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Published in:
International Journal of Action Research

Publication date:
2013

Document Version
Publisher's PDF, also known as Version of record

Walking the talk? A Micro-Sociological Approach to the Co-production of Knowledge and Power in Action Research

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This article is a contribution to the ongoing discussion in reflexive action research about how the ´co´ in co-production can be understood in the nexus of epistemology and methodology. We apply a micro-sociological approach together with a Foucauldian conception of power/knowledge in the exploration of how knowledge and power relations are negotiated in a workshop which was a part of Action Research project in psychiatric setting. Few action research studies show in detail how power relations between participants affect the knowledge production and we argue that this theoretical and methodological combination has the potential to unpack the local workings of power. The analyses show how knowledge and power are intimately related and intertwined. Our orchestration of the workshop, for instance, bears consequences for the generated context and production of knowledge. It paradoxically becomes an exertion of power by which we in- or exclude certain voices in spite of our good intentions not to do so. In conclusion we assert that any involvement is a powerful act and that we as researchers have an ethical obligation to reflect on the complexity of and tensions involved in the co-production of knowledge in order to "walk the talk" and try to live up to the democratic ideals in Action Research.

Key words: micro-sociological approach, power, participation, knowledge forms, co-production

In Action Research (AR), there is a prevailing ideal of democratic knowledge production in a transformative process. Together, researchers and practitioners are able to "identify important emerging issues that would otherwise remain invisible" (Bammer, Brown, Batilawa, & Kunreuther, 2003, p. 86) and produce new knowledge in a mutual development of practice. In this collaboration, the relationships and the local "networks of power dynamics" (Reason & Bradbury, 2001) which are formed are essential to the knowledge production, and to the possible outcomes of the research and change process. "Participation" is a defining characteristic of AR, based on the central premise that research is enacted "with" people rather than "on" or "for" them (Heron & Reason, 2001). The ideal is a democratic relationship in which both sides exercise power and shared control over the research process. Within this framework, researchers are supposed to act as committed facilitators, participants, and learners rather than distanced, neutral observers, analysts, or manipulators (Arieli & Friedman, 2009, p. 265).

Time and again, in our own research, we have encountered a tension between the openness to different voices we as Action Researchers seek to establish through the co-production of knowledge, on the one hand, and, on the other hand, the exclusion of voices we ourselves engender through our interactions with practice (Phillips, 2012, p. 148). In our opinion, researchers must dare to deconstruct their understandings of the nature of 'proper' research relationships and 'proper' knowledge forms if they are to tackle this tension and "walk the talk" of co-production in action research. We argue that a micro-sociological approach has the potential to unpack the moment-by-moment changes in the relationships between participants in an AR project and expose how different knowledge forms, academic as well as practice based and situated, come into play. In this article, we look into the nexus of epistemology and methodology and discuss *how* we, the researchers, seem to invite and initiate a co-production, and how the process of co-producing knowledge affects the "*what*": that is, the knowledge co-produced in the situated context (Phillips & Kristiansen, 2012).

We present an analysis of video footage from a workshop which we and practitioners held after one year of collaboration in an AR project in two psychiatric wards. We had worked alongside the practitioners in formulating

the following objective for the project: "to establish psycho-educational situations which meet the needs of the patients". Collaborative knowledge production in the project took place in regular workshops in which practitioners at the psychiatric wards and us, the researchers, took part. From the very beginning of the project, we were puzzled by the ways in which different knowledge forms were negotiated and made relevant in the interactions of workshop participants (researchers and practitioners). We saw a disparity between our intentions as researchers to instigate a dialogic framework and the rather monologic interactions we experienced. Our confusion led us to investigate how differences in power relations evolved in interaction between workshop participants, and how expectations, preferences and negotiations in relation to knowledge were at stake. Consequently, this article investigates how participants' different understandings of knowledge, mutual expectations and power relations evolve in specific but typical situations which often become invisible in a flow of everyday actions.

In the international Action Research community, recent discussions have increasingly focused critically and reflexively on the democratic dimensions of relationships in collaborative knowledge production (Arieli & Friedman, 2009; Gunnarsson, 2003; Heen, 2005; Kristiansen & Bloch-Poulsen, 2004; Olesen & Pedersen, 2010; Pedersen & Gunnarsson, 2004, Phillips et al, 2012). The purpose of this article is to contribute to this debate by exploring and discussing the complexity of the co-production of knowledge in AR. Our motivation is that an awareness of how power relations are at play in all processes of knowledge production may strengthen the practical validity of "co-produced" knowledge in Action Research.

In the article we investigate the following research questions:

– How are different knowledge forms negotiated in discussions about practice during a workshop in a psychiatric healthcare setting?

– How do local power relations influence the ways in which participants interact and their expectations towards one another, with respect to the kinds of knowledge they bring with them?

The article is divided into four sections: First, we set the scene and take a look at how ideals of power and knowledge production have informed AR in

general, and our research in psychiatric wards in particular. Second, we introduce the micro-sociological approach we apply in the analysis of video footage of interactions during one of the workshops. Thirdly, we describe the project and our analysis. On the basis of this, we discuss paradoxes that arise in co-producing knowledge in AR. Finally, we draw our conclusions and raise new questions regarding how to handle the co-production of knowledge.

Knowledge and power in action research

In AR, power is often viewed from an agent perspective (Bachrach & Baratz, 1962), a resource perspective (Parsons, 1968; Weber, 1991) or a post structural perspective (Fornet-Betancourt, Becker, Gomez-Müller, & Gauthier, 1987)**.** Here we draw on a Foucauldian perspective in investigating the interplay between dominant/authorised knowledges/voices and subordinate, subjugated knowledges/voices which may be treated as unacknowledged or inferior knowledge. In other words, we explore how some voices: discourses articulating particular knowledges, come to dominate, marginalise or exclude alternative ways of knowing and doing (Phillips, 2011, p. 54). Knowledge and power can only be understood as interwoven in a web of normativity, expectations, interpretations and emotions in which participants negotiate which knowledge forms seem relevant and legitimate in a process of action and sense-making. Through in-depth analysis of the interaction during a workshop at a psychiatric hospital, we will explore how "coercion-free power" unfolds among all actors in the situation (Fornet-Betancourt et al., 1987). Power is not conceived as something one can possess or exercise over 'the other', but as a basic condition in social interaction which affects sense-making processes. Moreover "these relationships of power are changeable relations, i.e., they can modify themselves, they are not given once and for all" (Fornet-Betancourt et al., 1987, p. 123). Because knowledge and power are productive and interrelated (Staunæs, 2004; Søndergaard, 1996), researchers are not unequivocally more powerful than practitioners. Power relations in a Foucauldian perspective are seen in a dynamic intersection between social position, space, and subjective positioning. Thus expressions of, and changes in, power relations must be subjected to empirical, situated

study. Micro-sociological approaches such as ethnomethodology (EM) and conversation analysis (CA) represent an inductive and systematic approach to the study of how power unfolds in situated interactions (Arminen, 2005; Garfinkel, 1967). EM is sceptical about assuming common sense conceptions of, for instance, institutional roles, power, and asymmetries and reproducing them in analysis. How such entities and processes come into play is treated as an empirical question and they are only to be analysed if participants make them relevant in-the interaction (Nielsen, 2007). A micro-sociological approach has a different focus than a Foucauldian macro-sociological perspective, because power in a Foucauldian perspective is looked upon as potentials which play a vital and productive role in how society unfolds (ibid). A micro-sociological approach is not concerned with power per se, but with the ways participants make power relevant or salient in interaction.

Post-structuralists have criticised ethnomethodology and CA for not rising analyses of situated interactions above the micro-level of what is observable. In their point of view CA appear to ignore the "macro-level social context" and how this context influences local interactions (Wetherell, 1998, p. 402). However, it has never been the ambition of CA to focus on this connection between micro-and macro-context per se, but rather how participants make the macro-context relevant in-interaction.

In a Foucauldian perspective, we find that the researcher, no matter if she is acting as facilitator or interviewer, through her orchestration of a workshop or an interview, sets the scene, so those involved are called to act or respond in line with the expectations of this scene. The power in the use of language, the order of questions, and the encouragement to deepen an answer or choosing to proceed rapidly are examples of micro-power. Using a CA method we try not only to document minutely how a specific interaction develops, but also how participants understand the situation in the situation (Nielsen, 2007). The 'order of interaction' comprises specific interactional rights and obligations which are connected to the identities and positions of the interactants and the ways in which they co-produce knowledge in the setting. From this perspective, we argue that the researcher in her orchestration of the social context, be it a workshop or an interview, sets the scene and framework for participation.

Together CA and the Foucauldian perspective capture the complexity of the ways in which power is negotiated and exercised. Therefore, we find that the two perspectives on power: a Foucauldian and a bottom up, micro-sociological perspective, supplement each other.

Tensions in collaborative knowledge production

According to Kristiansen and Bloch-Poulsen (Kristiansen & Bloch-Poulsen, 2012), co-authorship does not necessarily imply symmetrical co-operation. Rather, co-authorship is characterised by different contributions from the participants. Hence "the ways in which action researchers organise knowledge production processes will influence what knowledge is included or excluded." (Kristiansen & Bloch-Poulsen, 2012, p. 203). A prominent discussion in the AR literature is, therefore, the meaning of 'co' in the co-production of knowledge within dialogic, organisational Action Research (Fricke, 2011; Gaventa & Cornwall, 2007; Kristiansen & Bloch-Poulsen, 2011; Phillips et al., 2012). In this discussion Kristiansen and Bloch-Poulsen (2012) have commented that "Practicing participatory knowledge production as co-determination means letting go of researchers' attempts to be in full control and de-romanticising the concept of participation as meaning `simply´ joint or shared" (p. 194). In their reflexive analysis of an AR project with community leaders Ospina et al reflect on the approach Kristiansen and Bloch-Poulsen advocate, critically discussing how they de-privileged their own voice in order to invite "new voices" to join the research project (Ospina et al., 2004, p. 62). Lennie et al. identify discourses in a study of relationships and supposedly shared knowledge production, in an Australian feminist action research project involving rural women, academics and industry partners. One of their findings is that dominant discourses are strengthened or weakened, depending on the context in which they were used (Lennie, Hatcher, & Morgan, 2003, p. 76). Pedersen and Olesen describe how their ideals of participation, joint responsibility, and egalitarianism could not be tested and introduced in practice because they did not dare to make them explicit. The ideals turned into demands disguised as offers from the researchers to the other participants and the co-operative process of knowledge

production became an ongoing but tacit negotiation about what the "co" in co-production meant (Pedersen & Olesen, 2008).

In summary, this section on knowledge and power shows how the AR ideal of "co-production of knowledge" can be filled with tensions, contradictions, dilemmas and power imbalances which seem to be inherent in all forms of knowledge production and communication (Phillips, 2011). In the next paragraph, we zoom in on how these tensions evolved in the course of the AR project in the psychiatric wards.

Peer observation workshops in a professional psychiatric setting

An invitation into a psychiatric practice field is also an invitation into a culture of professional practices and discourses, which have been made manifest under specific historical and cultural circumstances (Gunnarsson, Linell, & Nordberg, 1997). As AR researchers, we have to take this situated context into account in the co-production of knowledge. Importantly, we see that two different tendencies have emerged in Nordic medical culture over the last 20 years. On the one hand, there has been a wave of `academisation´ within the health care professions, accompanied by a growing demand for evidence-based practice (Rimer, Glanz, & Rasband, 2001). On the other hand, there appears to be growing awareness of the patient as a `citizen´ with rights, interests and perspectives; a view deviating from the narrow logic of cause and effect inherent in the medical tradition (Winblad & Ringard, 2009).

We experienced both these tendencies in the psychiatric ward. The evidence-based practice was visible in the monographic format of psycho-education to the patients and relatives together with booklets assisted by checklists in educational settings (Xia, Merinder, & Belgamwar, 2011). Much of this information was decontextualised, and combined with standard procedures for the way in which practitioners were supposed to act in practice. Also practitioners' experiences from prior research projects appeared to be influenced by the demand for evidence-based practice. For instance, they expected us to make them execute and register a number of additional assignments (weigh, measure, enquire, etc.) in order to produce data relevant for "our research". In their experience, research projects meant extra work in

order to profile the ward in academia. In spite of their experiences, the practitioners were very interested in improving their way of informing the patients through a collaborative project.

Throughout the first year of the project, we insisted on egalitarian relations. However, when the project's democratic approach was evaluated at a midway seminar, one participant expressed a point of view shared by a majority of the participants in saying "I want to be a passenger who can rely on both of you as chauffeurs." (Pedersen & Olesen, 2008). We respected this wish because we had seen how hard it was for the practitioners to find time to participate in all the co-production processes of the project, i.e. planning, interviewing and analysing. After the first year of the project, where interviews with patients and relatives were made in collaboration between practitioners and researchers, we concluded together that the variety of needs called for an individual format of psycho-education. Collaboratively, we began to investigate how psycho-education could be carried out through one-to-one encounters and concluded that the focus would be on the practitioners' interpersonal competencies in communicating with patients and relatives. We (the researchers), introduced peer observation (Lauvås & Handal, 2006) to improve the participants' professional dialogical skills in situated face-to-face interactions. Also, we held regular workshop meetings with all practitioners where the peer observation pairs shared and reflected on their experiences together with the rest of the group. The data we analyse in this article comes from video-footage from one of these workshops. Below, we expand on our methodology.

Methodology

The problem with much research in institutional settings is, as Sacks puts it, that it misses the interactional 'what' of the practice (Sacks, 1995). Too often this research deals in theoretical abstractions like, for instance, what "co-production" of knowledge entails without demonstrating how it is constructed in interaction. Ethnomethodology (EM) and Conversational Analysis (CA) provide a focus on the missing interactional 'what' of institutional practice and document the social processes by which social life: in this case how the ideals of "co-production" are played out in-interaction, and draw on authentic

data (Arminen, 2005). In this investigation we are inspired by CA research into doctor-patient interaction which provides a similar methodological outset to ours in showing how different knowledge forms and the power relationship between doctors and patients are negotiated. CA studies explore and identify interactional conditions for different forms of participation in medical consultations like, for instance, decision-making processes. In this respect, CA researchers assert that interactional and orderly dynamics are observable in very short conversational excerpts (Collins, Drew, Watt, & Entwistle, 2005; Drew, Chatwin, & Collins, 2001). These CA researchers assert that these interactional and orderly dynamics are observable in very short conversational excerpts. In EM terminology we, as researchers, consider ourselves to be 'members' on an equal footing with the other workshop participants, and we do not include interviews or retrospective reflections from either the participants or ourselves in the analysis. From a micro-sociological perspective, interview data merely offer indirect 'representations' and some sort of reconstruction of participants' experiences which is affected by the way in which the interviewer and interviewee perceives the specific interview context and each other (Silverman, 1993).With respect to specific methods of data analysis, we draw on Aronson's notion of the "social choreographic" analysis of talk in which the focus is on interactional shifts and changes (Aronson, 1998, p. 76). Inspired by Goffman, EM and CA, as well as by Bakhtin, Aronson sees interactional shifts as discursive phenomena shaped by the social context and vice versa. This perspective results in a focus on directionality rather than dichotomies, states or preformed structures. We therefore use the concept "positioning" rather than "role" because positioning enables incorporation of a discursive and interactive dimension in relation to power and control. We investigate the ways in which participants (both practitioners and researchers participating in the workshop) position themselves in talk - for instance in terms of their footings (Goffman, 1981). According to Goffman, a change in footing implies a change in our alignment with both ourselves and with others present in a particular setting as expressed in the way we manage the production or reception of an utterance (Goffman, 1981, p. 128). Previous studies in institutional settings have shown how professionals´ shifts in their footings work to maintain neutrality and

authority in interaction in for instance news interviews (Clayman, 1992) and in clinical supervision (Nordentoft, 2008) . As such footing and alignment are seen as indexes of the ways in which positions, social order and power are distributed through interaction. Applying the concepts of footing and alignments in our analysis, we demonstrate how changes in footing are reflected in shifts in the usage of personal and impersonal pronouns.

Our methods for analysis also incorporate on Goffman's concept of "facework" which is closely connected to the concepts of footing and alignment (Goffman, 1972). Face can be seen as the "assessable public image of self that can be found in, and results from, social intercourse" (Lerner, 1996, p. 303). "Face-work" is a process which has significant impact on social interactions because face involves public maintenance and evaluation of self. In other words: "To maintain face is to fit in" (ibid). In terms of the setting at the centre of our study, namely a workshop conducted in a psychiatric setting, who fits in and who does not depends on how the workshop is facilitated. We use the term "orchestration" to capture the way in which the researchers facilitate who talks and when in the workshop (Aronson & Cederborg, 1994).

Analysis

The three excerpts we analyse come from the third workshop in which five participants from the psychiatric ward and we: the two researchers, Birgitte (B) and Helle (H), were present. During the workshops, the peer observation pairs reflected on their observations: that is, on how they had been performing psycho-education and providing feedback to one another. In all three excerpts discussed below, the topic of discussion is the nurse Paula's peer observation of John, a healthcare assistant. Paula observed John in his conversation with a psychiatric patient who had a massive consumption of coffee and cigarettes. In his psycho-education, John wanted to make the patient reduce her coffee intake. Four people, Birgitte and Helle (researchers) and John and Paula (practitioners) take part in the discussion, the rest of the group remain silent throughout the conversation, but they seem to be listening actively; their eyes follow the speaker and they laugh and nod throughout the conversation. The rest of the group will not be mentioned in the excerpts

because we exclusively focus on the interaction between the researchers and the peer observation couple.

The excerpts present three different perspectives on the synergy between the researchers' orchestration, and the negotiation of knowledge and relations in the workshop.

Excerpt 1: "What exactly did you become wiser about?"

In the analysis of the first excerpt[1] we want to shed light on the different ways in which participants conceive their positions in the workshop context, and how this can prevent a consensus forming regarding events. Specifically we examine:

– The interactional dynamics between the peer observation pair and the researchers.

– The mismatch between the researchers' framing of an informal context and practitioners' orientation to a formal context in the negotiation of knowledge forms.

Excerpt 1

> 1. B: Was there also something that made you think (.) "Whoa! This is something I can use from now on when I talk to (what was her name) Louise?
> 2. J: No, the only thing ehh (.1) the only thing I became a bit wiser about was what we in the psychiatric field call motivational interviewing.
> 3. B:[yes
> 4. J: [That was what I learnt.
> 5. B: Yes (.1) What exactly was it you learnt?
> 6. J: It was that (.4) ((draws on a piece of paper and looks at it)) what was it (.2). It was actually not until afterwards I realized it. That you could go in (.1) having a more inquiring approach to the patient
> 7. B: yes
> 8. J: rather than (.1) just suggesting solutions

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[1]   In the transcript we only present the English translation. We are happy to send the original Danish transcript on request. We use the following transcription symbols for overlap and pauses:
   – [xx]: Square brackets mark the start and end of overlapping speech, aligned with the talk above or below.
   – (0.4): Pause: Numbers in round brackets measure pauses in seconds: in this case 4 tenths of a second.

In the excerpt, John has been recounting his experience with peer observation of a conversation he had with a patient. Birgitte follows up with questions about his reflections on this experience (1). In her first question, Birgitte shifts footing: First, she addresses John directly and says "you". Then she becomes more familiar, speaking on his behalf; i.e., she uses "I" when she imitates or imagines his possible statement: "Whoa! This is something I can use from now on". Birgitte's footing seems to project a positive reception because there is a preference for agreement and, therefore, a positive response (Lerner, 1996). In other words, John is expected to align with her imitation. However, John does not align with Birgitte, and accept the invitation to familiarity and a more informal atmosphere. He declines her statement and says: "The only thing I learnt a bit about was what we in the psychiatric field call motivational interviewing" (2). Apparently, John is not able to give Birgitte what she wants; or he does not understand what she wants. John seems to orient himself towards factual knowledge in his answer, whereas Birgitte is looking for experiential knowledge and an answer suggesting ways in which the conversation with the patient might have an impact on practice. As such, John risks losing face, that is, the positive social value the individual seeks to maintain in interaction (Goffman, 1972). Whenever there is a conflict of interest or a problem which has to be solved in a group, the participants risk losing face. John's initial hesitation when he answers can be seen as an indication of this (2). In his reply, John shifts footing from "I" to "we" possibly to save his face. When he says "what *we* in the psychiatric field call...", he uses a plural form "we" together with "psychiatric field". This combination appears to make a distinction between professionals who have knowledge about normative theories about "good professional–client interaction", and Birgitte and Helle who as outsiders in the field of psychiatry probably do not have this knowledge.

This normative knowledge is called "stocks of interactional knowledge" which are seen as "general idealizations, whereas practices are carried out in situ" (Peräkylä & Vehviläinen, 2003, p. 728). Thus, the footing from "I" to "we" (2) can be seen as John's attempt to enforce his professional neutrality and also accountability as a psychiatric healthcare worker and distinguish between Paula, himself and the researchers (Garfinkel, 1967). John's repeti-

tion (4) and his emphasis on "only" (2) indicate that he wants to close this topic of conversation and stop the researchers' questioning.

In face-work, a member of a group is expected to: "sustain a certain standard of considerateness; he is expected to go to certain lengths to save the feelings and face of others present" (Lerner, 1996, p. 322). This is, however, not the case in this excerpt. Birgitte asks yet another question in which she digs deeper into the details of John's answer. Birgitte seems to be looking for some more context-sensitive knowledge when she asks: "What exactly did you become wiser about"? In his second answer, John is more hesitant. There are several long pauses and he seems once again to risk losing face (6). Luckily, Birgitte seems to accept his answer this time (7). In summary there seems to be a mismatch between the researchers' invitation to an informal and dialogic context, in which there is room for an exchange of an experience-based knowledge, and the more formal context which is fabricated in the excerpt. This formal context is characterized by the 'teacher-student' relationship between Birgitte and John in which Birgitte asks questions until John has answered them in a satisfactory manner. However, the situation is not straightforward because Birgitte in her footing and imitation of John's possible reflection: a reflection he did not have, seems to invite a more informal atmosphere. An informal atmosphere which clashes with the formal context John appears to orient to, a context in which a normative and de-contextualised knowledge is called for. Moreover, Birgitte's familiarity, unintentionally, puts John's face even more at risk because he cannot answer her question in a satisfactory manner. Finally there appears to be a clash between the informal atmosphere Birgitte invites in words, and the way in which both she and Helle look at John in a rather insistent manner.

Excerpt 2: "You should have motivated her"

After the first excerpt and the discussion about John's experiences with peer observation, the topic of the second excerpt is Paula's feedback to John after her peer observation. The second excerpt is, therefore, an exchange between John and Paula, in which Paula gives an account of her comments to John in

her feedback after the peer observation. In our analysis of the second excerpt we want to explore:

– The interaction between the peer observation pair and how they refer to motivational theory in their conversation.

– The significance of the researchers' silence in the excerpt.

Excerpt 2

1. P: yes because it is also about realizing (.)   what it is one wants to achieve that was something we talked about
2. J: [mmm
3. P: what what has to happen in this conversation. Is it about her - that is you went, you go straight for the shoulder and tell her that you want to show her and motivate her how unsensible it was that she drank so much coffee and then you pulled then you presented some [information
4. J: mmm
5. P: you had printed out from the internet and that was all well and good, but the patient was not there
6. J: No
7. P: and that was what we were talking about, that in [reality
8. J: to find out what motivated her for a change, was it not
9. P: Yes or rather that you should have focused on going in and motivating her
10. J: Exactly
11. P: or anyhow make her take a look at the positive and [negative sides
12. J: [mmm
13. P: because there was no motivation
14. J: no
15. P: and we had to get to the bottom of it before we could go in and make (Paula moves her hands in circles)

Paula gives her account of John's conversation with the coffee drinking patient (1-5). She shifts footing several times from "one" (1), to "you" (3) and finally "we" (7,15). The point we wish to make here is that Paula's changes in footing also mark changes in her position and relationship to John:

– Firstly, by using the impersonal pronoun "one" and at the same time giving directions to the way in which "one" should act as a professional, Paula introduces a normative and more detached perspective.

– Secondly, she does not include herself and only refers to John using the pronoun "you". As such, she appears to distance herself from John's actions and when she describes them John almost becomes what Goffman calls a "nonperson". A nonperson is characterised by the fact that others talk on their behalf "treating them as nonparticipants in the activity at hand" (Aronson, 1998, p. 86).

Lastly, Paula includes herself twice (7, 15) by using the pronoun "we" when "the answer" to John's problems is uncovered (7, 15). Moreover, she puts herself in a superior position just after the first "we", when she lectures John on what he "should have done" (9) in accordance with motivational theory (11).

John is again at risk of losing face, and all he can do, and does, is to agree with Paula. Paula has earlier referred to a course on motivational interviewing, which she has attended since the last workshop. In her feedback, she seems to lecture John with a normative approach to motivation, rather than 'walking the talk' from the course and adjusting her comments to the situated context in question. In his response to Paula, John appears to fight for his accountability and face by aligning himself with Paula's expertise. He agrees with Paula's account (2, 4) and responds with approving continuers and affirmations, such as "mmm" and "exactly", which appear to reinforce Paula's accountability. As we see it, there can be several reasons for his behaviour: John is below Paula in the hierarchy (he is a healthcare assistant whereas she is a nurse). Also, he did not attend the course Paula draws upon in telling John what he should have done. Finally, he did not succeed in making the coffee-drinking patient understand and reduce her intake of coffee. When he appears most at risk of losing face, Paula exceeds the premises for giving feedback in peer observation we had mutually agreed on before the peer observation, because she dictates what he should have done (9), he underlines his agreement and responds: "Exactly" (10). However; the researchers (Helle and Birgitte) do not intervene or invite the other participants in the workshop to comment on Paula's violation of the mutually agreed premises for feedback. Their passive attitude, therefore, can be seen as tacit acceptance of Paula's lecture on her insights from the

course and her approach to feedback in peer observation. Or, in light of the analysis of excerpt 3 below, their silence can also be seen as the opposite: a rejection of her input. Our reading is that the participants seem to orient to a normative and de-contextualised knowledge as the primary knowledge form dictating actions in practice. In the relationship between John and Paula, Paula puts herself in a superior position to him which is evident in:

– her footings
– how she refers to a normative knowledge from a course he has not attended
– the way in which she tells him how he should have acted in the specific situation.

Because Paula's version is left unchallenged by the researchers, John and the rest of the group may be left with the impression that Paula's version, including the underpinning orientation to knowledge, is the `correct´ one.

Excerpt 3: "The ultimate in coziness"

The last excerpt differs from the other two, illustrating a more symmetrical interaction in which the four participants elaborate on each other's contributions to the conversation. In the analysis of excerpt 3 we investigate:

– How the positions, relationships and knowledge forms are negotiated and differ from excerpts 1 and 2

Just before excerpt 3, Paula elaborates on how John, according to normative motivational theory, could motivate the coffee drinking patient to drink less coffee. She becomes more specific about how John could approach the patient, and says that John should investigate what the patient experiences as the good thing about drinking coffee, and if there are any drawbacks to drinking coffee. Again Paula refers to knowledge she has learned on the course, but in her remark it seems like she is about to transform this knowledge into a more situated knowledge, in which she incorporates the coffee drinking patient's perspective. Helle aligns with Paula and formulates the gist of her comment in a metaphor when she says:

Excerpt 3

1. H: You need to enter through the back door ((low voice))
2. P: [yes
3. J: Instead of just saying this, that it is not healthy to drink coffee,
4. H: [yes
5. J: have you heard that it is [harmful (.)
6. H: [yes
7. J: and (.1) you don't sleep well at [night
8. H: [yes
9. J: and the blood pressure goes up [and
10.H: [yes
11. J: because then it is uh (.2), it may well be that the patient gets this
         stuff uh but it is not certain that the patient will stop the [behavior
12. H: [no
13. J: (.2) so this thing is really good ((turns to Paula))
14. B: And actually they probably don't get it. We can just think about
         our own lives, there are also things we do that we know are habitu-
         al but we try to keep them at bay because we can't be bothered to
         do something about them in the [moment
15. J: exactly
16. H: But there are also different categories, you can say there is the
         knowledge about coffee, there are attitudes toward coffee and there
         is also this that is about (.1) how coffee is for me, do I begin to
         shake like crazy (shows with her body how you can shake)
17. J: [but for her
18. H: [Do you understand what I'm saying?
19. J: [But for her, coffee was closely associated
20. H: [yes it´s ( )
21. J: [to her, coffee was associated with the [ultimate in cosiness
22. H: [yes, , that is indeed ((laughing))
23. B: [yes
24. J: It was part of her ((raises his hands and speaks in a light tone of
         voice))
25. H: That's one hell of a problem
26. J: So if it is part of her, then it is pretty hard to get rid of, because
         then you need to say goodbye to [something
27. H: [yes
28. J: that was so familiar and was so (.) nice for her
29. H: Yes, that's what it is, a challenge in psycho-education
30. J: Totally
31. H: How can you disassociate from the coziness

In the third excerpt John picks up on this shift in Paula's talk. For the first time in the conversation John appears confident and "in-face" (Goffman, 1972). He responds to Helle's metaphor about how patients' can be approached in line 1 in a clear tone of voice (3). For the next 20 seconds he speaks in the second person and appears to imitate and almost parody his own conversation with the coffee-drinking patient (5-9). For example he says: "Have *you* heard it is harmful" (5). From previous talk we know that John printed out factual knowledge about the side-effects of coffee-drinking from the internet, and used this information during the conversation with the patient.

The rest of excerpt 3 indicates that the other participants interpret his confidence as a reflection of his deeper understanding of the patient's behaviour. This time, John's answer (13) is not met by yet another question from the researchers. Instead Birgitte elaborates on his statement and says "We can just think about our own lives" (14). Moreover, Helle's next utterance that "coffee" can be about knowledge, attitudes and personal experiences with coffee (i.e., "how coffee is for me") (16) also elaborates on John's answer (13) and helps create a more informal context and language. In addition, Helle's personal comment "in my case I begin to shake like crazy" (16) and non-verbal illustration of the trembling legitimate the inclusion of personal, bodily, mental and social experiences with coffee-related phenomena in the conversation. Furthermore, this remark can be interpreted as a gesture to re-establish John's accountability and face in that it recognises both "knowledge of coffee" and "coffee for me" as valid approaches to understanding the phenomenon "coffee".

John seems to capture the difference between rational intention and irrational practical being-in-world (Schutz, 1964, 1971). He exclaims: "But for her" (19) and begins to talk about what coffee means to the patient at a personal instead of a factual level. After excerpt 3 he continues to elaborate on his understanding with empathy and says "If it is part of her then it is pretty hard to separate it, because then you need to say goodbye to something that was so familiar and was so nice for her". John displays an understanding of the patient in her complex everyday life and seems to connect with a more context-sensitive knowledge form.

In summary, the differences in the researchers' orchestration in the three excerpts: from posing questions in excerpt 1, passiveness in excerpt 2 and finally making sensitive reformulations (14) and comments (16) in excerpt 3, affect participants' positioning and negotiation of knowledge. Similarly, the researchers' footing and introduction of a 'life-world' perspective in the use of personal pronouns such as "we" and "me" (14, 16) apparently encourage John connect to the patient's life-world in this talk (9). In other words, the researchers position themselves as more or less accessible during the different phases of the workshop. They switch from an interrogative and official mode of talk to a more informal mode of talk over the 3 excerpts. In excerpt 3 they evidently downplay the institutional asymmetry we saw in the first excerpt (Aronson, 1998). The shift from an asymmetrical to a more symmetrical interaction also seems to mark a change in the roles and relationships among the participants. From line 7-21, John and the researchers collaboratively appear to establish a more informal context in which they validate each other's accountability and overlap each other's statements in their orientation to a more situated knowledge. In light of these events Paula does not speak during the rest of excerpt 3. Paula possibly senses an alliance between John, Helle and Birgitte, and does not talk in order not to lose face. Or her silence indicates that she is in agreement with what John is saying. In line 13 he turns to her and says "So this thing is really good" as if he is seeking her approval or expressing approval of the researchers' intervention. He does not get a verbal approval from her, and maybe he does not need it because he gets it from the researchers instead. These findings are similar to findings from the analysis of medical interviews conducted by Aronson, in which she asserts that social distance is an interactively achieved phenomenon rather than a background variable (Aronson, 1998).

Discussion

The micro-sociological analysis of the three excerpts above demonstrates the way in which participants in an Action Research setting constantly change positions and co-ordinate their movements in an attempt to understand one another and the purpose of the activity they are taking part in. The co-

production of knowledge in action research is not a straightforward process. In the following, we discuss the complexity of, and tensions in, mutual knowledge production for two reasons. First, it cuts right to the very heart of Action Research and its democratic and emancipatory ideal. According to Phillips et al., collaborative platforms and the promise of mutual learning can, in a worst-case scenario, operate as technologies "... that conceal[s] the workings of power" (ibid.). Second, the discussion of how the co-production of knowledge can be improved is borne by an ethical imperative embedded in the AR perspective: namely a normative hope for the improvement of human co-existence in a global and ecological perspective transcending gender, ethnic or social differences (ibid). This imperative can only be met if those conducting AR deal with potential obstacles, tensions, and in- and exclusions through context- sensitive analyses, and "walk the talk" by not "sweeping the dirt under the carpet". Our discussion revolves around what we see as three paradoxes in the co-production of knowledge.

Paradox 1

Our ambition is to engage in democratic collaboration and knowledge production; at the same time, we act out a methodology based on fixed positions and power relations.

Although they were left out of the above analysis, multimodal aspects are extremely relevant to the discussion of how positions are negotiated between participants. For instance, we sit at the head of the table, thereby encouraging a 'teacher-student-style' interaction with participants and contravening our intention of creating a democratic dialogue about the practitioners' context-sensitive knowledge. There appears, then, to be a tension between epistemology and methodology which confuses the co-production of knowledge in the two first excerpts. Either we were more comfortable at the end of the table, because this position was habitual to us, or we adapted to the participants' orientation to us and the knowledge they expected us to provide at the workshops. A possible explanation, then, is the inherent reflexivity of the setting (Garfinkel, 1967): the participants' orientation to us as researchers had an impact on the methodological choices we made in the workshop setting, and

these choices became features of the setting. Moreover, the different knowledge forms which are accentuated in participants' talk are intertwined, and the boundaries between them are blurred. For instance, Paula's talk can be understood as context-sensitive knowledge in a generalised and normative package: she makes a *general assumption* about how patients can be motivated *in a situated context.* We too blur the boundaries between context-sensitive and generalising knowledge forms. Birgitte's utterance in excerpt 3 (14) incorporates both her own experience and a general assumption about the relationship between attitude and action. Finally, Helle's non-verbal illustration of how abstinence from coffee makes you shake turns generalised assumptions about different knowledge forms into embodied personal experience. Our argument here is that this continuous mixing of different knowledge forms is closely linked to, and shapes, the ways in which positions and power relations are negotiated and distributed among the participants. John, in particular, seems to be the victim of unclear and often contradictory expectations regarding his contribution to the co-production of a knowledge which aims to "improve psycho-education to meet the needs of the patients". This observation leads us to the second paradox.

Paradox 2

We advocate that practitioners listen to the patients in order to meet their needs; at the same time, we do not listen to what the practitioners state that they need from us.

In relation to the second paradox, the analysis of excerpt 1, for instance, shows how we seem to impose our understanding onto the practitioners, when we keep asking new questions in order to invite them to produce more context-sensitive answers. As Arielli (2009, p. 280) points out: "Asking questions is a sign of power over and domination, in which the stronger party asks questions and the weaker party, is expected to give answers". When Paula chooses to refer to normative, decontextualised knowledge, instead of referring to her own experiences in the second excerpt, she is possibly drawing on a medical epistemological universe in which generalised knowledge typically represents a more prestigious voice. By not responding to her

comments, we seem to give preference to normative theory, rather than experience-based knowledge about how to approach the coffee-drinking patient.

Paradox 3:

We want to let go of control; at the same time, we want to stay in control.

Three different instances of how we, as researchers, orchestrate the workshops became visible in the analysis. The concept of orchestration derives from family therapy in which an important function of the family therapist is to *"separate family members' distinct voices"* (Aronson & Cederborg, 1994, p. 345). The concept of orchestration captures the interactional power the therapist has, or, as in this case, the researchers have, when s/he constantly evaluates and interferes in a conversation. Recent publications in AR suggest that "it seems as if knowledge is produced when the researchers give up being in control and begin listening to what emerges, within themselves and in relation to their various partners" (Phillips & Kristiansen, 2012, p. 267). In the second excerpt it appears that we actually relinquish control in that we do not intervene or speak. And what happens? Paula positions herself in a superior position and almost lectures John. We do not question the noble and humane idea of letting go of control as advocated by Phillips and Kristiansen (2012). However, we think that more context-sensitive research is called for into how, when and where it becomes possible for the researcher to let go of control in AR settings. You never know how local power relations between participants surface. In a worst-case scenario you may end up in a less democratic situation than to begin with. Very few AR studies show in detail how power relations unfold among participants in a project and how their relations affect knowledge production. In the last excerpt, John appears to understand which knowledge we are after. He formulates a situated perspective on what the patient experiences. In short, John seems to change his position and preference for knowledge, whereas we do not. Consequently it seems to be a paradox that we are guests in the psychiatric wards and assert that we want to let go of control and align with the practitioners in the co-

production of knowledge, while at the same time we do not appear to accept their normative versions of motivational theory.

Conclusion

As in previous reflexive research within AR, we have investigated and discussed paradoxes in the co-production of knowledge. Our contribution to this line of research is a micro-sociological exploration of how different knowledge forms are negotiated and local power relations unfold in conversations about peer observations in a workshop in a psychiatric healthcare setting. We assert that this micro-perspective uncovers how power and knowledge are produced in interaction and can supplement other theoretical perspectives on power as a dynamic, interchangeable force in human relations. The analysis shows that knowledge and power are intimately related and intertwined, and that the way in which the researchers orchestrate the workshop has consequences on the fabricated context and knowledge forms. The analysis raises more questions than it answers. We have presented these questions as paradoxes or dilemmas facing researchers in the co-production of knowledge, situated in the nexus of epistemology and methodology, that is: ,*which/what* knowledge is produced and *how*. These paradoxes illuminate that we as AR researchers are involved in the process of creating the spaces of possibilities within the social worlds we participate in. From an ethical perspective it is not enough `just´ to be involved in co-production of knowledge. As researchers, we are also obliged to reflect on how any involvement in the world we study, including our own research, is a powerful and performative political act (Neidel & Wulf-Andersen, 2012)**.** Moreover, our analysis reveals that the researchers´ facilitation competences are important. Dialogue-oriented or democratic facilitation of groups is not a skill academia provides. In our experience, it takes many discussions with practitioners, and many hours of watching yourself on video, to fully comprehend how you perform as a facilitator.

When we established the project, all participants agreed on the discourses of dialogue and participation. However, different understandings of, and interests in, knowledge appeared to challenge the knowledge co-production

process. Therefore, we did not articulate this conflict of interest during the process. Next time, hopefully, we will.

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Note: This paper is based on a price winning project called "Peer Observation in Psychiatric ward". In December 2010 the authors won a competition on how to change perspective from "best practice" to "innovative practice" in adult education, chaired by Nordic Network for Adult Learning at the Nordic Council.

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