the di-

agnose system. Individual psychiatric diagnoses are taken out of context and based on the belief that the person making the diagnosis has knowledge concerning the person being diagnosed. There is a huge debate and a great deal of uncertainty among researchers and practitioners about what concepts like schizophrenia, psychotic and bipolar mean. This is reason enough not to let these concepts affect people's lives and existence. You can talk about human behavior, dilemmas and difficulties without the simplification that takes place in diagnosing, which far too often is based on one or two appointments. It takes longer and requires something else but it's entirely possible, and more human and true.

A large majority of the people we meet in the Extended Therapy Room have one or several psychiatric diagnoses when they first come to us. Something else happens in the new context of our joint work together and in the meeting with the family home and their daily life as well as with the therapists involved. This is something that can't be pinned down in a specific diagnosis but is a matter of coming forth as a human being in all its complexity and diversity.

Mosher describes how the Soteria Project distanced itself from the medical model and psychiatric diagnoses. *"At its core was the notion that psychosis should be dealt with face to face without the usual impediments of theory, artificial institutions, professionally acquired belief systems and practices and without chemical alteration of consciousness by antipsychotic drugs"* (Read, Mosher, Bentall, 2004, page 350).

7.6 Enabling and communicating

After many years of lived experiences as a human being and therapist, and more recently as a researcher, I have come to the conclusion that there are no guarantees or general truths – in life or in therapeutic work. There is no black and white, no either or.

Regardless of whether we are called therapists, family homes or clients we are affected by each other and the situations we find ourselves in. We bear with us our personal history while we are also part of a larger context. There is a seemingly endless spectrum of theories and paradigms to consider in descriptions and reports about human beings and human existence, as well as the nature of things in the world. Researchers and scientists are struggling with similar issues in natural science.

"According to quant mechanics reality is created in interaction with the observer. However, the observer and the observed interact also with the world around them, information leaks and is lost forever, chaos increases and so the flow of time. Just as in thermodynamics. And this is actually a very positive image of time. The future does not exist yet. We can still affect it. On the other hand, in a completely deterministic world everything is predetermined and therefore time loses all mean-

ing", writes physicist Ulf Danielsson (Danielsson, 2005, page 220).

It takes many years of studies to become a psychotherapist, at least if you want to be a licensed psychotherapist. Every now and then I ask myself what I learned in all those years of education. What was essential? For a number of years I've had an inner battle about the essence of being a psychotherapist and I've found it very difficult to identify myself as one. For a long time I couldn't bring myself to answer that I'm a psychotherapist when people asked me about my work. During the work with this investigation it has become increasingly clear that I couldn't provide a general answer without also describing my work and the people I meet there.

Current research and practice shows how leadership cannot be boxed into a specific profession since so much depends on the person and how he or she performs (Sandahl, Falkenström, von Knorring, 2010). There are obvious similarities between this knowledge and that which emerges in this dissertation, namely that a psychotherapist isn't something you are, once and forever. It's something you become in the meeting with others.

Anne Hedvig Vedeler illustrated in her thesis how the therapist's thoughts and feelings fit into the therapeutic conversation and how the therapist's values and tribulations influence and are influenced by the meeting with others (Vedeler, 2012).

Andersen and Sandin showed the importance of human knowledge in therapeutic work in both their research and practice. Therapeutic work can never be a matter of technique, independent of the people who are meeting (Andersen, 1987, 1992, 1996a, 2001, Sandin, 1986, 1990).

7.6.1 Life itself

Life is magnificent, powerful and utterly incomprehensible in many ways (Arendt, 2006, Danielsson, 2003, Smolin, 2003). People meet, sometimes for a moment and sometimes over a lifetime. Relations are created and new processes initiated, in small and large contexts. Between past and future. The fact that we know there are a million things we don't know doesn't stop us from acting like we know everything now and then. We act as if we had control and can affect what happens. We search for answers, meaning and something to hang our existence on.

In close contact with our family home members that contribute with themselves and their ordinary lives I've experienced the meaning of engagement, time, love, joy, lived experience and solidarity. I've also experienced anxiety, anger, doubt, inadequacy, difficulties and feelings of hopelessness. In a number of situations and contexts, for a brief moment or a long time, I've experienced how each one of us, in individual conversations and in conversations between many people alike, affect and are affected by what we are a part of. One of my responsibilities and tasks as a therapist and human being is finding a way to communicate this knowledge and

create room for meetings.

People's conditions in life and their history are intertwined with psychotherapy. The question is how do you include them and bring them to life? And how do you include and bring to life the therapist both as a person and a professional? These questions have followed me through many years of my career and they have led to some powerful and life-changing meetings with other professionals, but above all with clients and family homes. I've become familiar with a myriad of theories, different schools of thought, methods, manuals and models.

7.6.2 About being authentic in the meeting

There isn't any specific therapeutic method or philosophy which has helped me the most in being helpful to others. It's been presence and participation, being authentic in the meeting with others, listening to personal experiences, both those of others and my own.

In my first book I wonder if the Extended Therapy Room may not primarily be a consequence of the fact that I early on realized that I couldn't meet the needs of my clients on my own. *"That I alone might very possibly prevent a development because my own defenses and unanalyzed experiences could surface in the meeting with the client. I think there are very few therapists and family homes that are so well anchored in themselves, secure and trusting, that they don't need the protection and power the Extended Therapy room provides"* ((Håkansson, 2000, page 135).

Working with this dissertation made it clear that I was on the right track many years ago, and I've been able to amplify this since then, in both practice and research.

Through years of work and this investigation I've experienced and seen the importance of receiving help by working in the Extended Therapy Room, by being surrounded by others in an ordinary context. I've experienced how this presence of others creates participation and an opportunity to be authentic for everyone involved.

D.W. Winnicott bases his work on the idea that psychotherapy is a construction of play, that what takes place in the therapeutic room is a copy of the so vital playing. The therapist is responsible for offering a place for creativity. However, says Winnicott, *"It is not of course that anyone will ever be able to explain the creative impulse, and it is unlikely that anyone would ever want to do so; but the link can be made, and usefully made, between creative living and living itself, and the reasons can be studied why it is that creative living can be lost and why the individual's feeling that life is real or meaningful can disappear"* (Winnicott, 1971, page 93).

Winnicott is pointing out the central task of the therapist here, to be a link to being alive in life, to remind others of the deepest meaning of being a living human being. Winnicott believes this is possible without the

therapist knowing or being able to explain exactly what is happening or perhaps what happened. The therapeutic meeting is about something else.

My stories illustrate situations and moments that can't fully be explained in words. They are sensations and feelings, experiences, something felt bodily.

Tom Andersen describes how the meeting with Wittgenstein's texts (Andersen, 1996) helped him to understand the importance of, and difference between, what we can see and therefore experience in one way, and what we feel and therefore experience in another way. This bodily sensation cannot be captured in words and we, says Andersen, need to be aware of *language's ability to bewitch us*, in other words to make us believe something exists just because we expressed it in words (Kjellberg, 2001).

Winnicott's experience and belief that it isn't possible to explain the *creative impulse* in words is very similar to what Andersen expresses. They come from different theoretical schools, Winnicott from object relationship theory and Andersen from systemic theory. Nonetheless, in the fundamental issue of the meaning of therapeutic work their thoughts and experiences are akin.

This is my experience as well. A great deal of what I face in my work can't be captured by words or explained instrumentally. It's a matter of feelings, sensations and personal experience. Tom Andersen talks about the importance of defining psychotherapy as the art of human beings (Andersen, 1996). D.W. Winnicott defines the creative impulse as a place where people play, where religion and culture exist, where art, theater and film take place as also psychotherapy (Winnicott, 1971).

Barbro Sandin demonstrates in her thesis the necessity of making a connection, between a baby and its mother as well as between therapist and client. Sandin describes how she "knew" in the therapeutic conversation when it was important to be quiet and wait along with situations and moments when she "knew" she needed to say something (Sandin, 1986, 1990).

7.7 Creating meaning of lived experience

There is an ongoing now, a past and a continuation. It's important how questions are asked, in practice as well as in research. This is a responsibility and a task for psychotherapists and researchers: asking questions while remaining critical to the asked questions and their answers.

As I come to the conclusion of several years of research I have a sense in my body and mind that in one aspect this research project will never end. This is something I very clearly understand and sense. It will never be finished. New days, new moments, new fragments, new people, new meetings and new breathes will occur. New experiences that influence the

knowledge I've gained and what I see and think I hear. New knowledge will lead to new questions and new answers. And so it goes on endlessly.

During his last years in life Tom Andersen was increasingly interested in the concept of neither nor. In the preface to my book he wrote, "*Carina wants to use both and instead of either or but, when I read the book it strikes me that there is also a neither nor. It is something more than we can understand, it is neither this nor that, but something greater we get hold of. Something we can only sense*" (Håkansson, 2009, page 14).

7.7.1 What I call something else

Back then I hadn't yet noticed that which Andersen wrote about. I was still far too concerned with the concept *both and*. However, while working with this dissertation it's become increasingly apparent that what I've found and described is a neither nor in relationship to what we usually mean when referring to psychotherapy and family care. It's *something else*.

I have demonstrated that the psychotherapy depicted is neither psychodynamic nor systemic. Its essence is *something else*. What I call something else concerns making use of lived experience in the meeting between people in the Extended Therapy Room. It's something that affects and touches us all, no matter what we are titled - therapist, family home or client. And this something else doesn't belong to a specific therapeutic school or philosophy.

The concept *something else* also pertains to the different relationships created in the Extended Therapy Room. The family home members aren't psychotherapists but they can't be defined as the client's family either. They are something else in relation to the person who shares their everyday lives for awhile. In relation to me as the therapist the family homes are neither clients nor colleagues. They are something else.

This something else has enabled an extension of the concept therapy room because the different aspects of our work and relationships with each other don't fit into previously defined concepts and ideas like family care and psychotherapy. And it's not most important that the Extended Therapy Room fits into a specific therapeutic school or method.

The concept *something else* also refers to that which I in this dissertation describe as subjectively experienced feelings and sensations in a collaboration based on both ordinary life and therapeutic knowledge, that which isn't easily defined through psychological words or concepts. It's about something that you can feel and experience in the meeting with another person.

This something else has affected the way I experience and describe being a psychotherapist and my perspective on what therapeutic work entails. This lived experience and influence has left a mark on my work.

7.7.2 The prominent importance of the meeting

This dissertation doesn't provide a comprehensive description of what I as a psychotherapist behave like or what the Extended Therapy Room is but I do show that the special relationship and the living meeting that transpires between people has a prominent importance. Both the self and the context are central to the meeting that occurs.

Martin Buber makes a difference between Thou-I relationship and It-I relationship. Thou-I relationship is about being met as a subject, a human being in all its complexity. Thou-I relationship is built on an authentic meeting. Dialogue is central, along with reciprocity and community. *"Buber's main interest is human beings as a whole, their purpose and conditions in the world. He attempts to understand human beings in and through the limitations of ordinary existence in life. These limitations do not mean that human beings can only relate to daily life's trivialities and worries. Real relationships in daily life bring out the true nature of human beings"* (Snellman, 2001, page 61).

This investigation was based on an idea rooted in my many years of experience as a psychotherapist in the Extended Therapy Room as well as the human being Carina. This combined experience has had an effect on, and emerged, in a number of meetings with different people as well as in my own writings, reflections, feelings and thoughts.

7.7.3 On the borderline between family care and psychotherapy

This has resulted in the insight that there is something important and meaningful in what transpires on the borderline between the family home's ordinary life and psychotherapy. This is neither family care nor psychotherapy. It's *something else* – the Extended Therapy Room. The research process has illuminated how this *something else* has affected both the work I've described and me, as a psychotherapist and human being.

The investigation has clarified how that which I call *something else* - the Extended Therapy Room - has enabled therapeutic work outside the box. It enables a mindset that stems from the idea that neither people nor meetings can be captured and classified through a specific method or manual. The most important in therapeutic work is about relationships and authentic meetings between people.

This investigation has also shown what this *something else* has meant in my work as a psychotherapist in the Extended Therapy Room, how I've formed a perspective on life and a stance in therapeutic work that entails making use of lived experience and emerging from an authentic state. Being a living person in relationship to those I meet in a number of different contexts and situations.

In my diary from a trip for work to Paraguay 2008 I write, *"The eve-*

ning is approaching. We met a lot of family homes at the team's office and it was a wonderful meeting. Each one of the participants had their opposite in some family home member back home. It was like seeing Tyra, Annki, Jörgen and all the others but they had Paraguayan faces. What will it be like to come home? And how should I summarize this week? It's almost been like a dream and yet very real. Intensive. Meaningful presence. Happiness, love, solidarity, important conversations, fun. A great time with Axel and between our children, Axel and Carolina. And between Lena and I. Sadness that people must live in misery. A city with horse-drawn wagons on streets with new cars, people living in sheds a few hundred meters from government buildings. Drinking tea at the office, laughing together, a strong feeling of contributing. The necessity of continuing our work at home.

7.8 Coming from an authentic place

During the research process I've seen how working in the Extended Therapy Room requires taking a stand. It's vital to include yourself and your own lived experience in the meeting with another person. Coming from an authentic place as a therapist means to be present and participate in a context based on both an ordinary life and therapeutic knowledge. It isn't based on a medical model founded on the concept of measurable objective knowledge but on the importance of subjective experience, a clarification of that which is my lived experience in a context with others.

My investigation depicts a therapeutic mindset that differs from so-called therapeutic neutrality and objectivity. This therapeutic work is affected by close collaboration with so-called ordinary people – family homes as well as clients and their families, colleagues and an extensive network. This is therapeutic work in movement.

Andersen writes, *"Some meetings between people are significant for how we live and are formed. These meetings constantly shift, just as people move and shift. Life consists of endless movement"* (Kjellgren (red) 2001, page 74).

Winnicott was concerned with the meaning of what he called the inside and the outside of the individual, in both therapeutic work and life itself. His intention was to come in somewhere between these two extremes and the intermediate zone is such a construction. *"It is useful then, to think of a third area of human living, one neither inside the individual nor outside in the world of shaped reality. And separation between the baby and the mother, and all developments derived from this phenomenon"* (Winnicott, 1971, page 148).

Andersen explored "what we feel in our bodies"; sensations and feelings that aren't easily explained but which exist anyway and create meaning (Andersen, 1992, 1996a, 1996b, Kjellberg, 2001). It wouldn't have been like Andersen to use a psychodynamic expression like intermediate zone, but I see a similarity between what Winnicott and Andersen delved into. It's about an unexplored area, a non-interpretive mindset.

In the same way I try to find, in my work and this investigation, formulations that illuminate and create meaning out of what I together with many people, both similar and very different, are part of in the Extended Therapy Room. I've experienced in practice as well as in research the importance of verbally describing what can be described but more importantly, that in some cases it can't be done.

There are moments and situations, in psychotherapy as in life, that can't be proven or verbally explained, which perhaps can't be completely understood. Our shared work entails, as in life, moments of deepest doubt and fear. It's a matter of exposing yourself; for the therapist as well as the family home and client. To dare to try the unknown. To, as Lögstrup expresses it, *deliver part of your life in someone else's hands and be received* (Lögstrup, 1971). There are no general answers to human dilemmas and experiences in life. There are only situations and moments you find yourself in, that you try to make sense of, together with others and by yourself.

7.9 Limitations and hope regarding future research

I hope that future psychotherapy research on human beings and human dilemmas will find a way to describe the complexity from a holistic perspective where experience-based knowledge will be utilized, from both clients and those who meet people in their work. I see the importance of more closely examining how the therapist and his or her mindset affect the therapeutic meeting. Vital knowledge to enable this can be found in the phenomenological-hermeneutic tradition.

I would like to see investigations in the future into family homes and their meeting with the people who for awhile share their lives: the significance of their spontaneity in the meeting, not only for the client and their family, but for the extension of therapeutic knowledge as well. The family home's transparency in relation to clients and to therapists participating in the work is another important research area. I have a fervent wish that someone would delve into this.

In this study other people and their lives have been described through me and my experiences. On the one hand, the fact that each one of them hasn't had the chance to comment and reflect on what I've written is a limitation. On the other hand, that is exactly the strength of this investigation because it illuminates the fact that there isn't any objective truth or version when describing people and human life in therapeutic conversations and contexts. My investigation demonstrates the influence of the therapist, not only in the actual therapeutic work but in how the clients and contexts are described. It is subjective reality that is described and examined.

It has been my ambition to have as many people possible read what I've written, in particular those described in the stories. As previously men-

tioned that hasn't been entirely possible. In some cases the person is no longer alive and in others I don't know how to reach them. Some have had the opportunity to read what I wrote but have chosen not to. I can't recount the reasons for this here since the question only required a yes or no answer without further motivation.

Another limitation has been that the investigation doesn't sufficiently describe the structure or the development of the organization. No consideration is taken to the fact that I've been the director of the organization for many years and not just a psychotherapist. This is a weakness since I believe that both its leadership and the organization influence the therapeutic content, as well as my own work as a psychotherapist. There are glimpses of this throughout the dissertation but they aren't sufficient.

I believe it's important to examine how the organization and each person's participation affect and have been affected by the work in the Extended Therapy Room, how each of the many different contexts have developed and how they have contributed to the culture of the organization. It would be valuable to take a closer look at the importance of the teams in order to determine, if possible, how the joint work affects all those involved. It would also be valuable to examine the family home seminars and how they contribute to the content of our daily work and the concept of the Extended Therapy Room.

This investigation has left me with many new thoughts and questions. I realize I'm no longer merely a practitioner. I'm also a researcher. My hope is that others will be inspired by the meeting with this text so that new questions arise and create a desire to investigate them in a phenomenological-hermeneutic scientific context.

8 METHOD REFLECTION

This investigation began from a desire to try to understand more about my own experience both of being a psychotherapist and the human being Carina in the Extended Therapy Room. This is because I've never fully believed it's possible to separate the so-called private person (the self) and the professional person from each other, at least not when it comes to essential issues.

The phenomenological research tradition deals with describing reality, the lifeworld as it appears (Husserl, 1989). Phenomenological researchers not only agree on the importance of complex and rich descriptions of phenomena the way they appear in a lived reality, but also on the importance of phenomenological research methods that take both the phenomenon and the subjective relationship between the researcher and what is being researched into consideration.

Linda Finley describes how her own experience in research *"invites others to "witness" and be enriched by – stories of the individual's struggle/achievement"*. However, she also believes that this kind of research risks becoming *"self-absorbed and self-indulgent. Researchers taking the first person route need to keep the purpose of their study and phenomenon in mind"* (Finley, 2011, page 156).

It has been a challenge during the research process to, on the one hand, start out with my own lived experience, the first immediate impression from the naïve reading and, on the other hand, keep a distance and from a critical point relate to what emerges from the structural analysis. As Edmund Husserl defined it; to put the existing assumptions regarding the external world into brackets (Bengtsson, 1988). Since my own lived experiences make up the research material it's been difficult at times to analyze what the stories were about and what emerged.

It has been necessary not to "get ahead of myself" and as in therapeutic work it was important to have patience and wait, listen, feel, consider, sense and remember before trying to define whatever was in front of me.

During the analysis work it was a challenge to put more than 25 years of experience into brackets, to temporarily ignore previous descriptions and ideas about a lived experience. Is it at all possible?

Yes and no. To a certain extent it's been possible to ignore what I thought I knew and during the investigation some things have emerged

that I hadn't been aware of before. It has been amazing to see things I hadn't seen before, like the importance of being authentic. I hadn't seen that phenomenon, perhaps because as Wittgenstein says it's so ordinary in the sense of something that's always been there (Wittgenstein, 1953).

Many phenomenological researchers, particularly in the hermeneutic tradition, contend that it isn't possible to put a researcher's preexisting experiences and ideas into brackets. Instead it's essential that the researcher is conscious of his/her own ideas and assumptions and through careful investigation and critical examination discover something else. This requires patience and openness (Finley, 2011). Hans-Georg Gadamer describes this process in terms of being aware of your prejudices and preconceptions. He believes that all knowledge in the humanistic science contains some kind of self-knowledge (Gadamer, 1997). In the method I've used (Lindseth and Norberg, 2004) the researcher moves between the naïve reading's immediacy and the critical observation of the structural analysis, which becomes an interpretation of the naïve reading.

August 21th 2010

On an early morning walk I talk out loud to myself (in English) about my thoughts concerning my research. And what Tom said is true: that by formulating your thoughts and saying them out loud something new is born, something not previously expressed. I "ought" to have had a tape recorder with me because when I get back home some of it is lost. Sometimes I have the same idea after a therapeutic conversation. Why didn't I tape this? But on the other hand who knows what would have been said if a tape recorder was rolling? I'm taking a big risk by focusing my research on my own thoughts and experiences. It may appear very egocentric and introvert but I didn't have a better way to illustrate what I wanted to examine. What is most important in the therapeutic meeting? How does the therapist (I) influence and how is the therapist (I) influenced? What else influences the meeting and what does not?

What I didn't quite understand when I began was how the deeply personal would be so recognizable for so many other people - not "just" therapists but others who have read what I'm writing. This inspires me to continue and be as thorough as I can.

It started with a feeling, a desire to invite a few people from other fields to react to my writings and contribute their own thoughts and experiences. All the people I asked have touched me in some way. I've worked with some of them for years. Others I've only met personally a few times or not at all yet but their work has made a strong impression on me.

8.1 Choice of method

As described in the Introduction Jaakko Seikkula suggested that I ask Anders Lindseth to be my supervisor based on the fact that he and Astrid Norberg have developed a phenomenological-hermeneutic method (Lindseth

and Norberg, 2004) that suited the kind of research I was about to embark on. I was glad to do it, particularly since Lindseth and Tom Andersen had worked together and been close friends. But wasn't he a little too far away geographically? It turned out that Lindseth had just been given a Visiting Professorship in Gothenburg so that wouldn't be a problem.

I remember when eighteen years ago, during a course I was taking, I asked Barbro Sandin if she could please "help me with something I hadn't been able to express in words yet". She listened attentively to me and after a moment she said "yes, I think so" and it would be much easier since she was about to move to Gothenburg. Although this may seem like I deviate it is in fact an example of how my research has developed – a movement between now and then; between research and practice, between the therapist Carina and the human being Carina, between the concrete and the more abstract, between the immediacy of feelings and interpretation. It is also an example of important knowledge to be found in the hermeneutic tradition, that which is experienced in one's own life-world. To a huge degree different from quantitative research examining someone else or something else separated from one's own life and practice.

The method I've used comprises the following steps:

- Narrative interviews (stories)
- Naïve reading
- Structural analysis
- Comparisons and comprehensive interpretation
- Comprehensive interpretation

After the naïve reading the story is divided into sentence units. A sentence unit is the part of the text that portrays what happened in that particular section. When the text continues with another specific section that portrays something new a new sentence unit is formed. Condensation is a summary of a sentence unit and from this the researcher searches in the structural analysis to perceive subthemes and themes that emerge from the text, to see what is described and emerges in the analyzed story. All the stories were written before I began the structural analysis and not a word has been changed after the structural analysis was initiated. Thus all the themes are taken from the original texts and no changes have been made afterwards.

The structural analysis is influenced by, and influences, how the naïve reading is formulated according to the hermeneutic circle principal. During work on the analysis the researcher circles round and round – once, twice, several times – from the whole to separate parts and from parts back to the whole. This is enabled by the phenomenological-hermeneutic method I've followed. The movement between the naïve reading and the structural analysis with corrections made, "forces" the researcher to test and carefully examine the immediate feeling and comprehension. Without the naïve reading I wouldn't have been able to divide the text into sen-

tence units and I wouldn't have been able to see when and how the text in the stories contains something else; something new has emerged. The researcher needs the naïve reading to provide direction and perspective in the analysis.

The naïve reading has been a deciding factor for the direction of the structural analysis. The phenomenological-hermeneutic interpretation has helped me as a researcher to put the apparent into brackets in order to see something else and illuminate what is most important.

8.2 The origin of the stories and how they created meaning

Over the nearly thirty years of my career I've written a great deal, from material that has been published to unfinished notes. Naturally I've documented therapeutic conversations and supervisory meetings but I've also written about many other things in my work. My cupboards are full of stories and notes.

In consultation with my supervisor I decided to write new stories and not use the ones I'd already written. Prior to this decision I'd tried to include both new and old stories. However, I realized that there was something about the previously written stories that didn't feel right. It was as if they didn't engage and touch me enough.

There was something about writing completely new stories that caught my interest. I was fascinated by what emerged. Some things I remembered took me by surprise and yet at the same time they were obvious. *"The body stands before the world and the world upright before it, and between them there is a relation that is one of embrace"* (Merleau-Ponty, 1968, page 271).

The first year I wrote a lot of stories. Right when one began to take form another came to mind and demanded to be told. I was full of anticipation and at the same time I was very skeptical. How could this become a scientific thesis?

My supervisor Lindseth told me to be patient and "take one step at a time". He told me to start with the stories and have faith that important tenets would emerge in time. Now I can clearly see the parallel between this process and therapeutic work. In both cases it isn't possible to know in advance how things will turn out.

After less than a year I had some forty stories. At first it seemed to me that they came out of nowhere but after awhile I saw how each one of them had been inside of me. Some of them were so self-evident that I hadn't even thought about their significance. Others were much more dramatic. Some of the events had taken place a long time ago and others were recent. It wasn't hard to remember people and situations that had made an impression and left their mark on me and my work.

April 11th 2010

Tomorrow Axel and I will go home from a week's stay here in Abergavenny. It's been nice having him here. He hasn't hampered my writing in any way, quite the contrary I think. He's out playing basketball right now. It's a little colder than yesterday but there is a glimpse of the sun every now and then. I've written a lot of stories now and could have written many more. I realize that there are reams of stories and people's lives in my body, my mind. When you least expect it someone "pops up". A memory. A scent. A feeling. Sometimes I think I'm populated by a number of people and I wonder what this has done to me and my way of seeing the world and myself.

What is most important? Research isn't about providing answers. It's about giving rise to new questions. At least this is what I've heard researchers in different fields say. It appears that not providing answers and instead discovering new questions is an important "truth". The idea is to create a place where questions can be asked and where old truths are revised and new discoveries made. This is also a description of good therapeutic work, or being in the world, in life.

At first it's hard to reduce the number of stories. As soon as I wrote one, another demanded to be told. Afterwards I was forced to see that many of my written stories had to be shed because otherwise the material would have been far too bulky. Together with my supervisor we decided my investigation could contain a maximum of fifteen stories.

It was almost impossible to discard stories and I was in anguish over what would be left out. I asked myself over and over if it was even possible to describe human beings and their life in a therapeutic and scientific context. If so, how did you do it so that the people stayed alive in the text and were recognizable to themselves?

At the same time I was astonished by all the people and situations I remembered. As the memories came flooding back it made no difference when in time they had been part of my life. They all woke strong feelings in me. I was amazed at all the details that surfaced, like whole sections of dialogues that had taken place years ago.

Farther on in the research process I realized that the stories that ended up in this dissertation had permeated me. They had stuck to my conscious and body, perhaps even my soul. They had been played over and over again in my mind, and raised a lot of questions.

From the initial 40 stories I had to select a few. How was the selection made? The stories I'd written before starting my investigation were discarded first for the reasons previously given. That left 25 stories and I needed to shed at least ten. Since I had started my analysis of the stories I could see that some of them were very similar and that the main themes in them appeared in other stories.

I cannot clearly define what exactly determined which stories I kept and which ones I finally took out. All I can say is that during the naïve reading and structural analysis I realized that the ones I kept were the most important. Each one of them had played a decisive role in my work and together they describe what is most important in my work in the Extended Therapy Room.

May 4th, 2009

I'm sitting at home in my workroom and I've been writing for five hours without getting out of my chair. I know I shouldn't. It isn't good for my back or my state of mind. It feels momentous to consider and to try to describe, in detail events and moments that I've been a part of. The more focus I put on trying to see and describe a specific occurrence the less focus is put on another. This illustrates how by choosing one perspective there is always a risk of rejecting another perspective. How do I make this question into a scientific issue? I wonder what Tom would have said. Sometimes I can hear him whispering in my ear but in this matter he's silent. Maybe his answer is that I have to figure this out for myself aided by the conversations with the people this dissertation enables me to meet. Now I need to turn my computer off for awhile, get a breath of fresh air and clear my head. What an exceptionally dumb expression! As if it was ever possible to clear your head. And why would you want to?

8.3 Including your own experience in research

The method I've chosen is based on one's own lived experience and is intended to reveal what is essential in this lived experience. van Manen contends that research in lived experience spotlights the integrated connection between the researcher's life and the experiences they have. This requires that the researcher "*stands in the fullness of life, in the midst of the world of living relations and shared situations*" (van Manen, 1990, page 32).

I'd never thought about writing a dissertation, and had never considered myself in that context. What goaded me into starting this investigation was that I couldn't come to terms with the way human life and existence was usually described in psychological, scientific reports based on the medical model and a positivistic research tradition.

That which is written in many of these reports and manual-based tables has very little resemblance to my experience of meeting people in the Extended Therapy Room. The idea wouldn't leave me alone, the idea of finding out whether or not it's possible to do things a different way by basing research on your own experiences and trying to describe these so that it's apparent that you are investigating and describing human beings and relationships.

I began to feel more and more strongly that this was something I had to do. I had to try to comprehend and communicate what was important from my years of therapy work. There is a real need for experienced-based research in the field of psychotherapy and for practitioners examining and describing their practices (Olsson, 2008).

Finley pointed out the importance of phenomenological research regarding psychotherapy and the psychotherapist's experiences because

their research methods are similar to therapeutic work, which also includes the therapist and his/her experiences. *"I have found that qualified therapists can feel ignorant and de-skilled when it comes to research and they may even view it as a distant activity done by "others". This is precisely why I argue vigorously for phenomenological and relational approaches"* (Finley, 2011, page 194).

Anne Hedvig Vedelers thesis shows how she as a therapist and person tries to understand her part in the therapeutic work and how her influence leaves its mark in practice. Vedelers research is based on a social constructionist perspective and the method she uses isn't the same as the one in my research. Nonetheless, I see similarities and common ground in our descriptions of the research process and how she is involved both professionally and as the human being Anne Hedvig (Vedeler, 2012).

8.4 The phenomenological-hermeneutic tradition is based on lived experience and being in the world

My assumption about what I call essential knowledge and reality has its theoretical roots in the phenomenological tradition that was developed by Edmund Husserl (Husserl, 1989). Many researchers differentiate between the descriptive phenomenology and the interpretive, hermeneutic phenomenology, which was represented by Martin Heidegger, Hans-Georg Gadamer, Paul Ricoeur and others. *"Interpretation is not an additional procedure: it constitutes an inevitable and basic structure of our being-in-the world. We experience a thing as something that has already been interpreted"* (Finley, 2009, page 11).

The research process based on the phenomenological-hermeneutic method that I've used has many similarities with therapeutic work and one's own lived experiences. Life itself affects and inspires both research and psychotherapy, to the extent that it's sometimes taken for granted. Ever since I was young I've thought that theories and methods in the positivistic tradition are presented as if they come from "nowhere", as if theories didn't have their starting point in subjective and personal experiences. The phenomenological tradition is based on the knowledge that lived experience and being in the world is the same thing. *"Mostly we live our body-world interconnection pre-reflectively, without thought with the body having its own wisdom and memory. We see this in everyday examples as we act on auto-pilot using our procedural memory"* (Merleau-Ponty, 1968).

8.5 My own lived experience

By investigating the experience of being a psychotherapist in the Extended Therapy Room I've been reminded, and come closer to, my early work experiences. The story about Lars describes how I, as a social worker trainee, participated in important events and meetings. During the research process it has become clear how working together with Lars and the others; the family home, Björn, Kjell and Lars' family laid the foundation for what is described in this dissertation: the importance of lived experience, coming from an authentic place, and being surrounded by others. This wasn't something I saw clearly at the time long ago. It has emerged and created meaning during this research.

I learned from Lars that no one is hopeless. My colleagues Björn and Kjell showed me that our joint work is first and foremost about being yourself, being present and acting decently. The family home taught me to dare to enter the unknown, and to not give up. Even the policeman was significant because he actually paid attention to what a young, upset woman did and had to say. All of this was vital. It was very important to follow Lars and the people around him. And that Björn and Kjell let me be responsible for the work together with Lars.

My own early experience taught me that my actions are important and that you can't pretend in the presence of another person, not if you want to create a relationship with them anyway. I learned that it was good to show how I felt and that there is no damage done if what I show isn't always completely right. The important thing is to not pretend that I'm doing something I'm not and vice versa. I learned the importance of caring about the people I work with, those we call clients. The fact that I rushed up to the police and stood up for him was crucial to Lars. I was willing to expose myself and take a risk. My actions and not just my words had consequences for him.

I also learned the importance of not being alone, of working together with others and counting on them, their experience and knowledge. Through this early experience I understood something of the importance of both my own work and the work of others. I learned that as a human being I am responsible for what I do and what I don't do.

In working with this dissertation this fact has at times become painfully clear. I realized how ever since I was very young I've tried to find a way to relate to this knowledge and sometimes shied away from it because the consequences are so enormous. During a supervisory conversation with Lindseth and Seikkula I was suddenly very touched and tears came to my eyes. At first I didn't understand anything. What was going on? Why was I sad? Was I sad or was I feeling something else? I realized I was frightened. Something that emerged in my research scared me. I didn't want to know about the responsibility I have as a human being, therapist and now researcher.

Being authentic is connected to responsibility, and daring. To dare requires courage and courage is coupled with fear. I was reminded of this during this supervision conversation. What I'm in the process of writing is going to have consequences, just like my work as a psychotherapist has consequences for others and for me. The work is connected to responsibility.

The starting point of the phenomenological-hermeneutic research perspective is essential phenomena in the life you lead, in your personal experience and being-in-the-world. *"An education remains only partial and incomplete as it concentrates exclusively on science and technology, and on the conquest of a natural universe and neglects the religious, literary, musical, thoughtful and artful practices that build a livable human world"* (Jager, 2010, page 80).

8.6 A substantial question that requires a painstaking answer

Since this investigation began I've analyzed stories, picked apart my own and others' thoughts, read a number of books and articles in different fields, remembered people, places and events and felt the past and the present be here and now. As my work has progressed I've found common ground in the practice and research of others that has led to new questions and thoughts which have deepened and broadened previous knowledge and experience. The purpose of the phenomenological-hermeneutic research tradition is to provide a meaningful picture of the studied reality as it appears and it's therefore extremely important to be patient and thorough in the analysis work as well as the description of the research process. It's been both fantastic and painful at times. As I read the diary I've been writing while working on my dissertation I see how the matter of responsibility emerges in different forms.

March 18th 2010

At a staff meeting I remember talking about the fact that our workplace is also a kind of research center. This was at least ten years ago. We talked about how almost everything we say is contradicted and turned inside out and everything includes ourselves, we who work there. I think of all notebooks, notes and excerpts from what other people have said or thought. For years I've almost never gone anywhere, done anything, without a pad and pen available – just in case.

In the prologue to my book Tom wrote that he thought it would be good if I described a lot of practical situations and wrote about what I'd thought and how I'd handled them. He encouraged me to write so that the wind blew in the hair of the readers and they smelled the scents. He also thought I should let the people I wrote about read it so that their voices would be heard as well. He thought we should stop writing real books (whatever he meant by that) and write things that fill the reader with such anxiety that they have to do something about it. I've reread Tom's words

time and time again over the past three years. I've seen the challenge but it wasn't until just lately that I understood he was writing to me about something that extended far beyond books. The challenge he presented me with concerns what we say and write in all kinds of contexts, including the context of scientific research.

April 5th 2010

I'm on the train from Stockholm where I met Suzanne Osten and her team at Unga Klara. It was a wonderful, sparkling conversation with lots of important issues, many of which I haven't thought about for awhile. And there were a lot of important comments about my many years of experience that I told them about. Suzanne said she liked the fact that I used the word difficulties instead of problems. I was glad she heard the difference between the words. Because there is a difference and the words we use and don't use make a difference, sometimes a huge difference! There are many similarities in our way of thinking about people and what is important in our own and everyone's lives. It felt like a gift to come into contact with their theater project.

8.7 Inviting others to join in the work

Early on in the research process I realized I needed to surround myself with other people who read and participated in some way in my research. Even though I didn't fully comprehend the commitment research entailed I knew from past experience the importance of having other people around me who could help me catch sight of things I couldn't see. I also knew from my own life and work how important it is to not be alone, how much I need other people's reflections, thoughts, feelings and lived experience. I invited my colleagues at the office and family home members to read what I'd written. I also wrote to some of the people who have touched me through their work and who have influenced mine.

February 25th 2010

It's snowing again. It's snowed a lot this winter. I'm wondering what to do about my research. I think I see a "pattern", or whatever you want to call it. I write down everything that comes to mind on a piece of paper or on my computer. Lots of different things – thoughts, experiences, feelings. Mine and others'. And always in some kind of relationship to one person or another. Recently or long ago.

This is what being part of life is like. But this is also what professional work is like. Sometimes you know what's going on and why it happens, but it's often just the opposite. There are so many things in life and work that aren't easily explained or measured. That's just the way it is.

My idea behind this research project was to follow my impulses and take advantage of moments arising from meetings with others and, to a certain extent, with myself. I also need to plan which people I want to talk to and how.

March 16th 2010

I've been with Barbro and Stig. Important, thoughtful, real conversations about then and now. Barbro shared her experiences and I'm so grateful and I hope she feels she got something back, even though in a different way because she is she and I am I. One of the things we talked about today is how hard and yet so easy it is to imagine what life is like for another person. How crucial it is that I, as a therapist and human being, am capable of and willing to put myself in the other person's shoes. For a little while anyway. Barbro told me about the rounds at Säter Hospital thirty years ago. How seven or eight people in white coats arranged themselves around a patient's bed with a notebook and pen ready to note. "There were always three questions and they were always the same questions", Barbro said. "Do you contemplate suicide? Do you hear voices? Do you sleep properly?"

August 16th 2010

I dream a lot at night and more and more I realize what a big deal writing this dissertation is for me. So much is surfacing through what I write, work with and dream about at night. Unbelievable! It seems to me the material clearly illuminates how this isn't in any way an objective, neutral process. Hopefully it's about movement between different people, where I as a therapist am always also present. For better or worse. Ulf Danielsson describes it so well in his book "Stjärnor och äpplen som faller" (Stars and Apples That Fall), how you see what you see and comprehend what you comprehend based on who you are. Is that really news? No, not at all. The terrible thing is that so little consideration is given to this fact. I hope my dissertation will once again spotlight this ancient but unswerving knowledge.

Getting back to my dreams – I wake up nearly every morning with a strong feeling of being present. The lovely summer vacation might have something to do with it, but I think my research is the major cause. Actually I'm certain of it. And I'm really happy that Lasse, Suzanne, Annki and Jonas have agreed to participate. I haven't heard from Ulf yet but I hope he says yes.

Lasse (Berg) and Suzanne (Osten) aren't psychotherapists but in their lives and work both of them are occupied with the question of what it means to be a human being and what is important in the meeting with other people. It's been a pleasure and an asset to receive their thoughts and comments. Through conversations with Osten I've better perceived the connection between therapeutic work and art; the importance of improvisation, being present, participating and the necessity of including yourself (Osten, 2002, 2009). Berg's comments and references to current brain research and anthropology have given me the courage to explore and search for the answer to my research question. His experience has broadened my view (Berg, 2005, 2011). Ulf (Danielsson) decided because of lack of time not to participate but his experience and thoughts have been present in this investigation due to the many parallels in our way of thinking about human life and existence. This despite the fact that Danielsson is a physicist and his experiences are based on physics (Danielsson, 2005). Jonas (Svensson) hasn't commented directly on what I wrote but his thoughts

were communicated by Annki (Svensson) who, in conversations with me, has commented on, and thought about, how my stories have touched and created meaning for her as a family home mother and as a person.

8.8 Bringing things to life through words and language

June 15th 2010

It seems to me that there aren't any major differences in what it's like to work with children and adults. Or with people who are described in terms of psychotic problems in relation to those who are not. It's a matter of being engaged, of being here and now. How do you put that into a scientific dissertation?

One of the first issues was how to make the text reflect the fact that this research and the therapeutic work which is described deals with living, breathing human beings who are clients, client's families, family homes and professional helpers? This question and original idea has been important throughout the entire research process and in the final phase of my work its importance has only grown. A phenomenological text is meant to touch the researcher and the reader. "Phenomenology, not unlike poetry, says van Manen, is a poetizing project; it tries an incantive, evocative speaking, a primal telling, wherein we aim to involve the voice in an original singing of the world" (Finley, 2009, page 14).

June 1st 2012

It's late at night and I've just come home from Rudolf's disputation party. Many people talked to, and about, him - lovely speeches and descriptions of him. He was described as nice, notable, loyal, gifted - a friend you wake up at three in the morning if you need to. Several of his colleagues also spoke about how his thesis had taken much longer than planned because "life got in the way, because reality had required his presence". When the institute had to go through changes and only Rudolf could handle them he put his thesis aside. His practical work came first. Today when I spoke to Ingo we talked about how at an early stage I had decided to write in such a beautiful way that everyone would understand that what I depicted was and is absolutely essential to me. Above all the people I write about but also the events, thoughts, feelings and long periods of time that passed seemingly unnoticed.

I decided early on to write in a personal manner, using a language which made it clear that this research is about real, living people. It isn't possible to write a dissertation about what is most important without including yourself and important, if not to say crucial, events. When I began my investigation I had a limited knowledge of scientific methods in general and the method I chose for this dissertation in particular.

My desire and intention was to write in a way that would attract

readers. I didn't want the words and concepts to hamper readers. I wanted to inspire and engage them. The way in which we, who work with and for people, describe what we do is essential. It's important that descriptions of living people are written in a living and beautiful way, just as it's crucial how we who meet people in our work speak to, and about, those we meet.

We have a responsibility to bring to life in the words and language we use in practice and research that comprise human beings and human existence. We have to communicate our work so that it's apparent we meet living, breathing people. van Manen argues for the importance of making research in a descriptive and living way (Finley, 2011).

May 5th 2010

Once again, how do I investigate and describe what may not be possible to "capture" without mutilating and simplifying it to fit it into the form and be consistent with the framework. I think about the masterly description of this which Tom wrote in the theory section of the book "Man kan inte så noga veta" (You Can't Really Know) where he describes a number of possible scenarios for a man who is standing at a roadside crying. It's so great! Oh how I miss Tom. I really wish I could have talked to him about this and so many other things.

8.9 The obvious and the art of not giving up

During the investigation I've tried different ways to *discover, listen, see and comprehend* what is important in my experience, in order to see the obvious right before my eyes, which is the very thing that makes it so hard to see. During a period I approached different sentence units as if they were scenes from a play to see if I could discover something I hadn't seen yet. I was inspired by Osten's work as a theater director (Osten, 2002, 2009).

Influenced by Andersen's exploration into the significance of verbs in therapeutic work I tried to see which verbs emerged in the sentence units. It was a huge job that took a long time and it illustrated the importance of trying and testing the way forward, of trying to see what hasn't been visible. There were a number of verbs that emerged and most of them are reported in this dissertation. It was a pleasurable task and it elucidated the similarity between working with art and the phenomenological research method (Finley, 2009).

I approached the stories from different angles and perspectives, read them and divided them into sentence units. During the structural analysis the themes, subthemes and main themes began to take form. And then suddenly I saw it! This is what my experience is about. Amazed that I didn't see it already four years ago when it was so obvious now. And at the same time I understood that the work I'd been doing during these four years had broadened my knowledge and comprehension of myself and, hopefully, others.

At times the research process has been a kind of chaos, both internally inside of me and externally on my desk. Paper everywhere in what appeared to be an indefinable mess. Sheets of paper with just one word written. Others covered in arguments. Charts, sentence units, themes and verbs that emerge when I try to focus on them for awhile. I've woken up at night and thought about my research. There have been periods when I thought and felt this can't be done. It just can't! And there have been periods when I've been filled with a sparkling joy over what is taking shape, over what I think I can contribute. Doubt and hesitation as well as a growing certainty – this is what it's like to deepen and broaden your view, knowledge and experience.

During the research process memories and experiences from 25 years of work have come back to me in force and intensity. Even earlier memories and experiences have surfaced. Although it might seem strange now, I didn't expect this. I suppose I *ought* to have understood that researching into my own work would stir things up in me, and in a way I did, but I still wasn't prepared for it. As is so often the case, you can't *be there* until you *are there*. This is what being present is all about.

December 6th 2010

I watched Vetenskapens Värld (The World of Science) about Nobel laureates in physics and medicine. I was touched by an interview with two Russian physicists that share the award and their conviction that you shouldn't let yourself be convinced but continue to try to discover more relationships and gain greater knowledge. Don't narrow, widen. Don't be satisfied with the obvious. They were talking about physics but they could just as well have been talking psychotherapy. Is there any difference? Maybe not? Perhaps much less than we're taught to believe? There is a lot of snow outside my window and I really like that. Snow creates a kind of peaceful and calm feeling. It reminds me of all the forces we can't control. It's nice. For the moment anyway...

June 27th 2011

It's warm and sunny, a few days after midsummer. Now we're heading towards darker days, bleak thought. But for now it's still light until late at night and early in the morning. I've finished part one of my future dissertation. It's been a mixture of joy and agony, remembering everything and "being there" where I once was. Although in a different way.

Neither life nor therapeutic conversations can be repeated and naturally what I've written is in part a reconstruction. What isn't when you think about it? Nonetheless it's amazing how alive my memories and the people in them have been in my mind as I wrote about them. It's hard to stop when new people and situations pop up all the time. There is still so much that hasn't been portrayed and so many that haven't been named. I'm going to try to describe this in a separate chapter – the limitations and delimitations that had to be made, that always have to be made. I can see this fact much more clearly now. Something is always lost. There isn't room for someone or something because something or someone gets or

takes that space, or because of the limitations in our consciousness. Despite these reservations I'm happily surprised at how I've been able to see what I couldn't see before. I have a lot of new thoughts and many areas I want to further explore, both in this dissertation and in other contexts. Together with others and alone.

November 29th 2012

Yesterday we held the annual Christmas party at work and 142 people came. Young and old in a fantastic mix and as usual I walked around like some "family ancestor" or great grandmother, or something like that. I was happy, proud and touched. Today I'm sitting in front of my computer ready to continue my analysis of the stories. Reading what I've written and thinking about the work behind it also makes me happy, proud and touched. Mostly touched and strongly affected. It strikes me that the reason it takes so long to analyze and go through the texts is because every one of them is full of memories of people and situations from years and years of work. This touches me and reminds me of why I started this research project. It was so I could share my important experiences. This isn't "just" scientific research. This dissertation is about people and their efforts, matters of life and death. It's also about my own life, so naturally it's intense and one story a day is all that I can handle. I have a strong feeling that this investigation will be useful to others, that many others will recognize themselves in it.

8.10 The significance of phenomenological-hermeneutic research in psychotherapy

During the research process I've met some people who question whether "it's really possible to research one's own experience". I've thought a great deal about how the positivistic perspective has come to characterize and affect our view of knowledge, in both educational and practice contexts. It has been obvious to me how the positivistic perspective as the quantitative research tradition creates a distance between "us and them", and how it has affected both psychiatry and psychotherapy.

September 3rd 2010

On my way to work I'm thinking about the comments, questions and viewpoints I've received on my research. "Is this allowed?", "Can you really write this way?", "Are you sure it will be approved?"... There are a lot of ideas about how a scientific report should be written, and about what is allowed and what is not.

I'm struggling to maintain my ignorance as long as possible. I'm trying to rely on the process, on what happens, on what feels right. Naturally I'm also absorbing the experience and knowledge others have as well. However, I have my sights trained on what I, together with many others, during many years at work have been a part of. Starting from my point of view I want to try to describe what I, together with others, have found to be important.

I don't consider my thoughts or my feelings to be in any way unique or

remarkable. On the contrary, usually the people who read what I've written recognize themselves and say so. "My thoughts exactly", "I did that too", "That's just how it feels". Not always exactly the same way or with all the same details but in general, yes. Recognizability is significant. What I write about in my stories is possible to relate to for others. They recognize themselves in it. It can be generalized. I want to try and describe it with simple, recognizable words and concepts, readable even for people without an academic degree or education. In other words, this project can be compared to my work of meeting people with simple, recognizable words and ways of being-in-the-world.

While I worked on the dissertation I decided to use extracts from my diary that I wrote in connection with my divorce (enclosure 2), and a poetic description of a therapy situation which I wrote at a point in the research process when I'd "lost" my purpose for doing it (enclosure 1). Writing down and remembering an important experience in my work helped me move on in my investigation.

I've written a diary since I was six years old. Paper and pen have been important companions since then. By important I mean that it has always helped me to write; to sort, put into print, see, reflect, think, formulate and to create. So I have a long habit of jotting down my thoughts and feelings and my dissertation has been influenced by this early experience.

It has become clearer to me as I've worked on my dissertation how much the habit of writing since I was young has influenced this research project as well as my therapeutic work. Through my own experience I've realized the importance putting things in writing so that I can read them later and reflect on what I've been through.

As a result I've seen how events and sequences change with time. What I felt and thought ten years ago isn't necessarily what I think and feel today. However, the opposite is also true. I can still feel and think what I thought and felt ten, twenty or even thirty years ago. Some things stand the test of time. Some things are simply not affected by trends and the passage of time.

This is apparent in this dissertation where the things that touched and mattered to me as a little girl still touch me and matter. Human dignity and the manner in which we meet each other meant something to me then and it continues to matter. In fact, it's the foundation of the work we do in the Extended Therapy Room.

My work progressed with innumerable attempts at analyses that were saved in desk drawers or thrown into the trashcan. I read and listened to others' thoughts and experiences, theories and research from psychotherapy and other disciplines; physics, the theater, social anthropology and philosophy. Fiction and poetry. I repeatedly tried to delve into quantitative research - read charts and crunch numbers. But it's difficult to make sense of and I quickly became very critical and asked myself where context and humanity fits into all these diagrams and figures.

8.11 The central themes are about life itself

The main themes that emerge in my investigation are phenomena that are central to life itself. The stories are based on my own subjective lived experiences, however, as my work progresses, I can clearly see that the phenomena being revealed is recognizable to those who read what I've written, and I see that the same phenomena are essential elements in books, films, the theater and music all over the world.

Barbro Sandin and Tom Andersen have been my inner companions throughout this work, in part because of their achievements as researchers and practitioners but mostly because they are role models for a therapeutic stance that has created new knowledge and new realities in therapeutic work. I see their importance, not primarily in relation to methods or techniques but on how they have persistently demonstrated and described the importance of the living, present meeting. With different words, and based on different therapeutic traditions, they have both in an authentic way shown the necessity of keeping therapeutic work fluid as a part of life and life's essential principles.

What is most important in my experience as a psychotherapist in the Extended Therapy Room is not connected to a method, model or technique. It has to do with the way we relate, to our work and life itself.

The experience and knowledge that has developed in the Extended Therapy Room is based on close collaboration between family homes, clients, their families and professional helpers in a movement between so-called ordinary life and therapeutic knowledge, with everything that entails. The structure has been devised step by step and it has influenced the content just as the content has influenced the structure.

This dissertation has developed in the same way, in a movement between the naïve reading and the structural analysis, between flashbacks and the present. Between the whole and its parts. Between my own experiences and those of others. Between feeling and thought. Between theory and practice. Between hope and despair. But always with the utmost seriousness.

My hope is that my conclusions will provide readers with meaning and substance and give rise to vital questions, reflections, sensations and feelings, in both their daily, practical work and research.

9 CONCLUSION

For more than 25 years I have worked in the Family Care Foundation, in a context we call the Extended Therapy Room, which is built on close collaboration between those called family homes, clients, their families, therapists, others at our office and a big network. Our work isn't based on psychiatric diagnoses and a medical model. It's based on the importance of relationships and contexts, and trying to make sense of ordinary life knowledge. The people I call clients often come to the Family Care Foundation after having suffered for a long time and experienced great difficulties. They are in a serious crisis.

Time and time again over the years I've tried to create meaning in, and understand the meaning of, the work I am part of. Why do people seem to experience something essentially important when they are part of the Extended Therapy Room? Why do I myself, despite all my doubts and hesitation and periods of exhaustion, have the feeling I am part of something important? What is it in my work that constantly affects me and deeply touches me?

Four years ago I decided to begin a scientific investigation to see if I could find the answer to the question: *What is most important in my experience as a psychotherapist in the Extended Therapy Room?*

The desire and intention behind this research project is to examine and better understand the work I have been involved in for so long. By investigating my own practice I wanted to reveal what I, as a psychotherapist and human being, have experienced is most important in the Extended Therapy Room, and at the same time add to the knowledge about what this entails. I also wanted to examine whether or not there is any point in bringing to light one's own part in work, and if so, what is the importance of it?

The method this dissertation is based on has been developed by Anders Lindseth and Astrid Norberg to understand what emerges from own lived experiences. The research is based on conversations with people who have experience from important life areas and where the focus is on some important phenomena (Lindseth and Norberg, 2004).

The method by Lindseth and Norberg has been further developed at the University in Nordland, which has opened up for practitioners to do research on their own practice where it's not a question of being interviewed but rather "talking to yourself". It is an arduous method that requires con-

scientious thoroughness, patience and resistance from researchers. They must view their own research conclusions with a critical eye. By choosing this method the researcher has already expressed a desire to strive to be honest in an investigative description of his or her own lived experiences, i.e. to speculate about them.

My ambition with this research project is not primarily to produce a scientific report aimed at proving by comparing studies. Rather, it's a description of *one* possible way to relate to yourself and your context. This, in order to show the need for research that describes one's own experience in work revolving around the meeting between people. Another basis of this investigation is the idea that what is deeply personal is also universal and is possible to create meaning from and a deeper understanding.

In the end of this research project I realize that I also have a wish to influence therapeutic practice and inspire others to extend the therapeutic room and content in order to create space for life changing meetings to happen, not only for the person called client but for each and everyone who is involved. To inspire by telling about my own experiences over the years, but also by describing the importance of others, in the organization as well as in a wider network. As the research has developed and progressed I see very clearly how the experience and knowledge described here is possible to make use of in many other places and contexts where the mission is to meet people who by different reasons have a need and wish for other people in their lives; in psychiatry, social service, school just to mention some.

This investigation consists of fourteen stories and I have participated in all of them either as a social worker or a psychotherapist except one where I was a child. Some of the stories took place many years ago and some are recent events. The structural analysis commences after the naïve reading which comprises all the stories and take a more critical view of the material. Not in the sense of distancing and theorizing but by being present and "listening" to what is most important and trying to get the gist of the text.

This makes it possible to successively break down a story into smaller parts, units of sentences which after condensation (summary) allow the researcher to see relevant subthemes and themes. And through this, after considerable work, distinguish what is most important, which main themes materialize out of each story as well as all the material collectively.

These main themes: *being present, participating, meeting, being part of an ordinary context, taking personal responsibility, enabling and communicating* are described in the Critical reflection. This part of the analysis is the basis of the Theoretical reflection and discussion where the material is reviewed more in depth and discussed in relationship to other research and practice.

Early on I decided to write in a personal way, using a language that made it clear this research is about living people. It isn't possible to write a dissertation about what is *most important* without including yourself and important, if not to say, crucial events and situations.

While remembering, sensing, describing, writing and analysing the

stories it has become clear how each and every story illustrates important experience and knowledge in my own life and work. The story about David taught me the importance of love and to be met by another human being, in words but especially in deeds.

Lars who early on in my career taught me something essential about trust, and how he through my action towards the policemen decided to give it a try, his own life as well as relationships to others, the family home and me. In a car with Johan I realize the importance of leaving the safe professional room and to enter something else, the not yet known together with him. This experience made a big impact in his life, but also in my life. Our shared journey changed not only his life, but also mine.

In a car with Miela I got a sense of something which was hard to put words to, it was rather a bodily impression. When listening to it, instead of "running away" it created a feeling of safety, and made it possible to continue something which when it started either Miela, the family home, my colleague or I knew what would happen. As is described in the second story A family home visit where a boy meets a family home for the first time and how each of us, including also my colleague and I become part of something not yet known, where each of us have to trust each other but also our own intuition. The story tells about the importance of revealing oneself as the family home mother and father do during our meeting which takes place together with a lot of dogs on a veranda in the countryside.

Meeting Pelle taught me the importance of braking the rules when necessary in order to create meaning and to get to understand something else. He taught me to listen, to his words but also to that which is beyond words. More than so he taught me to not use words impossible to grasp and understand, but rather to keep silent. The story about Jenny shows in another way the importance of how to use words and how damaging it can be for a person to be described in diagnostic terms without taking into consideration other aspects of either the person or her context. The story also shows how impossible it is to predict the future as I had the joy to discover together with Jenny and those around, the family home, her parents, schoolmates and colleagues. The story about a young man calling for help describes the same phenomena, his story takes place in another setting but the essence is similar and reminds me to be careful with words as well as about predicting something about the other person and his life.

In the story Visit to Paraguay it becomes clear how human beings are similar no matter if we live in different countries and speak different languages, something else seems to matter. As it does when people coming from seemingly different backgrounds meet in the Extended Therapy Room, as is described in many of the stories, for example A team conversation and Family home seminar.

The story about Bjelken made me realize not only the importance of sharing, but also the hard consequences when not having the possibility to share with another human being. It also shows the importance of history as becomes so clear to me when I through the story is reminded about my

grandmother and how both her words and deeds made a huge impact on my life and work. The story taking place during a Christmas party is a celebration to shared joint efforts, visions and dreams, and shows that it is possible to make a dream come true by participation and presence in an ordinary context together with a lot of different and at the same time similar people.

My desire and intention was to write in a way that would attract readers, I wanted to inspire and engage them. The way in which we, who work together with other people, describe what we are part of is essential. It's important that descriptions of living people are written in a living and beautiful way, just as it is crucial how we who meet people in our work speak to, and about, those we meet. When coming to an end of this project, it becomes clear how the phenomenological hermeneutic method makes a difference to quantitative research which leaves out the researcher and his/her own experiences and perspectives, as if possible to present an objective truth.

As my research has progressed I've seen parallels with the way the Extended Therapy Room developed. In the beginning the focus was on practice and as time passed important knowledge and others' experiences is absorbed, all the while learning to listen to one's own feelings and experiences and letting them guide the way forward.

This has resulted in the insight that there is something important and meaningful in what transpires on the borderline between the family home's ordinary life and psychotherapy. This is neither family care nor psychotherapy. It's *something else* – the Extended Therapy Room. The research process has illuminated how this *something else* has affected both the work I've described and me, as a psychotherapist and human being.

This investigation has clarified how that which I call *something else* – the Extended Therapy Room – has enabled therapeutic work outside the box. It enables a mindset that stems from the idea that neither people nor meetings can be captured and classified through a specific method or manual. The most important in therapeutic work is about relationships and authentic meetings between people.

This investigation has also shown what this *something else* has meant in my work as a psychotherapist in the Extended Therapy Room, how I've formed a perspective on life and a stance in therapeutic work that entails making use of lived experience and being a living person in relationship to those I meet in a number of different contexts and situations.

In my diary from a trip for work to Paraguay 2008, I wrote, "*The evening is approaching. We met a lot of family homes at the team's office and it was a wonderful meeting. Each one of the participants had their opposite in some family home member back home. It was like seeing Tyra, Annki, Jörgen and all the others but they had Paraguayan faces. What will it be like to come home? And how should I summarize this week? It's almost been like a dream and yet very real. Intensive. Meaningful presence. Happiness, love, solidarity, important conversations, fun. A great time with Axel and between our children, Axel and Carolina. And between*

Lena and I. Sadness that people must live in misery. A city with horse-drawn wagons on streets with new cars, people living in sheds a few hundred meters from government buildings. Drinking tea at the office, laughing together, a strong feeling of contributing. The necessity of continuing our work at home.

During the research process I've seen how working in the Extended Therapy Room requires taking a stand. It's vital to include yourself and your own lived experience in the meeting with another person. Coming from an authentic place as a therapist means to be present and to participate in a context based on both an ordinary life and therapeutic knowledge. It isn't based on a medical model founded on the concept of measurable objective knowledge, but on the importance of subjective experience, a clarification of what is my lived experience in a context with others.

As is described in this investigation, practice comes first and it is important to create space for one's own lived experience, not only important but crucial if the vision is to create space for meetings between people. To meet means to share and to include oneself, in words as well as in deeds.

I would very much suggest to include everyday experience and knowledge already in training and education as well as in supervision and daily work to extend the therapeutic knowledge and make it more vivid and less drawn into manuals and specific formulas. When revealing oneself and making use of one's own experience the importance of recognition comes forth and creates a space where it is possible to share, to participate, and to collaborate. By removing psychiatric diagnosis and minimize the use of manuals and formulas something else will be created, something which include rather than exclude. Something which will create meaning but more than that also make change happen.

Mentorship during training is one example of how to increase the use of everyday knowledge, and to invite mentors who are not professional helpers, but something else. People who bring other kind of experience and knowledge to the therapeutic room, as also prose, theatre, movies, and poems do. To be touched by the other and to realize there are no such thing as "the truth" but rather many ways to relate to others and oneself.

The significance of the phenomenological-hermeneutic research tradition has become apparent during the research process and in the meeting with several other researchers' thoughts and experiences in psychotherapy as well as philosophy, theater, physics and literature. I'm truly happy to be able to make a contribution, to be a link in the chain of thinkers and practitioners. It's extremely important, particularly in the fields of psychology and psychotherapy, to provide an alternative to the increasingly dominant medicine model and positivistic tradition.

The phenomenological-hermeneutic perspective is essential to all research that has to do with people and the meetings between them. It clarifies and describes the subjective realities we find ourselves in, both as therapists and clients - the fact that we are affected by a number of factors and contexts, by life quite simply.

What is most important in my work as a psychotherapist in the

Extended Therapy Room is creating, together with others, a place which enables authentic meetings between people where each and everyone's presence and participation is vital.

ENCLOSURE 1

The following is a text I wrote when I was in the middle of my analysis work and couldn't quite get hold of what this dissertation is about; what is most important in what I had been a part of during many years of my life and work.

Cut-out doll woods

*I bicycle to the woods where all the cut-out dolls live
 Away from all the harsh words and the incomprehensible
 Much later I meet someone who lived through things we shouldn't even try to understand
 I wish I'd met her much earlier
 That she had sat on stump in my cut-out doll woods and waited for me
 Now the trees are waiting instead
 Each one shaped into a special doll, a special garment, a special color
 A fantastic display of colors
 Maybe I'm the only one who can see it?*

*"Hello, is anyone there?" she shouts years later on her way up the stairs to the apartment I'm in
 Apartments are for rich people
 And in her world I'm one of them
 One of the word owners*

*She never sits still
 She constantly moves her head back and forth
 As if sitting still would kill her
 That may well be
 There are many things in the years to come that may well be
 Together with her anyway
 Is it possible for two people to be together when they are both encapsulated inside themselves?
 It's worth a try*

*This is what I thought the first time we saw each other
 To say we saw each other is saying too much but for lack of a better expression I'll say that
 There is a lot that has to be for lack of a better alternative
 She comes to me for lack of a better alternative
 She has decided to give me a chance for lack of a better alternative
 She would never express it that way*

Not then, not now, not ever

*These are not the words I would choose either
Sometimes we get words we haven't chosen
Neither she nor I*

*In the beginning she does all the talking
I am quiet
I finally get to be quiet
And in quietude I listen to madness greater than my own
Slowly, slowly something is put right
She speaks
Sometimes she screams
Then I turn silent*

*I always turn silent when she asks me to
She never asks me to be silent
Not that way
Not the way we usually ask people to be silent
But in another way
Her way*

*Sometimes I want to tell her about my cut-out doll woods
About my bicycle rides there
About the madness I've been part of
Can a little child be a part of madness?
What does it mean to be part of?
In that case what was her part?
I would never ask her what she has been part of
Never
I ask her about what she has been through*

*Time rushes by us every day
Even the days we don't see each other
I don't say we meet
We haven't met yet
My loneliness is stronger than ever
I am more alone than I ever thought possible
And I know a lot about loneliness
At least I thought I did until now*

*We people believe in so much
At least some people do
Others do not
At least that's what they say*

*And that's what they do
 They use their disbelief to make the rest of us feel disbelieve in ourselves
 I don't want her to lose more faith in herself
 Maybe that's why I choose to be silent*

*She climbs the stairs
 Screaming all the way
 I sit in my chair
 Quieter than quiet
 Painfully conscious of my breathing
 Every breath ghoulishly reminding me I'm alive*

*A quick smile, a laugh that gets stuck in her throat
 She almost laughs
 Don't count your chickens before they hatch
 I'm not big on sayings
 But I remember this one*

*She is beautiful and dreadful
 Her memories are dreadful
 Like maggots they creep over the edge, poison and terrify
 Nearly scare me to death
 My endurance is my own
 And endurance does not disappear
 We endure together
 She and I
 We never say it out loud
 But it is the only thing we know for certain
 Together we endure*

*My bike was red
 I got it on my tenth birthday
 That morning I was afraid my mother would kill my father
 She didn't
 But they have killed each other many times since
 I have witnessed their deaths many times
 Or better to say momentary deaths
 Compared to her*

*Her mother was actually murdered
 Her father murdered her mother
 Once
 Once was all it took to kill her mother*

*So we sit here
 She and I*

*Sometimes she glances at me
 That's a good thing
 I don't say anything but a good feeling is spreading inside me
 A seed of confidence that we will get through this
 She and I
 With the help of the dead
 And those who haven't died yet, those next in line*

*Sometimes it's dark when we see each other
 It might be summer
 One day a red balloon finds its way to our window
 Bringing the first shared smile
 A small delight*

*Her memories
 And mine
 This is her time
 My time will come, but not now
 Now it's about her*

*The most horrific memories cannot be described
 The strongest cannot be valued
 They cannot be measured or weighed
 At best they are just there*

*The cut-out dolls in the woods keep me company
 A quiet comfort
 The knowledge that you can live through even the incomprehensible
 Each branch has its own doll
 Each tree a special species
 Some of them everyone wants to be with
 Others no one cares about
 Completely impossible to take in
 Being no one*

*Better to be many
 She is many
 Her world is many
 She lets me understand this is demanding
 The first confidence*

*She screams at me
 Don't ever say you understand what you don't understand
 Don't ever nod your head with that knowing smile on your face
 Because then I might just cut it off!
 I'm happy she warns me*

Now I have only myself to blame
 Damn all the dead people
 Who smile and say they understand
 Who nod and are oh so sympathetic
 Before they rush home to cook dinner for their own children
 Make the bed that didn't get made that morning
 They sigh at all the terrible things in the world and long for their precious vacation

She talks about bent open legs
 She is five
 There are two of them
 Both over forty
 It happens over and over again

After visiting my cut-out dolls I ride my bike home
 Stop a minute and ponder over my life
 Ponder is probably not a part of my vocabulary at the time
 But ponder I do about where to go
 I don't want to go home to the home I've never had
 I want to find a tree so high no one will ever reach me
 So afraid of heights
 And yet
 That's where I want to go
 Where no one can reach me
 Where someone can finally want to reach me

We sit next to each other now
 She speaks
 I listen
 Most of the time anyway
 Sometimes my thoughts wander
 Then she looks at me
 We both take a deep breath and continue

I have come to care for her
 I wish her well
 I know I can't tell her that
 That would end it all
 How would she ever be able to trust me again?

Every night before I ride home from my cut-out doll woods I turn out the light
 Lock the door and say good-bye to all of them
 Sometimes someone doesn't answer
 I find that useful now

*Sometimes I think about the ladder I didn't have in my cut-out doll woods
 It's sad to think about all the dolls I couldn't reach
 All of them that shouted to me
 All of them I didn't reach
 The ones that were too far away*

*We take one step forward and several backwards
 This is how we move
 This is how we speak to each other
 Now there is a we
 She who was once I
 I who was once she*

*We can talk about the worst of the worst
 As long as neither of us pretends
 As long as the cover up blanket remains untouched on the couch
 As long as we sit where we sit
 And know that we will meet again*

*We meet now
 There is no explanation to how it happened
 There are many explanations to how it happened
 She has hers
 I have mine
 Sometimes we say the same thing*

*There is a rug in the room
 A round, red rug
 It becomes my centrifugal force
 Yes, I know the word isn't quite right
 That's the thing about words
 Sometimes they fit
 Far too often they don't*

*One day I watch my cut-out dolls leave
 They are moving on*

*We meet each other a few time mores
 She and I
 But we both know our days are numbered
 We find a way to say good-bye
 I find a way to say good-bye to both her and my dolls
 She smiles at me when she leaves our room*

ENCLOSURE 2 – EXCERPT FROM MY PRIVATE DIARY

FROM MY DIARY, October 2005

The boys aren't home. They're at their father's. I think about what it was like in the beginning, the first couple of years after the divorce and the intense feeling I had that things would never be ordinary again. Ordinary. What's that? That word has grown in importance. What is ordinary and what are ordinary people like?

"Bye-bye, hugs and kisses." The door slams shut and it's quiet. Quiet the way it was before there were any kids, when I could spend a whole day listening to the silence if I wanted to. Go out. Come back. Go out. Come back. Again and again, just trying to understand that I was the only person in my home.

The past suddenly became the present. But now it was so much more painful. And yet not. Because they were there. All the traces of them. Their things. Photos. A half-eaten sandwich saved until right before they came home again. For they did come back. I knew they would, and yet I didn't.

Like everyone else they change. I often think about how much worse it could have been. So terribly worse it could have been. That always helps, although not completely. And never enough. Well maybe now but not then. I was a little crazy back then. I remember filling endless calendars with X's for the days they'd be home and the days they were gone. That helped a little while, temporarily. But never enough.

"You can go and get him," my little one said. He was pretty little then. He isn't anymore. Then he thought I could do anything. He doesn't anymore. Guilt and shame had a new face. To be the one who caused this. To have proven incapable of protecting my loved ones, those who are closest to me.

A New Year's Eve right after midnight. A thousand sparkling fireworks. Complete families in every house. Not in ours. The incomplete family. I, the inadequate. "Are you always going to be sad?" my big one asks. And the knot in my stomach almost suffocates me. Suddenly I'm furious. Outrageously furious. I'll be damned if I'm going to stand here and cry the rest of my life. I've had enough!

For at least three days I enjoyed the feeling of wrath coursing through me. Then the sadness came back. Fear and shame. Not quite as strongly, but almost.

The class list only contained two names with two addresses. My son's was one of them. I almost felt sick when I read the piece of paper. I knew I was exaggerating. I knew in other parts of town more than half the children had two addresses. Or no address at all. But it didn't help. My sorrow killed my common sense.

Every time they went to their father's it hurt like hell. The first time I didn't buy any food, didn't light any lamps, didn't turn on the radio or the TV. It was just as well everything was quiet. All I heard was my breathing, and I really got to know my breathing. Mindfulness I think it's called. It brought me no peace to get to know my breathing and my heart. It just became another reminder of what was so hard.

They were the best kids in the world. The best. Proud, beautiful and utterly charmingly understanding. They spared me from many a bleak truth. Or maybe they realized there wasn't any room for them right then. Life went on around us. People had their ideas about us, about what we did and said.

My god, what prey we became. "Are you actually doing that? But you can't really do that! But shouldn't you think about...? What do you think it's really about?"

That really. One of the most misused words I know of.

I had a few good friends with honest, warm eyes and big, listening ears. Most of the time they were quiet. Thank God. Otherwise I don't know what would have happened.

"I want to paint my room," the little one said. Okay. Said and done. That night in my bed I thought he just might stay. Always afraid of losing them, afraid of being inadequate, of not being good enough. Not worth loving. Can you love someone who's been dumped?

With yearning eyes I saw families everywhere. Suddenly I was insincerely traditional. Embarrassing in my dishonesty. Suddenly extremely pro family. Like that it had to be two adults and two children. Two plus two is four. Four is the loveliest number.

The children slept well at night. When I couldn't sleep I lay there wiggling my toes. I got that advice from a good friend. It's one of the best advices I've ever received. I don't think I would have survived hard winters and freezing cold nights otherwise. Did I ever sleep? I must have. But I don't remember doing so. Sometimes forgetfulness is bliss. A friend to cherish. More than most. I worked, took care of my children, washed my torn body. Life must go on I said and gritted my teeth. My body was in cramp often as not. Stiff and ungainly, almost immobile.

The first Christmas without my children was... there are no words. I remember thinking how terrible it could have been. I thought about the awful things other people go through. Parents who watch their children being killed. War. Abuse. Torture. It helped. And then my boys came home. They told me about how nice Christmas had been. It hurt to hear. But I remember being glad that they told me straight out, taking no consideration.

So they count on me anyway. Despite everything. Obviously I wasn't in my right mind. Why wouldn't they count on me? A mother who usually does things the way they should be done. Who runs around doing stuff. Cleaning and catering. Ready and waiting. Deciding and battling. Creating and calming. Who is there. Who is actually there. At least most of the time.

And now we are here. A million years later. Most of the time we are actually here. Not always. Sometimes time kind of hesitates a moment. It paws at the ground and looks me in the eye. I nod and we take off again.

Outside I see the children through the window. I see myself sweep by. Then it's just them again. Each of them all by themselves.

A reflection...

It's been eight years since I wrote that in my diary. Reading it now reminds me of the pain and dread I felt then, especially a few years earlier when

the separation took place. My uncontrollable fear that I wouldn't be able to handle what had happened. My terror of losing my children. That I would end up out on the street with nothing and that I wouldn't be able to handle that. That was worst of all, that I might disappoint those closest to me.

Many years later this seems such a bizarre thought. How could I think like that? Why didn't I see my capability and how did I lose faith in myself for awhile?

Sometimes I think about what might have happened if I hadn't had important people around me. People who put up with that I was the way I was and felt what I felt. People who listened to me, believed in me and never stopped believing that it would all work out. That I would straighten my life out.

It became so clear to me how dependent I was on having friends who kept alive the hope that everything would be alright again. And that these important people reminded me of my capability and who I had been and what I had done before I was so annihilated.

It's a lesson worth safeguarding and keeping alive, particularly in my work. It is valuable to have been a person who lost touch with reality for awhile, who was confused for a time. In my own life I experienced needing someone else to keep me and hope afloat. That there was someone beside me when I felt like everything had collapsed around me.

It is extremely important to have experienced the difference between those who listened and those who were more interested in telling me what they thought and what I ought to feel, think and do.

It makes all the difference.

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