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Ethics and Power: Navigating Mutuality in Therapeutic Relationships

Pamela J. Birrell, Ph.D.

Introduction

What persons can say about themselves, the sense of personhood that they can develop, will depend on the stories they can tell, as well as the stories that others are willing to listen to, acknowledge, and accept as viable and true. (Kerr, 2004)

Ethics begins here, with the face-to-face encounter, when we allow or resist our discomfort with uncertainty to influence our encounter with another human being. Modern psychological thought, grounded as it is in the autonomous self, the quest for certainty, and the belief in the attainment of certainty, does not question its methods. For example, in a diagnostic interview the diagnostician asks questions about “symptoms” and the patient answers them about his or herself. While some question the power dynamics, as in current feminist thought (Brown, 2000), few question the nature of the knowledge gained, the epistemology used, or the very real possibility of ethical violation in this simple encounter.

In my pursuit of a relational ethic, I will address the idea of becoming a person in the ethical sense, what that entails, and the overlap of epistemology and ethics at this level. Next, I will discuss suffering, how it has been medicalized out of the discourse of our field, and the importance of human suffering and compassion in establishing a true ethic. From there, I will propose aspects of relational ethics including mutual respect and mutual power, relational engagement, and the importance of uncertainty and being open to the people with whom we work. Finally, I propose the beginnings of a relational ethic which I hope will never be codified, but which will point the way to a relational ethic that creates possibilities and growth fostering relationships for all.

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Abstract

This paper explores Relational-Cultural Theory (RCT) and the ethics of power-with, of mutuality and relational engagement. It examines how we and those with whom we work become whole and how we help others. Ethics is not a set of rules to follow, but is an attitude and a stance toward the suffering of others and toward helping them to heal. Mutual respect and mutual power, relational engagement, and the importance of uncertainty, being open to the people with whom we work are described as core ethical concerns. This paper initiates a conversation on relational-cultural ethics which can create possibilities and growth fostering relationships for all.
Becoming a Person in the Ethical Sense

We can only give an account of who we think we are in relationship, and can only know who we are in relationship. How do we become persons? How do we give an account of ourselves? Is this not the heart of ethics? If we do not allow others to give accounts of themselves, and force our epistemology upon them, have we not committed a grievous ethical breach? (Butler, 2005)

There are two kinds of ethical and epistemic injustices that can occur at this micro level (analogous to the racial micro aggressions talked about by Hill Collins, 2000), and they are only now beginning to be identified. (Fricker, 2007) Testimonial injustice occurs when the hearer of a person’s word is prejudiced against the speaker and therefore gives the speaker less credibility than other speakers. This testimonial injustice goes beyond mere prejudice in that those not listened to suffer a “credibility deficit” (Fricker, 2007, p. 28), and their subsequent attempts to communicate are discounted. Think here only of the years of testimonial injustice given to sexual abuse survivors as the field taught that such memories were only fantasies and sexual abuse was a rare occurrence.

A more subtle, but equally silencing injustice Fricker calls “hermeneutical injustice.” She defines it as “the injustice of having some significant area of one’s social experience obscured from collective understanding owing to a persistent and wide-ranging hermeneutical marginalization. (Fricker, 2007, p.154) For example, the women who suffered sexual harassment before our collective appreciation of that phenomenon would be hermeneutically marginalized. Because our collective understanding does not include a person’s experience, they are not understood and therefore not listened to.

The philosophy of Emmanuel Levinas here provides an important counterpoint to the trends in the modern mental health system which can result in totalizing the other—a cause and a result of the injustices above. (Levinas, 1969; Birrell, 2006a) For Levinas, ethics in the face-to-face encounter is prior to what he calls thematic knowledge and reasoned ethical codes. When we “understand” another by reducing them to our categories (whether these be standard diagnostic language or some other therapy frame) we have been unethical, we have totalized them, because the face of the other “calls us from beyond being; it breaks apart all ideological themes and renders them inadequate.” (Clegg and Slife, 2005, p. 67)

As we become aware of this level of ethical analysis, we can begin to see how the quest of the field for certainty and scientific knowledge can become an ethical breach in itself. To practice what we call epistemology (or science) is to take an ethical stance, to enter into ethical relationships. All questions of epistemology, of science, follow in the wake of the ethical relation, forever a step behind the lived encounter. (Clegg and Slife, 2005) In other words, our standard ways of diagnosing and our “treatments” of others can represent a use of our power as rational, scientific thinkers to judge and perhaps silence another. We do this in the name of helping them, but it is still a unilateral act of power over another, of totalizing them in the name of “evidence”, and according to Levinas’ ethics, it is unethical. Jean Baker Miller calls this kind of power “structural power” (2003), and details how dominant groups (like therapists) can use this power to protect their privileged status.

Therefore, in the ethical relationship, “knowing” is not about gaining certainty. This is the province of the dominant position of positivist science—power, prediction and control. The true ethical relation resists rational certainty, and rests on uncertainty and the “perilous adventure of forever insufficient knowers sacrificing their certainty and even their control for understanding.” (Clegg and Slife, 2005) It depends on our being able to stay open even in the midst of misunderstandings and anxiety.

When we begin to see how ethics enters into our knowledge structure at such a basic level, we can begin to understand the all encompassing nature of relational ethics. Overcoming these basic injustices of thought and language is the first level of our ethics. The second level is that of being present to suffering and to those who suffer.

Being Present to Suffering

The field of psychology grew out of philosophy, and the point of moral philosophy was to reduce human suffering. (Miller, 2004) And yet suffering, as a construct or concept, barely exists in current psychological thought. R. B. Miller (2004) argues that the language of human suffering (words like suffering, sorrow, despair, misery, anguish) has been replaced by the medical language of the Diagnostic and Statistical Manual, 4th Edition (DSM-IV, 1994).
As emotional pain and suffering, and the agonizing moral choices, personal betrayals, and injuries that occasion them, are redefined as disorders of the person produced by the brain, psyche, or environment, the meaning of human suffering is fundamentally altered, and the act of altering it is almost magically concealed. This medicalization of such a universal and fundamental aspect of human experience, and the creation of a mental health industry as the new culturally authorized stewards of these illnesses, might well be one of the most profound changes in human consciousness in the 20th century. (Miller, 2004, p. 26)

How can we call ourselves ethical if we refuse to face suffering and those who suffer? We must begin to speak of compassion and empathy for those who suffer as ethical actions, not as clinical techniques. But surprisingly little has been written about suffering. As a survivor of both Auschwitz and Dachau, Victor Frankl saw suffering as a distinctive and unavoidable human experience: unavoidable, in that all of us must at one time or another experience suffering; and distinctive, in that each of us will suffer in our own way. He maintained that the suffering individual has the opportunity to realize their essential freedom to choose the meaning of that suffering, as well as the meaning of their life. (Frankl, 1963) Rollo May (1950) and Irving Yalom (1980) have further written about the powerlessness of those who suffer. They concur that the only real cure available for the suffering is the act of finding meaning in the midst of anguish and powerless passivity.

To be powerless, to feel such suffering can often be traced to shame and humiliation. Many of the people we work with have suffered much humiliation and are locked in the silence of condemned isolation. (Miller, 1988; Hartling, et al., 2000) Those who have been victims to the epistemic injustices noted above will often be silent, not wishing to further be ignored or labeled.

People come to therapy because they are suffering, and they often feel shame because of their suffering. They are experiencing emotional, psychological, personal and/or social distress in their lives. R. B. Miller (2004) notes that suffering “is a characterization of an entire state of being and is clearly linked to the forces of the environment, particularly the actions of other persons.” (Ibid,p. 58) From suffering comes a kind of political, physical, social and moral isolation, which is markedly different from how we usually experience and go through the world. Suffering propels us to seek help and therapy because we cannot solve or work through the experience on our own. Miller goes on to say that “we who are witnesses to suffering of others must make a choice: We must choose whether to be there for them or allow their isolation to continue.” (Ibid, p. 58)

The goal of therapy is not to preclude or eliminate human suffering, but to take it on in a radically ethical and responsive manner: as a suffering-with which is a “suffering-for” the suffering other. (Gantt, 2002) James Olthuis (1997) defines suffering-with as a “voluntary, gratuitous act of standing alongside, empathic listening, affirming, speaking, and acting on behalf of. (p. 151) When we suffer-with those who are suffering we enter into ethical relationships, responding to them with care and compassion. Care can be traced to the old Gothic word, Kara, meaning “to lament, to weep, to grieve.”

In translation from the Tibetan, compassion denotes a feeling of connection with others. The Dalai Lama (1999) sees compassion as the most precious of our human qualities arising from “the inability to bear the sight of another’s suffering.” (p. 73) According to the Dalai Lama, our sense of compassion can be consciously enhanced: “the more we develop compassion, the more genuinely ethical our conduct will be.” In fact, he claims that “as far as ethics is concerned, where love of one’s neighbor, affection, kindness, and compassion live, we find that ethical conduct is automatic. Ethically wholesome actions arise naturally in the context of compassion.” (p. 131)

The capacity for empathy is crucial to ethics. An ethical act is non-harming. If we cannot imagine the potential impact of our actions, we have no means to discriminate between right and wrong, harming and non-harming. If we can develop our capacity for empathy, we will become more sensitive to harming behavior and less likely to do harm. RCT of course goes beyond simple empathy to mutual empathy. “Mutual empathy occurs when two people relate to one another in a context of interest in the other, emotional availability and responsiveness; cognitive appreciation of the wholeness of the others; the intent is to understand.” (Jordan, 1986) Here we see a fundamental RCT concept in an ethical light:

The real work of psychotherapy… takes place as the therapist responds to the ethical obligation to suffer-with an-other in the here-and-now immediacy of his or her suffering-through the inevitable and inescapable vicissitudes of daily living. (Gantt, 2000)
Toward a Relational Ethic

Ethical behavior is not the display of one’s moral rectitude in times of crisis, it is the day-to-day expression of one’s commitment to other persons and the ways in which human beings relate to one another in daily interactions. (Bergum and Dossetor, 2005, p. 96)

We come to the ethical moment by unmasking benevolent acts of power; having the courage to face suffering; seeing and feeling our way into relationality. We no longer see ethics as a set of rules to follow, but as an attitude and a stance toward the suffering of others. It is not an attitude of totalizing, controlling, and power-over (be it persons or symptoms); it is a stance of responsibility, of what Kunz (1998) calls radical altruism or authentic giving in each and every moment. It is an attitude of respect, engagement and uncertainty. In contrast to the notion of ethics as known codes and rules, ethical knowledge cannot be known ahead of time; rather ethical knowledge must be developed in relationship. (Bergum and Dossetor, 2005)

As we move toward a relational ethic, there are three dimensions that we must address—power, compassion, and the ability to sit with uncertainty in relational space. It will become clear now that the native language of true ethics is none other than RCT language in a different context. RCT is not only good therapy; it strives for a supremely ethical stance.

Mutual Respect and Power-With

Mutuality (Miller & Stiver, 1997, p. 43), mutual empathy (Jordan, 1986), mutual empowerment (Miller & Stiver, 1991, p. 2), mutual responsibility (Bergman & Surrey, 1994, p. 6)—all add up to mutual respect—seeing the other as worthy of our attention and our regard. After all, we respect someone by paying attention, engaging with, taking them seriously.

Olthuis (1997) describes mutuality as attunement of expression, recognition, and desire, “a dance in which simultaneously the differing gifts and needs of each person are honored, recognized and often met.” (p. 147) He further describes the dance of mutuality as “drenched in vulnerability and risk” because it is an open meeting of two souls in deep mutuality.

Mutuality and mutual respect mitigate power’s potential to damage. Mutual respect keeps power in its proper place, with each person able to live within her or his own position of power. As Cindy Veldhuis states:

When we are aware of our power, we are consciously aware of how our actions, or inactions, affect the client. We recognize that even a brief discontinuation of eye contact may signal something profound to the client…. If that eye contact flickers, and we see the impact in the client’s face, we can use our power to attend to the moment, and discuss what happened. In doing so, we introduce a new power into the relationship, the power of mutual respect. (Veldhuis, 2001, quoted in Miller, 2003, p.3)

And of course, mutuality and mutual respect add up to mutual empowerment (Miller and Stiver, 1991), with all who participate increasing their power to connect, to feel more fully, to be more authentic persons.

Further, this emphasis on mutual respect and power-with mitigates the effect of the epistemic injustices noted above. If we are aware of ethics in the face to face encounter, it gives us courage to go into those deep places of mutuality with others, and have our own epistemic frame enlarged. (Birrell, 2006b)

Engagement and Suffering-With

Relational engagement is a cornerstone of Relational-Cultural Theory. Mutual empathy, authenticity, relational awareness all add up to relational engagement. To be engaged means to respond to the needs of others. In this moral response, one does not lose oneself, but could be said to find oneself—what one is capable of and the depths one can respond to. Engagement, as a characteristic of ethical relationships, requires attention to the self, to the other and to the relational space in between. Perhaps the so-called selfless relationship is a disengaged one. Engagement requires a fullness of personhood and willingness to allow that in the other as well. (Bergum and Dossetor, 2005)

The ethics of relational engagement consists of full presence—being fully present to the other person, to one’s own experience, and to relational space. This is an aspect of authenticity. Miller and her colleagues talk about authenticity as “a person’s ongoing ability to represent herself in relationships more fully.” (Miller, et al., 1999) Additionally, it also means being present with one’s whole being, able to listen with heart and mind. It means being present to the space between—what has been called “dialogical space” (Bergum and Dossetor, 2005), “potential space” (Winnicott, 1971), or “third space” (Homi Bhabha, 1990)—and it can be a space of profound suffering.

It is here that we learn the ethics of suffering-with. When we face suffering squarely, not resisting or trying to fix, we act in the highest ethical sense. We need to engage in mutuality with those who...
are suffering without using our positions of power as therapists to replicate dominance. Moving into connection with them and their suffering may not make the suffering go away, but they are no longer without hope and without connection. As Carse (1985) says: “A creative listener is not someone who simply allows me to say what I already want to say, but someone whose listening actually makes it possible for me to say what I never could have said, and thus to be a new kind of person, one I have never been before and could not have been before this directed listening.” Maybe we can help ourselves be new persons in this same way. (Birrell, 2006a)

Ethics as Uncertainty and Deep Listening

In the ethical relation, knowing is not about certainty, about indubitable necessities. These are the province of positivist ideologies, ideologies of power, prediction, and control. The ethical relation resists any kind of rational certainty, any kind of unitary dogmatic ideology. It also resists the instrumentality of the scientific enterprise – the notion that science is primarily intended to be the instrument of the masterful, bounded self, the discoverer of techniques for controlling the other. The ethical relation rests, instead, on uncertainty and the perilous adventure of forever insufficient knowers sacrificing their certainty and even their control for understanding. (Clegg and Slife, 2005, p. 69)

I come to the last aspect of a relational ethic. As Bergum and Dossetor (2005) state, “Relational space is an ambiguous space where certainty does not exist. Our challenge is living and being comfortable with ambiguity—not only in searching for control” (p.183). Jordan often quotes the poet John Keats regarding the importance of “the capacity to be in uncertainty, Mystery, and doubt without irritable reaching after fact and reason.” (Keats, 1987)

To engage in ethical relationships, we must listen deeply (Birrell, 2006b). Those who listen deeply take the risk of being changed by that listening. Douglas Steere (1964, p.13) gives us this warning: “For the listener who knows what he or she is about, there is a realization that there is no withdrawal halfway. There is every prospect that he or she will not return unscathed… A friend of mine who has spent many years in listening admits that in the course of it, he has learned something of the ‘descent into Hell’ and is quite frank in confessing that for him each act of listening that is not purely mechanical is a personal ordeal. Listening is never cheap.”

Listening in this way involves not only risking “personal ordeal”, but also the risk of changing how we see, experience, and think about the world. We must move beyond what we “know” into realms of uncertainty—for to imagine how we ourselves might feel in the other person’s situation is largely self-centered. It cannot be considered mature empathy until we try to imagine how the other person feels and thinks about his or her experience. The other person is not considered an instance of a category (e.g., a “survivor, or a “borderline”) but an individual with a unique and deep subjectivity. Only then can I, as Buber said, not feel “a general discomfort or state of suffering, but this particular pain as the pain of the other.” (Buber, in Kohn, 1990, p.132-133)

The time has come, says Erich Neumann, for “the principle of perfection to be sacrificed on the altar of wholeness.” (Neumann, 1969, p. 134) Ethical answers are not contained in ethical codes, no matter how detailed. The relational ethic is a web whose major characteristic is interdependence. Relational space is an ambiguous space where certainty does not exist. Our challenge is to live and become comfortable with ambiguity. We invite others to join our web of ethical relations and participate with us in an ongoing ethical dialogue.

Guidelines Toward Relational-Cultural Ethics

Relational-Cultural Theory offers an alternative to traditional theories of psychological development. Traditional theories see mature functioning as characterized by the movement from dependence to independence, while Relational-Cultural Theory maintains that maturity involves growth toward connection and relationship throughout the lifespan. Traditional theories often pathologize behavior that demonstrates a deep yearning for connection and the inevitable pain that occurs with disconnection. Relational-Cultural Theory values such behavior as indicating a wholesome yearning for connection and elucidates the inevitability of conflict in relationships as a sign of growth for both the relationship and for the individuals in the relationship.

Relational-Cultural Theory further suggests that the primary source of suffering for most people is the experience of isolation and that healing occurs in growth-fostering connections. This model is built on an understanding of human development that emphasizes a primary movement toward and yearning for connection in people’s lives. Psychological health results when people grow through and toward connection rather than toward separation; our sense of meaning and well-being is
anchored in relationships throughout the lifespan.

Relational-Cultural Therapy is committed to transforming relationships from a dominant-subordination model to one of mutuality, thus helping people move into relationships in which they can grow and contribute to the growth of others. At a societal level, the Relational-Cultural model seeks to shift our current “power-over” culture that promotes discrimination between groups of people as an inevitable by-product of the race “to win” or gain ascendency into an attitude of “power-with” for all people where respect and empathy are honored as human rights.

Relational-Cultural Theory is applicable in a wide range of activities in daily life beyond psychotherapy: from schools to the workplace, and in hospitals and families. The foundation of the model is based on principles of mutuality, authenticity, and empathy. The RCT practitioner practices relational awareness, and constantly attends to the quality of the relationship, mindful of the inevitable disconnections and micro-aggressions that may occur. Ethics is seen as a fundamental human experience, and is grounded in relations to others in each moment of each human encounter.

As with any code of ethics, the well being of those with whom we work is the primary goal. The issues that relate directly to the client’s well being include respect and mutuality, mutual empathy, therapist authenticity, and attending to the ethics of listening. Even though the principles are stated separately, each interacts with the others to form an interdependent whole. In addition, the code is a living document and thus is continually open to the possibility of change and new insight as the principles are implemented.

The use of language is also an ethical consideration. In this code the term “practitioner” is used rather than “therapist”, and “other” (meaning the other person in an interaction, broadly identified) is used instead of “client.” It is true that power dynamics vary across the different interactions that any given practitioner may be involved in, and the practitioner is aware of these power dynamics.

These statements provide more specific guidelines within the context of and as an extension of most ethical codes. When ethical guidelines are in conflict, the RCT practitioner is accountable for how she or he prioritizes her or his choices.

### Ethical Guidelines Suggested for Relational-Cultural Practitioner

#### 1. Mutual Worth and Power-with

The RCT practitioner recognizes the primacy of relationship in promoting healing and wholeness in the other and in the self. In this recognition also comes respect for the other in his or her unique manifestation. The practitioner is willing to extend her or himself out to the other, and is receptive to the impact of the other. In this openness to influence, emotional availability, and a constantly changing pattern of responding to and affecting the other’s state, the practitioner is willing to be vulnerable and willing to be changed. This does not mean sameness, equality, or reciprocity; it is a way of relating, a shared activity in which each of the people involved are participating as fully as possible.

In practice, this means that practitioners are emotionally available and treat each communication from the other in respectful and caring ways. The practitioner attempts to understand the other’s perspective from a deep and profound level, respecting the other’s attempts to communicate both verbally and non-verbally, even if those attempts to communicate may seem irrational or nonsensical. It is only from this place of deep respect that ethical counseling and relating can occur.

Mutual empathy is a joining together based on the authentic thoughts and feelings of all the participants in the relationship. Mutual empathy is the result when two people relate to one another in a context of interest in the other, emotional availability and responsiveness; cognitive appreciation of the wholeness of the others; and the intent to understand. Because the practitioner as well as the other can receive and then respond to the feelings and thoughts of each other, each is able to enlarge both her or his own feelings and thoughts and the feelings and thoughts of the other person. Therefore, each person enlarges the relationship. Mutual empathy is a two-way dynamic process which functions as a central component of psychological growth.

In practice, this means that the practitioner tries to be aware of the impact that she or he is having on the other, and is always mindful the power inherent in the practitioner’s position. The practitioner constantly attempts to anticipate the response of the other to the practitioner and uses this to guide the other toward greater flexibility in connection.
2. Relational Engagement and Bearing Witness

The RCT practitioner is aware of suffering—in the other, in himself or herself, in the culture as a whole—and firmly joins with those who suffer, easing their isolation and joining in the pursuit of meaning. In practice this means that the practitioner is emotionally available in an honest and caring way that promotes a “power-with” dynamic with the other. Reactions and feedback are shared by the therapist only in the light of mutual empathy, caring, and compassion: the aim is to lessen the other’s suffering. The therapist acknowledges the ways the person may have been silenced by a “power-over” culture. RCT practice supports the authentic voice and serves as a witness to the person’s suffering on a societal level.

Authenticity is each person’s ongoing ability to represent herself or himself in relationships more fully. It is a process in movement, where each person learns to represent him or herself more fully in connection as the relationship progresses. The authentic practitioner makes full use of anticipatory empathy to gauge the response of the other in respect and vulnerability. There is a recognition that we move in and out of more or less authenticity as a consequence of the relationship and its relational dynamics. This does not prescribe full reactive spontaneity or thoughtless disclosure on the part of the practitioner but encourages responsiveness in the service of one’s growth.

In practice, this means that the practitioner responds authentically and compassionately to the voices of suffering, whether in anger, in tears, or in silence. Truly bearing witness to suffering is a difficult act and is at the heart of ethics.

3. Ethics of Relational Space

Relational-Cultural Theory recognizes the importance of ethics in each encounter with another human being. With an awareness of the power of the practitioner built into our mental health system as well as many other systems in our patriarchal society, the vulnerability and history of disconnections and yearnings that each person brings to the encounter, each moment is an ethical moment. He or she is aware of the danger of seeing the other as a generalized other, or one who is related to only through stereotype or diagnosis. Each encounter with an other is ethical only when the uniqueness of each person is respected and welcomed in each moment.

Ethical listening places far greater demands on us than simply to understand or make sense of another person. It requires the utmost sensitivity, mutuality, empathy and care to hear the other into existence. Much of what happens in any interpersonal encounter, and especially a therapeutic one, is uncontrollable and unknowable. If we are to reach for the lived experience of authentic humanity, we must not stop at an ethic that is only defined by abstract codes. Our striving for the good must happen in each and every moment of our work as clinicians and in our lives.

The RCT practitioner is therefore aware of ethical considerations in every interaction with another human being, and is alert: to how her or his behavior will affect the other person; is alert to the other person’s responses; and corrects her or his behavior immediately if there has been an ethical lapse. Each person’s well being and safety is supported in these interactions.

References:


