

Ethical Dialogue

Edited by Andy Rogers



The dilemma

A client has mentioned on several occasions that her community psychiatric nurse will be contacting you to suggest that you incorporate mindfulness into your work with her. No-one has contacted you. What dilemmas might this situation provoke?

The dialogue

S&S: Could you say a little about your experience in the therapy world, and how you might begin to respond to a situation like this?

Jess Taylor (JT): I am an independent organizational development consultant for the third sector, with over 12 years' experience in setting up and developing services for women, children, young people and LGB& T people. In close partnership with a range of statutory and voluntary sector organizations, I've developed and delivered services for people whose lives have been impacted by domestic violence, sexual violence and offending behaviour, including the implementation of management and clinical supervision systems across organizations, a counselling service for women impacted by domestic violence, and developed capacity in organizations to support them to become 'trauma informed' in their work with women and children with complex needs. I am also in the final year of an M.Sc. in Personal, Team & Organizational Development from a Systemic, Gestalt & Complexity Perspective, which has deepened my understanding of applying theory to my coaching and organizational practice.

I think my starting point with the above dilemma is, firstly, about reflecting on, and listening again to, what the client's needs are in this moment. Does she want mindfulness to become a part of our work together? Is she expressing concern that

this has not happened? Or is she just passing on a message? Cognitively, I may initially feel affronted, wondering what business it is of the psychiatric nurse to interfere with our sessions. I may also question whether the client is trying to find a way of communicating a need she has in our relating together, and is using the formal position of her psychiatric nurse to manifest this.

I would also encourage the idea that this process of listening and speaking together is part of a larger phenomenological exploration. Can this client describe in a bodily sense what she is experiencing? As a practitioner, what is my phenomenological as well as cognitive response, and how do our responses resonate with one another? Bringing in as many senses as possible to our conversation will help us both to understand how the issue might be most usefully approached, guiding us towards a relating where there is ‘no one objective truth – only a multitude of subjective perceptions ... thus obtaining a more adequate perception of overall relational situations’ (Mackewn, 1997, p. 59).

This dilemma, and our responses to it, can also be viewed in a ‘larger field’ context, of which the client, the psychiatric nurse and me are all a part. While the primary relationship in this dilemma is between the client and myself, we are inevitably a part of a wider system in which we both influence and are influenced by one another. As a practitioner, I am likely to be part of the system that is my therapeutic modality, and will understand/interpret the experience the client and I are having together through this lens. If I am part of an organization, I will be part of its culture, including both the owned and un-owned values, the assumptive bases inherent within it (Schein, 2004). Similarly, both the client and the psychiatric nurse will be a part of multiple systems and powerful cultural norms which influence how they relate and communicate. Bringing awareness to how these manifest is important in understanding the larger context of this dilemma and how to respond to it.

S&S: So there’s a question of what it really means that our client brings up the psychiatric nurse’s apparent recommendation of mindfulness, which never arrives directly, and for you it’s important to acknowledge that this question exists within larger systems – at a relational level but also organizationally and in the wider structures, values and politics of mental health services and beyond. I can see that bringing these into awareness is potentially useful, but in what form? Is this just for the practitioner’s understanding, or something to bring into the sessions? To what extent might a systems perspective occupy space in the work, pushing out the client’s narrative? These are dilemmas, aren’t they?

JT: I think as a practitioner I would be consciously holding larger field awareness as a part of paying attention to what is happening between myself and the client. This helps me to observe and reflect on her comment about mindfulness and the psychiatric nurse, without immediately acting from my cognitive response. As I mentioned earlier, this is supported in part by taking a phenomenological, embodied approach, and partly by understanding the broader context in which the client’s comment has been voiced.

As I write, I notice I am not using the word ‘request’ for the way mindfulness has been raised by the client. I’m not sure at this point whether it really is a *request* she’s

making, or, if it is a request, what that request might actually be for. At this point, from a gestalt perspective, I will check out with myself whether communicating my sense of a wider system, and how it may be manifesting in the room, represents any 'unfinished business' of my own. Once satisfied about my intention, I would share my phenomenological response with the client, checking whether this had any resonance with her, and if so, what. Holding the wider system perspective, I would then begin to check out what she understood by 'mindfulness', and whether this was something she had considered for herself as potentially helpful.

I would probably refrain from bringing the psychiatric nurse explicitly into the conversation, focusing instead on what the client may be asking for. While the larger system is present, this can be held without it occupying space in a way that detracts from her immediate experience. Holding this awareness need not, indeed should not, dilute the quality or focus of the conversation. On the contrary, as referenced above, taking a larger system, phenomenological approach has the potential to increase both the practitioner's and the client's range of awareness during the process of communicating together. My experience is that it then enriches and deepens the quality of the unfolding dialogue, ensuring the focus stays very much with the client and what is 'figural' for them (Sills, Desmond, & Lapworth, 2012, pp. 46–47).

S&S: The practitioner's attention to larger systems, then – to values, relationships and meanings beyond the counselling room – is always in the service of the unfolding dialogue? I tend to see this as the principal role of theory, to help open up and protect the compassionate space for meaning to emerge. The danger being, of course, that how theory is wielded can just as easily close down this space, narrowly defining meaning and collapsing the idiosyncratic and emergent in the encounter.

JT: I agree with Stacey (2003) that in understanding human beings one must understand that 'individual mind and social relations are ... two aspects of the same process' (p. 328). Bringing awareness to both intra-psychic process and the larger system in which it functions is ultimately about fostering connection and compassion between these dimensions, moving together towards an understanding of how fundamentally the world, and all that it encompasses, is interconnected.

One way in which holding this perspective is relevant here is that it allows me to ask the question – is the dilemma really a dilemma? Is the request, or indeed the existence of the psychiatric nurse, important, or the most important aspect of what is relevant for this client right now? Of course, from an accountability perspective, I am aware of my duty to know what other professionals she might be involved with, and to act in accordance with both the policies of my organization and the relevant ethical and legislative frameworks which form the context of my work; they are inevitably a part of my wider system and will impact on our relationship. Assuming, then, that I am working within these frameworks, what risks might I take in order to deepen my understanding of what the client is asking for?

I think it's important here to explore the principle of 'emergence'. Understanding and working with change in constantly changing, dynamic, intersubjective, non-linear systems is intrinsically linked to trust – trusting that whatever is communicated, verbally and otherwise, is part of an emerging pattern in which meaning is

co-formed and co-created. In a wider social and economic system where impact, evidence of impact and outcomes are highly valued, staying with emergence can feel very risky, as it requires a departure from more linear formulaic approaches in which the outcome of an 'intervention' is privileged over the process of relating. It may even mean letting go of the concept of any change occurring at all.

So it's important that I am in deep relationship with myself; that I am open to continuously exploring my relationship to anxiety, shame and failure, and how this impacts on the risks I'm willing to take with this client, as we explore together how she makes meaning of her world and what role, if any, she sees for mindfulness. In light of this, it's interesting to notice how this written dialogue between the two of us is emerging now, and my response to the risks I'm taking in approaching it in this way. In this moment of writing, I feel nervous, wondering if I am becoming irrelevant, or if I'm getting it wrong. Noticing these feelings, cognitively and physically, provides me with useful data about my own relationship with anxiety and shame. Bringing this back to the dilemma, I might now begin to explore what relevance, if any, this has as our conversation unfolds.

In terms of how this approach is wielded, I'd suggest it doesn't differ in any way from how other approaches are wielded. If used with the intention of compassion and deepening connection, it will be in service to the client; if not, then it will, as you say, close down the potential for emergence and creativity.

S& S: I want to respond to how you're experiencing our written dialogue, Jess, and this is bumping up against my own interest in the dilemma itself, and my awareness of an increasing word count at the bottom of the screen! I also notice another related thing, which is the complexity of a 'complexity perspective'. So, finally, I wonder if one of the challenges as we try to incorporate awareness of larger systems, as with all theory, is not to lose immediacy and presence in the relationship, not to add too many filters to our responses with clients?

JT: Andy, the number of inquiries unfolding as our dialogue deepens is, I think, an example of holding a complexity perspective, where, in throwing the space open, new and unexpected themes begin to emerge. I understand the process we are having together as offering insight into the conversation that might unfold between the client and myself in this dilemma by holding a wider systems approach. In taking risks with clients and, in turn, inviting them to take risks with me, it's crucial that I adhere to the principle of intentionality in order for the process to remain, as you rightly highlight above, dialogic and grounded in the here-and-now experience of what is happening between us. Without these we're left with an unsustainable, abstracted and even dangerous space, where the client's needs are not at the heart of the process. In connecting to my intentionality in this session, I'm asking myself, what is my agenda, and is it in service to the client? I believe this approach is essential in holding a complexity perspective in an ethical way.

Paradoxically, rather than adding too many filters, increasing awareness to larger systems allows me to *increase* my presence. By holding a conscious awareness of how we influence, and are influenced by, the wider field, I'm able to be more fully in contact with the client. When we are not aware of how these systems may impact

upon us, both collectively and as individuals, I think it increases filters which we unconsciously manifest or collude with. In this instance, if I had not considered the larger system of which myself, the client and the psychiatric nurse are all a part, I may have diluted my presence by being caught in the frustration of another professional ‘interfering’ in our session (and as I write this I notice I want to start using the word ‘my’ – as in, *my* session with *my* client), which in turn may have impacted on how I showed up in it. My sense is that I may have become more directive and individualistic; in the sentence above, I can see a sense of ownership which I believe is not in service to the client, and her emerging needs in the moment.

Finally, rather than a dilemma, I experience in the vignette a rich opportunity for the client and I to explore what is figural for her in this moment, using a complexity approach to do this with full presence, awareness and wholeheartedness; creating space, as it has done for us in our dialogue together, for new and unexpected thoughts, feelings and sensations to emerge. Through ongoing reflection on my practice, I’m increasingly convinced of working in a way which is, as Patricia Shaw puts it, a ‘co-created, open-ended, never complete activity of jointly constructing our future, not as the realisation of a shared vision, but as emerging courses of action which make sense of going on together’ (Shaw, 2002, p. 70).

Notes on contributors

Andy Rogers trained at the University of East Anglia in the late 1990s and has worked in and written about the therapy field ever since. He now coordinates a counselling service in a large college of further and higher education, and is an active participant in the Alliance for Counselling & Psychotherapy. Andy is also a father, contemporary music obsessive, occasional blogger and a keen home cook.



Jess Taylor is an organizational development consultant, long-term student of Spanish, lover of dancing and literature, and a feminist committed to social justice.

References

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The new dilemma

Would you like to participate in the next Ethical Dialogue? You might have a burning issue to explore, or we can discuss ideas and agree a dilemma between us. Either way, please get in touch: andy.rogers@sparsholt.ac.uk