


Collaborative and Dialogical Practices as Resources for the Promotion of Mental Health: an Interview with Harlene Anderson

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This interview was conducted in November 2020 via ZOOM, with questions prepared by the students of the tenth year of the International Certificate in Collaborative and Dialogical Practices¹ (X ICCP) of the INTERFACI Institute. We cannot talk about Collaborative and Dialogical Practices without thinking about Harlene Anderson, whose presentation in one of the classes in the second module of the X ICCP, inspired many reflections and questions.

The ICCP was created by Harlene Anderson – co-founder of the Houston Galveston Institute and Taos Institute –, in collaboration with professionals identified with collaborative practices from around the world, including Marilene Grandesso. Harlene is recognized internationally as being at the leading edge of postmodern collaborative practices as a thinker, consultant, coach, and educator. There are twelve ICCP Programs all over the world and INTERFACI, coordinated by Marilene Grandesso, represents ICCP in Brazil, which in 2020, counted on Harlene’s presence as a regular teacher in the course.

In order to get to know each other more intimately through an online platform at X ICCP, each student and facilitator of the course was asked to introduce themselves choosing an object. In her class, Harlene, who was in her office in Houston (Texas), was unable to bring it, given the nature of the object she chose to represent her. She asked us to do an imaginative exercise. Her object was a cloud, or clouds!

As a child, she told us, that she liked to lie on the ground and look at the clouds in the sky “imagining a dog floating... oh no, it’s a tree!” and she continued: “clouds Always change a lot... things are Always changeable, often in a very subtle way, but in a continuous flow”.

Harlene presented clouds as a metaphor for her work: they are always in constant transformation, and it is very difficult to capture them. She showed a lot of curiosity and enthusiasm to know the objects we brought in the first module. Our objects were varied: paintings that represented generations, flowers, crystals, statuettes, pots, books... several elements that symbolized the plurality of our group. This group that contributed with questions for Harlene²:

¹ The ICCP-Interfaci has been held in São Paulo since 2011. This year 2020, due to the pandemic of covid-19, it is being held online.

² We thank the collaboration of Adriana Bellodi Costa Cesar, Adriana Novis Leite Pinto, Aline Ottoni Moura Nunes de Lima, Aurea Luiza Zago Bretas, Carolina Baptista Miller, Clara Moriá Borges Rodrigues, Cláudia Mamede Tófono Camelo, Cristiane Vaz M. Pertusi, Daniela Lisboa Bartholo, Edna de Almeida Monteiro, Edna Malheiros, Erika Macedo, Gláucia Rezende Tavares, Iara Carvalho de Lorenzo, Katia Menezes Aguiar, Liliane da Cunha Paula, Luzia da Fonseca Oliveira, Maria Celina Matta, Maria Helena C. L. Bartholo, Maria Zenaide Cardoso Pizani, Marilene Grandesso, Marília Ávila de Freitas Aguiar, Mônica Teixeira Guimarães, Nayara Rocha Cavalier Gonçalves, Pâmella Lima Ferreira, Patrícia Eliane de Melo, Paula Romite, Renata Ferrara P. de Brito Chaves, Rita de Cassia de Souza, Selma Cardoso e Silva Hinds, Sonia Vieira Coelho and Viviane Resende in formulating the questions.

Interviewers: To contextualize collaborative practice, how do you describe your practice? How do you present your practice to someone who isn't familiar with the collaborative and dialogical practice? How do you talk about your approach?

Harlene Anderson: How I respond depends on the context and how the person came to me. If they were referred by a former client or a colleague, most likely, the client or the colleague has told something about me and how I work. If it's somebody who does not know me and they wonder how I work I would just use the word collaborative, I would say that I work from a collaborative perspective and that means that I think in terms of a partnership that I think of the client and me as the therapist in a partnership and we will be doing this together and that I will have to depend on their expertise on their life to help me in helping them.

I: In the field of psychology, we know that categorizing and diagnosing is a common practice, how do you see this way of acting? And how do you dialogue with an interdisciplinary team that works in the perspective of diagnosis?

HA: So of course, diagnosis and techniques are all very much part of traditional Psychotherapy in Psychology and are critical in the conceptual framework or the methods that anyone uses. That is the known, that is the majority way. The way that I work is more of a minority perspective, it's very unusual for a therapist to think in terms of expertise and terms of the clients having expertise on his or her life and that my expertise is more on the process of the relationship in therapy. I think of the client as the leader of the conversation and that I follow, or I walk alongside them. The important word in my work is "with" the English word "with", W-I-T-H, mean we're doing something with each other, we're taking a walk together we are determining the path and the destination together and that I trust the client that will talk about and tell me what they think is important for me to know, regarding their situation and what they are hoping to accomplish in our work together.

So, I don't think in terms of generalizing problems, for example, if someone makes an appointment and

they said, "well my daughter's teacher told me that I was an overprotective mother", or "my daughter's doctor told me that I was an overprotective mother and that I need to meet with someone to become less overprotective". I would not assume that the woman the mother is overprotective, I would assume that that is a label, a definition that someone else has given her and I might say: "well if you don't mind, we can come back to the subject of overprotective mothering, however, may I just ask you a few questions to get to know you a little bit, that you mentioned that your daughter is 10 years old. "Are there other children in the family?", that might be my next question, or my next question might be: "tell me a little bit about your daughter? How would you describe her? What is her name? And she's 10 years old, and what grade, what year of school is she in?". So, I would begin to ask the mother some questions about the family or about the daughter, just to get to know them and in doing that. In my experience we were finding a way to be together to talk with each other. Because one of the things it's important to keep in mind that regardless of what Psychotherapy Theory, or method you are trained in, that we are supposed to be experts in that method and our clients expect us to be experts. So, I want to position myself as not the only expert in the room, but I want to also acknowledge the expertise, for example with the mother, that the mother brings.

About the second part of the question, I would honor the differences in the team, because that's important. You can think of the team members as other client members they each come with their own perspective of the problem, what caused it, what the solution should be and what the therapist should do. I would listen to the other members perspectives; I would ask questions to show that I'm interested in learning more about their perspective. I would not challenge it; I wouldn't say something like "the way that I work I don't think in terms of diagnosis" I wouldn't say it that way. I might say that "as you are talking about this mother and her problems with anxiety one of the things that I'm thinking about is I wonder what the mother would say, is the reason that she parents her daughter in a way that other people have decided that she's a very anxious

mother are an overprotective mother”. I would want to be interested in the expertise that they bring, and I would be interjecting my own viewpoint in the conversation, but more in terms of: “well, one of the things I was thinking...”, so I would take a more tentative position. And it also depends on whether or not the colleges are... how long we’ve worked together, what are their relationships are, what they know about my preferred way of working. All those things are all important in terms of the way you relate with your colleagues, particularly if you work in a different way that the majority of them do or if it’s a very mixed group of therapist or psychologist or psychiatrist, depending on their orientation. In other words, to make it short, I would want to be respectful of their opinion, I would be interested in what they have to say, and I would talk with them pretty much like I would talk with a client or with a student.

I: How do collaborative and dialogical practices work with serious mental disorders such as psychosis and schizophrenia?

HA: I work the same way regardless of what the diagnosis of the disorder is. These ideas were developed in a Psychiatry department at a medical school. We worked with a lot of psychiatrists, a lot of people, with major mental disorder diagnosis and I think that I still consider the client as an expert. Now there is a way of working, is called Open Dialog, it was developed in Finland. In our early work was very much like that, where we would bring in as many members of the family system, their social network and their professional network. We could invite in to have a large meeting, that might be 12 people or 26 people in a room, and we would learn each person’s perspective of what they thought the problem was, what they thought the cause of it was, what they thought the solution might be. So, we bring in multiple voices with the idea that there’s richness in those multiple voices and there is richness in differences. That also relates to the previous question about colleges who work from different conceptual frameworks. There’s richness in the differences and that gives you things to be curious about, to learn about, to ask questions about.

For example, there is this whole kind a phrase that you often hear, that began with the way of working

of the MRI (Mental Research Institute) team in California’s, in terms of working within the client’s reality or working within the client’s language and language in the broadest sense. If someone comes in referred by their psychiatrist, or there’s a psychiatrist with him and they start talking about the other people they see in the room who none of the rest of us see because they really physically are not there, then I would be curious. “Okay so you said you see a man sitting over there. Well tell me about this man. What is he doing, what is he saying? Have you met him before?” So, in other words I would not challenge the reality of the client and that’s very different than the way some traditional psychologist or psychiatrist would approach it. Because what I’m wanting to do is to work within the reality of the client, that’s part of developing a good working relationship. It’s part of I think building trust, because I think trust is a two-way street that I would hope that my clients trust me, but for them to trust me I have to trust them and that they’re saying what’s important to them and they’re expressing themselves from their reality position.

I: In some of your texts, you claim that the clients are their own specialists. What do you mean by that?

HA: I use the word “expert”, “the client is the expert”. And what I mean by that, is that we can never know everything about the people that we are working with. No matter how long we’ve worked with them, no matter how much information we’ve tried to gather, no matter how many questions we’ve asked, it’s just totally impossible. Because if you think in terms of a person’s life, the client or the patient in therapy, you’re only with that person a very quick moment of life, not very long. And the other thing is that I do not want to assume that I know what’s behind the words that a client is saying, I want to be curious, I want to learn more about what they’re saying, but each client comes with his or her own history, their own values, their own traditions, as a person in the world, as a member of their family, as a person in their work group, or as a student in their school. Each person is unique. So, I’m interested in the particular uniqueness of that person, because I think that’s a difference or an expertise, that’s important and that can help me.

I: You usually help others to have meaningful dialogue. Have you ever been in the place of being heard in a collaborative dialogue with another therapist? How was your experience?

HA: Well, I talk with my colleagues a lot and they're all collaborative therapists for the most part. So, for example if I have a situation with a client or in a classroom with students or whatever it might be, I would talk with one of my colleagues. I would talk with them as if they are friend and most of them would be very interested in trying to understand what my dilemma is, and what would make sure that they understood what I was saying, and that I felt that they were interacting with me in a respectful way. I would say it's a good experience.

I: In parallel to academic studies, how do you prepare and nourish yourself in your daily life routine to deal with the challenges of being in external and internal dialogues. As well as being connected with yourself, being connected with the other?

HA: Well, I will talk with other people about things, to help me sort through, to help me develop some new meaning, some new ideas, or to gain some clarity. I can also talk with myself; I talk with myself a lot in my writing. As I'm reading something, I make notes, I enjoy reading the newspaper and magazine articles and I pay attention. Sometimes there's a sentence about a story, or about a news event, that catches my attention and I have a little book and I write it down. So, I think about that, I think a lot and I think with myself, I think with the author who is writing something. I was going to see if I had something on my desk right here (Harlene was looking for something in her desk), but I cleaned yesterday, I had something from a newspaper, I had circled something that I wanted to remember. So that's what I do, I think and I try to bring in other voices whether that's on a written page of a newspaper, or a book, or someone's voice over Zoom, or a telephone, or in person, to help me begin to expand the voices that I have access, to help me be able to clarify or to think more clearly about something. And that nourishes me.

I: Being a hostess and a guest. These are terminologies used to describe some of the positions in the dialogical collaborative process. How does it differ from other therapeutic practices?

HA: It's a metaphor that I developed that I thought might help in teaching or helping other people learn what I'm talking about, in terms of relationship that I want to invite with the patient or the client that I'm working with. I began to think one day that people who come to meet with me are my guest, I'm hosting them, and I thought likewise or similarly that I am also a guest in their life, and they are hosting me. That made me start thinking about manners and sometimes you may have heard me talk about good manners which people often think it's just kind of a silly way of talking, good manners. What does that have to do with therapy? Well, I think it has a lot to do with therapy. I think having good manners is important in the world. I think good manners can signal, are communicating to the other person that you are being respectful, that you're being careful. So, also being a host and a guest, I am thinking that we are human beings. We are human beings with each other, and I think that also... as I have something in my closet behind me that I'll show you. Just a second. (And she brings a poster where was written: "Be the person you want to meet").

I was doing a workshop by Zoom in Guadalajara, México this weekend, and the interpreter was telling me that he was at a workshop one time and the Dalai Lama was there, and someone asked the Dalai Lama what he thought was the best kind of therapist, the best approach to therapy. And he said... and these are my words what the interpreter said what the Dalai Lama said: "the best therapist is one who can help a person be the best human being, that they can be by the therapist himself being the best human beings they can be".

So, if you think in terms of human beings and how we want to be treated as a human being, with respect, with dignity, without blame, without judgment.

I: These are more than good manners.

HA: Yes, Maturana might say: "with love".

I: What are your current considerations about chronic stress (burnout) compared to your studies in the past? And could you give us an example of how collaborative practices work when focusing on mental health promotion, also preventing mental health disorders in an organizational context?

HA: Ok, let me start with the first part of the question. Well, one of the things that I've come to think, because I've been very fortunate to meet all kinds of people in different countries and cultures, and that life has stressful situations, we all have stress at one time or another and also what stress means to one person may mean something different to another person. So, something that might be stressful in my life, Graziella, might not be stressful in your life. There are those differences between people. So, stress is a word that the client comes in and says: "I'm really stressed". Stress is a word that I think: "I can give when they tell me about their situation". So just in general I think now rather than particular life situations causing stress, that stress is part of living and that some people learn to handle or deal with stress better than other people do. Depends on so, so many things, what you are thinking in terms of generic make up the family system, what they've learned in their family, how they've seen other people handle stress, there are so many things that influence on how a person handle in face what they're considering a stressful situation. And probably historic previously I might have thought of stress differently like thinking of certain life situations is stressful and these are the ways that you deal with it. So, in other words, that there are a kind of recipe, there are recipes for dealing with stress. But now I don't think that way, but I think how each person handles a stressful situation whether they're calling it stressful or not, depends on so many things.

I: Harlene, do you think that stress has increased nowadays comparing to the past?

HA: Do you know, on my personal view is that we have more things to be stressful about in our lives today. I think life used to be simpler, not in terms of hard work because, you know, if you have to grow all of your own food and grind your own flour and milk your own cows and walk long, long distance to school, we just live in a very different world now and those things could have been stressful but in a way that the idea of stress... And I have a thought about this way before, I'm just thinking out loud the idea of stress might be more a western phenomenon that has found life in other parts of the world. Particularly

if you think in terms of some of the Asian countries and their philosophies and the philosophies of life and how one thinks about life and how you face life... You know, whether you want to call it meditation or being thoughtful or it seem to be many more tools to be handed down from generation to generation to help people deal with the challenges and difficulties of stress of everyday life.

I: And the other part of the question is: could you give us an example of how collaborative practices work when focusing on mental health promotion, also preventing mental health disorders in an organizational context?

HA: The first thing that comes to my mind is working in schools when a school might invite you to work with their students, because they want their students to be better adjusted or more well-adjusted. They want their students to be able to deal with a lot of homework with the less stress, something like that. The first thing that I do is I begin, I would begin by asking the person who is inviting me, the principal or the headmaster, the lead teacher, to tell me a little bit about why they thought they needed someone like me to come into the school and work with the students, or there's some things that has happened recently or was it just a series of things that finally reached the point, "oh, we need some help!". You know was there a crisis, so I want to learn a little bit about why someone at the school thought the students needed some help. And then I might say: "Okay, so let me meet with some groups of students if that's okay. And I'm not sure if you want to do this by classroom", and by classroom there might be, I don't know, 30 - I'm talking about regular school - there might be 30, that might be 20, 30, 40 students in a classroom. And let's say that this is a school where they had had in the last year 2 or 3 students committed suicide. Okay? I might begin by just asking some students, I'll say: "okay so, what I would like to do is: I'd like to... For now, divide you into two groups. I would like one group to sit with me in the middle of the room in a small circle. Now I would like the other students to circle around us. So, I will talk with the students in the middle of the circle in those of you around us will be listening and watching and then you'll have a time to talk". So, I'll just begin

asking the students about: “What do you know about suicide? What have people told you or what have you read about suicide in the various reasons that people might want to kill themselves or in their lives”. And so, I will listen to what they’re saying and then depending on what they’re saying, will inform me the next questions that I’ll ask. But in other words, I’m inviting them to talk, I’m inviting their expertise. So that might be the first thing and then I would say: “Okay so let’s switch position, so those of you who were on the outside come to the center and those who were in the center go to the outside ring and for those of you who are listening, I would like you to share with me and the other students - whatever teachers are in the room - what you were thinking as you were listening and watching to us talking about what this group of students knows about suicide or what they think about suicide”. In other words, I would use this kind of large reflecting processes. The theme what I’m trying to do, is to invite and create ways in which students in a school can talk about things that are important to them. And it might be suicide, it might be homework, it might be parents, it might be bullying, it could be anything that the students would like to talk about. So that would be if I was just invited in without any specific topic then I would begin asking “okay, so let’s see most of you are 12 or 13 years old maybe ones 11 and ones 14, so tell me about being 12 and 13 years old these days. What is it like? What are the good parts of being 12 and 13? What are some of the things that bother you or upset you about being 12 or 13 in school?”. That’s how the themes and the topics that we will talk about will begin to emerge and so you’re inviting the voices of the students, you are inviting the voices of the experts, the specialists, the students and you’re helping them learn how to think, talking with themselves and also talking with other people. So that there is something, in my experience, that in the future, if somethings are really bothering them, they may be more likely to mention it to someone else either another student or to an adult. I might say: “okay now I’ve heard some 12- and 13-year-old, say that it’s very difficult to talk to adults, so tell me about some of your experiences of when you wanted to talk to an adult about something”. In other words,

I’m inviting them into a conversation with me and then we can have a conversation with each other so I can continue with the small circle and the big circle. Let’s say that I only have 12 students in the room I might say “Okay so let’s divide up and let’s have four groups of three students, and I want you to talk with each other about what we’ve been talking about and how you either relate to what we’ve been talking about. Does it make sense to you? Can you understand that? Or if it doesn’t make sense and you don’t relate, if you’ve not had any of those kinds of experiences”.

I: So, do you think that having closer conversation in the sense of humanizing these people?

HA: Humanizing, yes, humanizing and helping people who usually do not talk about things because they may not have anyone to talk with, because there is no one who wants to listen to them. If you are 12 or 13 years old and you start talking to an adult, most of the time the adults can start telling you what you’re doing wrong, what you should be doing and they are really not listening to you, in a listening way that I consider therapeutic.

I: And this is a way to promote mental health?

HA: I find that it is a way to promote mental health. Now for example, in a school here in Houston, they are doing the school very differently because of the virus and the students were online, not in the classroom they didn’t want to be online and they weren’t turning in their assignments, parents were very worried and so this was the environment around the virus. And so, what the principal and the counsellors did is, I believe, it takes a lot of time doing a good job. He called every parent on the telephone and talked with them and said: “you know, this is what is happening at the school, these are the changes, this is why we are doing it. And we know that some parents were concerned, so what are you concerned about?”.

I: One by one?

HA: Yeah, every parent in the school he called. This is a small private school. So, there are... I don’t know how many kids are there, maybe a hundred and fifty or something like that, but he called everyone

and talked, you know, one-parent if it was only one parent or one of the parents, or the adult responsible for the child and it just began to make all the difference in the world, I mean they thought that the school was really taking this virus situation seriously taking the kids education seriously and so, to me that's promoting mental health. Because nowadays, at least in the United States and I think that we are the first in the world in number of cases and deaths and I think Brazil as second to us, in the United States it's a huge serious problem that so many of the things, in terms of money, not being able to work, social isolation, not being able to go to work, go to school, visit with your friends, life is so different, people are very unhappy about the situation finding it very difficult to follow any kind of rule.

I: In times of political polarization, social and racial discrimination, violence against migrants and so many social and economic inequalities that we go through in Latin countries, how can we develop practices that invite dialogue and collaboration?

HA: I think that this is a very relevant question and a very big question and what you're describing is happening all over the world everywhere, in terms of the political unrest leaders of countries becoming more and more bigger and bigger dictators, physical and mental harm or psychological harm to people who minorities are whether that's a minority in terms of race, or religion, color of one's skin, poverty, so many ways in which more privileged people are harming underprivileged people. And I think that therapy is not the way to tackle big problems like that, these are huge social problems that require social change and I think, as a therapist, if these are some of the things that really interest you and that you have a lot of passion for, then you need to find ways that you can be more active in social change.

Now I think one of the things that's been happening in Brazil and I know that at Interfaci is what's called Community Therapy, which I think, this is my bias, I've talked to Marilene Grandesso about this many times, that it should be called Community Conversations because it can be therapeutic, any conversation can be therapeutic but if you think in terms of therapy, is therapy for sick people. The

people who are marginalized economically, socially, politically, that's not a disease or a mental sickness that needs therapy. That's a huge social problem and so I think Community Conversations can help people have more a sense of agency, more of a sense of having some input into decisions, policies that affect their lives, more input into the kinds of services that they think they need rather than someone up here deciding 'that this community needs this, or this school needs this, or this city needs this'. You ask the citizens, what they need, and you trust that they know what they need. And together you figure out how to provide that, not that they say, "we need two million dollars to do this" and so the government comes up with two million dollars, is like: "Okay so this is what we going to do, this is going to cost a lot of money, let's think about all the ways in which we can try to do this". Maybe it's in small steps, one step at a time. The question is a huge, huge, big question. That requires change on a broad, big level.

I: So, inviting dialogue and collaboration would be promoting more conversation about these issues?

HA: I think so, we have to find ways in which people can begin to talk with each other about polarized positions and about things that are very, very difficult. Now there's this "Public Conversation" that are happening in Boston area, where they bring different groups of people together and they begin over dinner. And they share dinner together and the one rule is that you cannot tell anybody else in the room your political position, in another word, your political preference, if it's about politics. So, it's based on the idea that you begin to develop relationships, knowing each other a little bit and beginning to trust each other and then that's very different background of relationship for some of these very difficult conversations to begin and then you begin the very difficult conversations in some very small ways. And these people when there is big social or political problem, they want to throw a big bomb and it doesn't work, it just destroys everything.

I: How can Collaborative and Dialogical Practices contribute to the construction of public policies that promote a dialogue between public authorities and civil society? Could you give us an example of a successful experience in this regard?

HA: I think here in the United States this black lives movement being an example of that. So if you're in a position of authority and whatever that might be in terms of educational system, or political system, the social service system and you have your own prejudices about people who are involved in the black lives movement or your own descriptions of them and you think they're just causing trouble, they're basically thugs whatever you have, as long as you begin by having those kind of negative thoughts about another person or another group, that's how you're going to hear and see everything they do. You're going to hear and see it through all these negative descriptions which continue to close down opportunities for talking and opportunities for listening. But the most important thing is to invite other people to talk and to be a really genuine listener, meaning you're interested in learning about what the other person has to say and what can be a value in terms of what they have to say and not respond to them as they are a category of people like troublemakers.

I: Yeah, that makes the difference.

HA: Yeah, that's another very, very big question which people are facing all over the world in terms of different kinds of social, racial, ethnic, clashes and controversies. Serious things happening.

I: In your opinion, what elements of social constructionism, we therapists cannot underestimate in order to develop more human collaborative therapeutic and social dialogical practices?

HA: I think that's the ideas that there's not one truth about anything, which also means that that truth or that piece of knowledge is not determined up here by privileged person or group of a privileged people, and then given to other people as if you can put it in somebody else's head, so I think the whole notion of not one truth or one reality but there are multiple truths and multiples realities and that's what clashes are about, is differences.

I: To conclude our interview, what message would you send to young professionals that contribute to the prevention and promotion of mental health in society, in the different fields of action?

HA: I think, first of all, to keep in mind, that's where your

passion is. Promoting mental health in society and when I hear that, those words, I think of promoting mental health on a larger scale. And to keep in mind, that when you're in your office you're working only with one or a few numbers of people, and that can be promoting mental health with that one person or with those three members of that family, or six members of that family. And that's very different than trying to approach Mental Health on a much broader scale, something you have to be able to be clear with yourself, who are you targeting, who you are trying to promote mental health with? And that then begins to inform and organize how you will proceed with your work and how you will offer your mental health services. Then for example whether all of your work is community therapy, or consulting with a police department, or working in a school, or working in a private office, where you see different people one after the other all day.

And I think that's the last thing I would like to say to the students who will be listening or watching or reading this interview, is that is very important, I think, in terms of mental health for you, to be, what I called an informed or educated consumer, it's like do your research, if you're going to buy a new refrigerator you're not going to just go into the store and buy the first refrigerator that you see but most likely these days you're going to do some research, you will going to think about: "Okay, what kind of refrigerator do I want, what kind of features do I want it to have? Oh! What size space do I have to put it in? So, I can't have a refrigerator that's larger than... whatever". So, in other words, to think about, 'how will that refrigerator be useful to you?' How will the approach that you are drawn to - whether it's collaborative therapy, community therapy, Ericksonian approach, Structural Strategic therapy, whatever it is -, how will that be useful to you? What will it allow and permit you to do, and what not allow you to do? So that it is. One thing, be informed! The second is - and I think is equally important -, is to find a way of working that fits with who you are. Because you have to be comfortable with it, to be competent and to be successful. You cannot try to be a Graziella or Valeria or Harlene. You cannot try to be another therapist. You can't be. Your biggest tool is yourself and you want to be able to use yourself in a natural and spontaneous way. That's what I end with.

Harlene Anderson

She is recognized internationally as being at the leading edge of postmodern collaborative practices which can be applied in organizations, communities, education, research and consulting. Co-founder and board member of the Taos Institute, Houston Galveston Institute and Access Success International. Editor and founder of International Journal of Collaborative Practices and founder of the International Certificate in Collaborative and Dialogical Practices (ICCP). Among her many awards are the prestigious 2000 Outstanding Contributions to Marriage and Family Therapy Award from the American Association for Marriage and Family Therapy and the 1998 Lifetime Achievement Award from the Texas Association for Marriage and Family Therapy. Harlene has authored and co-authored numerous professional writings including her book *Conversation, Language, and Possibilities: A Postmodern Approach to Therapy*.

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