

Beyond Complaint: Client-Practitioner Conflict and The Independent Practitioners Network

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What follows is a personal and unauthorised account of an approach emerging in the Independent Practitioners Network (IPN) around what have traditionally been labelled 'complaints'. IPN is an alternative structure for practitioner validation; for many reasons, it takes the form of a pluralistic, horizontally structured network operating by consensus. This makes it impossible to operate anything like an orthodox 'complaints procedure' based on an adversarial trial model - even if we wanted to. At the same time, however, IPN is deeply committed to transparency and accountability. So we have had to rethink the whole issue of 'complaints' from the ground up - and face directly the deep anxieties which most practitioners seem to share around client abuse, malpractice, misconduct, and other scary things!

What emerges very clearly in every account that I have heard of a 'complaints procedure' is that *all* sides end up feeling dissatisfied, unheard, and unmet. It is very rare that the client feels that the practitioner has said 'Sorry'. How can they - if this is going to be treated as an admission of guilt? In reality, though, any practitioner is going to be sorry about a client's

suffering, even if they feel no guilt at all. The adversarial model, fitting the participants to the system rather than the other way around, grinds on for months and months and produces little except misery. Fundamentally, it has nothing to do with the needs of therapeutic process; and everything to do with the external demands of the state, insurance companies, 'professionalism'...

Is there an alternative? Can we approach client-practitioner conflict in a way which responds to therapeutic needs? I believe so, but it isn't easy. It involves letting go of a number of comforting and familiar ways of doing things.

Letting go of complaint

I think there is a very strong consensus within IPN to let go of the idea of 'complaint'. Complaining is a way in which we appeal to authority, or deal with commercial transactions. In the first case, it is demeaning to the client's power; in the second case, it denies the very human and personal nature of the therapy relationship. Differences between peers - in this case, practitioners and clients - are not a matter of complaint, but of *conflict*; and the appropriate way to address them is through methods of *conflict resolution*. IPN doesn't use a single specific method of conflict resolution, but is building up a body of knowledge and expertise in the area.

Letting go of perfection

Attachment to the illusion that we can be perfect - either in our therapeutic work itself, or in the outcome of conflict resolution - is deeply counterproductive. Several theorists have written about the key role in therapy of 'creative mistakes', which very often constitute symbolic re-enactments of the client's past trauma. If the therapist can acknowledge the error, apologise for it, *and* at the same time encourage the client to explore its meaning, then a mistake can frequently deepen and strengthen the therapeutic relationship, as well as allowing the client to learn a lot about their issues. In trying to smooth out the possibility of such rough edges in the work, we are in danger of losing something essential.

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Similarly, we need to accept that, however 'successful', therapy is in a sense *necessarily* a disappointment: it faces the client (and often also the practitioner) with the impossibility of getting some needs met, of completely healing some wounds. Too much emphasis on grievances can give clients the false impression that disappointment and imperfection are avoidable - and that if they experience

these things, someone has let them down. A successful conflict resolution process, then, doesn't mean that everyone will be totally happy; it will often end up highlighting disappointment. However, we can appropriately look for a sense on all sides that their feelings have been heard and their needs recognised. Sometimes, perhaps, the end of the process will be for everyone to grieve together: to hold grief rather than grievance.

Letting go of the expulsion of badness

The unrealistic demand for perfection leads to a wish to expel what is imperfect - a wish which shows up very strongly in the current drive to professionalisation, with its fanning of public anxiety about who is a 'safe' therapist. One can detect a chronic fantasy that we can get rid of all the messy, dirty, chaotic aspects of therapy and counselling - as Emmy van Deurzen, former chair of UKCP, puts it, 'cut back' the weeds, the 'sprawling plants' that 'obscure each other's light and deprive each other of nutrients'. This scary metaphor, raises spectres of infantile envy and hatred - a sibling rivalry which wants to throw out the new baby along with the dirty bathwater we would so much like to deny. But the dirtiness is intrinsic to the baby; and the baby is what we will, as therapists and counsellors, always be left holding! To give this difficult and imperfect baby proper holding, we have to give up the temptation to project outwards onto other people both the 'criminal' and the 'judge' - recognising that both these positions are part of our selves.

Letting go of defensiveness

Accepting our human imperfection - even treasuring it, as a potent therapeutic asset - can allow us to become less defensive in response to clients who let us know how much our behaviour, naturally and inevitably, sometimes hurts them. The reality is that we have nothing to protect - or nothing worth protecting - except the truth of the matter. If we can respond with sympathy and empathy in such a situation, followed by an exploration

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of the interaction which has produced these feelings, then we are unlikely ever to need a conflict resolution process, let alone a complaints procedure. But then, as I have said, we are imperfect ...

Letting go of commandments

This is a very hard one. IPN does not have a collective code of practice; instead, each member group must create its own ethical statement, which is circulated to other groups for scrutiny and challenge. Some of these are quite long and detailed; others are very short and sweet. When we look at these matters in IPN, I often feel a

strong pull towards believing that we *must* all agree explicitly on some things, must have a shared code of practice - that we will be impossibly vulnerable otherwise to external criticism (defensiveness again). But of course a shared code that we all sign up to doesn't guarantee anything - except appearance. Whatever we all say we agree to, what we *do* may be different; and monitoring what people do, in both cases, depends upon the courage to challenge. There is a mass of evidence that in professional bodies, this sort of challenge very rarely takes place, even when someone's unacceptable behaviour is well known.

In IPN, challenge is a face to face process of saying 'I don't accept that', rather than a matter of pointing at a list of commandments on the wall. No list of commandments will ever be long enough - and every list will be too long; every list will forbid things that in *some* situations are good practice, and allow things that in *some* situations are bad practice. As Calvin Coolidge pointed out, we are all against sin; but this is very different from living, or working, in an ethically alive way.

These ideas, then, represent something approaching a current consensus within IPN. They remain to be tested in practice. Will we succeed in approaching really scary and stirring examples of conflict in a courageous and creative way? Or will we freeze, go into trance, run around squawking in panic? Will we have the nerve to confront each other with our worries, our criticisms, even our questions? We don't yet know; and this can produce fear which claims to be on behalf of the client - 'Don't we need to put a safe, fixed procedure in place?' It's a fear, I think, very similar to that which arises

about bringing up children in non-nuclear family situations. We can easily forget what we as therapists know very well - nuclear families are no picnic, and can be every bit as bad as any alternative! In the same way, adversarial complaints procedures are so deeply unsatisfactory and frustrating that it makes sense to take some risks in creating an alternative.

Currently IPN is tackling two challenging conflicts that I know of; naturally I can only describe these in general terms. In one situation, the partner of a client is protesting about the work of a practitioner who is part of a prospective IPN group. A member of a neighbouring group has volunteered to try to set up a mediation process. This was a situation where boundaries were under attack, and IPN participants found it difficult to avoid reproducing the problem of boundarilessness in their attempts at a solution.

The other problem is complex. A practitioner has demonstrated what several people see as thoroughly inadequate physical and emotional boundaries in relation to a trainee. The trainee, and the trainee's peers, seem to have no problem with this. Other IPN participants, though, felt moved to say 'I don't accept that'. The individual in question is actually in two prospective IPN groups; one of these has heard a lot about what is happening, and is as yet unready to declare its position. In the other group, some members had heard nothing about it, and were very shocked when an IPN participant contacted them; the group ended up asking the trainer to leave. When they refused to do so, in the stress of the moment the group felt that its only recourse was to dissolve itself completely. Other IPN participants are encouraging them to reconstitute without the 'problem'

individual; while a group linked to the person's other group (I'm sorry if the need for anonymity makes this hard to follow!) is pressing them to clarify their position. (Each IPN member group has to have links with two other groups, which take responsibility for acting in just this sort of circumstance.)

As you can see, we are making this up as we go along. However, I remain unconvinced that any fixed structure could do a better job of responding to the uncomfortable complexities of real life. The crucial factor, here as in so many other aspects of therapeutic practice, is to *pay attention*: not to let things slide, not to avoid painful confrontation in the way which so many existing bodies seem to do. If we in IPN can keep our attention high, and demonstrate our willingness to put time and energy into resolving conflicts, then I feel that we can demonstrate our ability to provide the safest possible therapy environment.

Further Reading

Richard House, 'Participatory Ethics in a Self-Generating Practitioner Community'. *Implausible Professions: Arguments for Pluralism and Autonomy in Psychotherapy and Counselling*, PCCS Books, 1997

Denis Postle, 'The Alchemist's Nightmare: Gold into Lead - the Annexation of Psychotherapy in the UK'. *International Journal of Psychotherapy* 3 (1), 1998

Nick Totton, 'Learning by Mistake: Client-Practitioner Conflict in a Self-Regulated Network'. *Implausible Professions*, as above

Nick Totton, 'The Baby and the Bathwater: 'Professionalisation' in Psychotherapy and Counselling'. *British Journal of Guidance and Counselling* 27 (3), 1999

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