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Collaborative Coaching, Consulting & Training - Creating Successful Partnerships & Possibilities

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Harlene Anderson :
Selected Writings

ETHICS AND UNCERTAINTY:

BRIEF UNFUNISHED THOUGHTS

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My collaborative philosophy and practices, including therapy, teaching, research, and consultation, reflect a view

of ethics as representing or communicating agreed upon values and morals—and the rules for those values and morals—that have been historically, culturally, contextually, communally, and linguistically created. My view of ethics is situated on a postmodern backdrop. Postmodernism broadly speaking offers a different way of thinking about the nature and meaning of knowledge, including a critical and skeptical perspective of knowledge such as universal and meta-narratives, and its certainty and power. Intrinsic is a self-critique of postmodernism itself. Although there are diverse branches of postmodernism, a common thread runs through them: the premise that knowledge and language are relational and generative. Knowledge--what we know or think we might know--is linguistically constructed, the development and transformation of knowledge is a communal process, and knowledge and the knower are interdependent. Language --spoken and unspoken, including words, signs, and gestures--gains its meaning through its use, is the primary way we construct and make sense of our world, and what is created in and through language is multi-authored among a community of persons. Inherent in language, therefore, " is the transformation of experience, and at the same time it transforms what we can experience"(Goolishian & Anderson, 1987, p. 532). A transformative view of knowledge and language invites a view of human beings as resilient; it invites an appreciative approach. And, it invites uncertainty.

This premise of knowledge and language as relational and generative places *collaborative relationship* and *dialogical conversation* at the heart of therapy—making therapy a local and mutual activity in which client and therapist are *conversational partners* who connect, collaborate, and create with each other (Anderson, 1997). They engage in a mutual or shared inquiry, one that is shaped and reshaped as client and therapist struggle with and address the issues at hand. Likewise, client and

therapist are shaped and reshaped in this process. Outcomes—transforming—for the client and the therapist in this evolving process are not predictable but are uncertain. Flowing from the premise of knowledge and language as relational and generative is what I call a *philosophical stance* (Anderson, 1997). Philosophical stance refers to a therapist's way of being: a way of thinking about, experiencing, relating with, talking with, acting with, and responding with the people that I meet in my practices (Anderson, 1997).

All therapy philosophies and practices are based in and entail ethical principles and actions. As I have said elsewhere, "I believe every position is based in ethical principles and all therapist actions are ethical actions…For me, an ethical position to the way one positions oneself with the other…" (Holmes, 1994, p. 156). Ethics, of course, is part of how we think and act in all aspects of our lives: We cannot artificially separate the ethics of our professional and personal lives.

Ethics as Something we do Together

Ethics is a communal activity whether the context is a local therapy room, state licensing board, or a professional association boardroom. Professional ethics are simply one kind of socially constructed knowledge--created and justified beliefs, communally agreed upon, and specific to standards of accountability and codes of behavior. They are "truths" and conventions about right or wrong or good or bad that are constructed through consensus and within a social, historical, and cultural context at a given point in time. Because ethics are socially constructed through language, they are fluid rather than static.

For the most part we live in a professional world where the focus is on therapy standards and codes of ethics that are developed within the broader professional, disciplinary, and cultural discourses, becoming part of the *invisible* constructed backdrop and principles of our everyday practices. This outside the

therapy room development often includes the professional's voice but seldom includes the therapy consumer's voice. We often take these outsider ethics for granted, neglecting to consider and reconsider them in our daily practices.

Thinking of ethics as a communal activity invites us to think about ethics in the universal *and* local contexts, both the outside and inside therapy room contexts. It invites caution about assumptions. I do not assume that ethics invented in outside contexts should be simply, assumingly, and sweepingly transferred into the therapy room. I do not assume that the ethics of the dominant discourse are precise and fit the unique situation and circumstance of each therapy. I do not assume that client and therapist silently agree upon ethics beforehand. Ethics as a communal activity invites consideration of the importance of ethics as locally and mutually determined by the people involved—client and therapist--and as specific to those participants and their situations and circumstances. Some situations and circumstances therefore might challenge the broader contextual ethics and vice versa.

When we forgot this communal aspect we risk deluding ourselves into thinking of ethics as an objective reality that is absolute and fixed. As I have suggested previously, "Our ethics should not tell us what to do and then we simply do it. Therapists often think and act as if ethics are objective rules; human life is much more complicated than that and calls for one to be able to live with uncertainty" (Holmes, 1994, p. 156). To ensure and maintain an opportunity to be ethical, ethics must be continuously open to review and question by each community of concern--*visible*: our clients, our colleagues, our professional communities, our societal communities, and ourselves. This is all part of maintaining an opportunity to be ethical.

Uncertainty

Colleagues and students often express curiosity, difficulty, and uncertainty

regarding the postmodern contingent view of knowledge and language and thus ethics. They often pose questions that challenge the ethics of postmodernism itself, charging relativism. What about therapist responsibility and accountability they ask. Such questions seemingly reflect a foundational essentialist perspective of objectivity, represent agreed upon values and the rules for those values, and might fall under Susan Swim's (2001) notion of content ethics).

Words we associate with ethics such as responsibility and accountability are mostly understood from an individual perspective. That is, responsibility and accountability are understood as if they are individual characteristics of a person. McNamee and Gergen (1999) suggest replacing individual responsibility with relational responsibility.

> We hold relationally responsible actions to be those that sustain and enhance forms of interchange out of which meaningful action itself is made possible. If human meaning is generated through relationship, then to be responsible to relational processes is to favor the possibility of intelligibility itself—possessing selves, values, and the sense of worth. (p.18-19).

What McNamee and Gergen suggest is consistent with the notion of knowledge and language as relational and generative, calling for an ethics that involves joint responsibility and accountability. That is, responsibility and accountability are not individual characteristics or one-way street processes, even though one person may be socially and culturally designated to an hierarchical or authoritarian role. If and when the language, the words, and the meanings that are associated with ethics such as responsibility and accountability are vested or isolated in

individuals it risks slipping into pejorative language such as blame and guilt and actions that may abdicate therapist, or usurp client, responsibility and accountability.

The premise that knowledge and language are relational and generative is sometimes mistakenly accused of relativism and anything goes, and sometimes charged of the absence of the existence of ethics in postmodern therapy (Held, 1995). To the contrary, as suggested earlier, postmodernism invites an alternative to the traditions of thinking about and being ethical. It invites caution regarding consensus definitions of ethics and ethical standards from the larger societal and professional discourses as fixed truths. It invites continuous reflection on and demands deliberate critique of these dominant discourses outside the therapy room as well as within the local therapy room discourse. If our intention is to do no harm, then we must genuinely invite the voices of the people that we engage with in relationship and conversation into what Lynn Hoffman refers to an "ethic of participation" (Hoffman, 1992, p. 22) and into what Susan Swim 2001) suggests is "process ethics." As a citizen has the right and duty to participate in the creation and operation of their government, a therapy client has the same right and duty. And, we must be ready and willing to deal with the inherent uncertainty, including the possible questioning and transformation of our own certainty ethics.

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