

Totton, N. (1997) Learning by Mistake: Client–Practitioner Conflict in a Self-regulated Network. In R. House & N. Totton (Eds), *Implausible Professions: Arguments for Pluralism and Autonomy in Psychotherapy and Counselling* (pp. 315–20). Ross-on-Wye: PCCS Books; 2nd edn, 2011, pp. 342–8

Warm thanks to PCCS Books for permission to reproduce this chapter here – <http://www.pccs-books.co.uk/>

Learning by Mistake: Client-Practitioner Conflict in a Self-regulated Network

Nick Totton

This chapter was originally written as a discussion document for the IPN.

A Spectre is Haunting Psychotherapy

Try again. Fail again. Fail better.

(Samuel Beckett)

Undoubtedly the most difficult and frightening aspect of a self-regulated network for practitioners is the idea of *complaint*. Complaint has a double face. On the one hand, there is the looming shadow of condemnation – all our chickens coming home to roost at once, the final exposure of our dreadful inadequacy to the role of psychotherapist or counsellor – the guilt, the failure, the shunning – all more or less well defended against with a front of toughness and counter-attack. On the other hand, there is, perhaps, our genuine empathy with how hard it is to be a *client* – our sincere wish to *do no harm*, and our hope that we can stay undefensive enough to make some sort of useful dialogue possible when things have broken down.

The legalistic approach of the Complaints Procedure can only support the first version – what I will call the ‘shame and defense’ model. I have so far been involved in two formal complaints – once supporting the practitioner being complained against, and once supporting the person complaining. What was identical in these two very different situations was that *no one got what they needed* – no one involved felt satisfied or helped by these incredibly laborious and long drawn out processes. Everything I hear convinces me that this is the usual result of the “shame and defense” approach. I have also supported someone who felt injured by their ex-therapist through an ad hoc process which we all improvised stage by stage. After a lot of pain and difficulty, *both* parties now feel satisfied with the outcome. (I should emphasise that the client still feels clear that they were badly abused.)

The Complaints Procedure has as its top priority to show that something is being done – properly, thoroughly, exhaustively, formally. Its intended outcome is either punishment or exoneration. In this it mimics a system of criminal justice. There is very little emphasis

on learning; on reconciliation; on healing; or even on understanding. Quite frequently someone with a problem is eventually told that the system cannot process their problem *at all*: it doesn't fall within the terms of the procedure. Rather than the problem determining the procedure, the procedure determines whether it is allowed to count as a problem!

So is there an alternative to the complaints procedure? I think so, and I want to lay out some of its key elements.

A model for problem-solving between practitioner and client

1. *We don't use the word 'complaint'*. Shingles is a complaint. Or else a complaint is some sort of feeble, whiney, whingey moan. Or else it's what we do at some bureaucratic, Monty Python-type office – I wish to register a complaint... None of these have much to do with problem-solving between client and practitioner. Another useful term which would often be applicable is **conflict resolution**, which allows us to move into a whole different register – one in which a good deal of wisdom has been accumulated in recent years. Conflict is scary too, but I suggest it's a much fresher, more expansive sort of scariness than the contracted, defensive scariness that complaints bring up. Complaints assume some arbitrating authority which can decide for or against. Conflict doesn't.

2. *The practitioner immediately apologises.* This is the hard one! – or so

I find from sharing these ideas with colleagues. My thinking here is that, if the therapeutic relationship has broken down to the point that other people have to get involved, we must have failed in *some* way. This is OK – we don't have to feel guilty about it; it happens all the time. Undoubtedly the client has failed in some way as well. But saying 'Yes, you're right, I'm sorry', about at least some *tiny* part of what we are being attacked for – or simply saying 'I can hear that you're hurt/angry and I'm sorry for anything I've done to help create that' - is a) liberating for us and b) liberating for the client. Surprisingly often, it is the central thing that the client wants. Surprisingly seldom do they get it.

I'll come back to this below; but I just want to emphasise that I am not trying to create a *rule* that we *have* to say 'sorry'. Such a response, as several people have pointed out to me, has to come from the heart if it is to have any meaning or value. What I am suggesting is more that in this situation, we sit with the question: *Is there something here that I want to apologise for? If not, why not? Am I being fully honest about this? Am I being defensive? Do I really think that my behaviour has been faultless?*

3. *Everyone gets supported.* This is a high priority for any peer group involved in a conflict. When an ex-client¹ writes or phones to say that they have an unresolved conflict with a member of the group (they may well initially phrase this as 'I want to make a complaint'), the first response must be to suggest that they talk things over with one of you – or, if they feel unable to trust one of the practitioner's peer group, with someone in a linked group. When you do talk, an early question should be 'Do you have support? Would you like us to help you find some support?'² Equally, the *practitioner* will no doubt need support; and so will those doing the facilitation work. Everyone needs to be able to draw on people less centrally involved, and so on outwards as far as necessary. **Conflict is a collective problem that needs a collective response.** (What I mean by support is – unconditional uncritical attention for as long as necessary, followed by problem-solving work *if* requested.)

4. *The focus is on outcome and process.* Another early question of the ex-client needs to be: 'What would you like to have happen about this?' The range of possible answers includes 'I want them to listen to me'; 'I want them to acknowledge their mistake and apologise'; 'I want them never to do this to anyone else' – which might mean 'I want them to learn to be better practitioners' or 'I want them to stop practising'; 'I want them to pay me back all my fees'; 'I want them to go to prison'; and many others... What happens next should be very different

depending on the answer to this question (which may be a combination of answers). In most complaints procedures, it seems to make little or no difference.

The practitioner involved also needs to express their sense of desired outcome, and this will also affect what happens next; but of course neither person is guaranteed that they will get what they want – this is, after all, a *conflict*. Through negotiation and exchange one would hope that divergent desired outcomes could come together, either through compromise or through shifting onto another level.

One area of difficulty here is that the ex-client may want an outcome which the person listening to them feels is inappropriate, impossible, and/or actually bad for the ex-client. (The equivalent may be true for the practitioner's desired outcome.) What do we do? I suggest that we examine our feelings to see whether we can quietly leave our own views on one side and continue to support the client in seeking what they want – trusting that, if our assessment is right, time will lead them to the same understanding. If we simply can't support them, even on this provisional basis, then we need to explain this and help them find someone who can³.

It's important that an emphasis on *outcome* doesn't take our attention away from process. It's through the fine detail of process – what happens, what happens without anyone intending it to, what we feel and dream about it all – that our sense of desired outcome can change and grow; that other levels of experience and feeling can express themselves. Through attending to process we learn about the next thing.

5) *We make it up as we go along.* I can't help thinking that the main effect of having a fixed procedure is to deny anxiety. In most concrete situations I know about, the procedure has turned out not to fit the reality (and to deny process). It doesn't matter how long people have spent *imagining* things, what happens is almost always something else. Maybe we can acknowledge our extreme anxiety, get support for it, and work out what the best move seems to be on the spot rather than by consulting a book of rules. Problem solving is a creative process. (This obviously doesn't prevent us from learning by experience, including other people's experience. That is in fact how I have come up with these ideas⁴.)

Therapy is never having to say you're sorry, but saying it anyway.

I've been putting forward the idea that saying sorry is a good practitioner response to criticism for some while now, and very few people like it. This seems to be because it sounds like 'giving in,' 'taking the blame,' 'making ourselves too vulnerable'. If someone tells us their mother has died, though, we usually say how sorry we are – not in the sense of taking the blame, but as an expression of sympathy and empathy. This is a very basic way in which 'I'm sorry' will always be an appropriate response.

However, I want to go further than that and argue for a shading of 'I'm sorry' which *does* include the sense 'I apologise for the shortcomings of the role I have taken in this situation'.

I am starting out here from Arnold Mindell's idea that the only way *not* to be vulnerable to criticism is 'to be shot so full of holes that there's nothing left to hit'. Arny's whole stance represents a personal ideal for me: he models a humility which is completely dignified and respectful of both self and other. When asked in a group of two hundred people why he did something that worked out badly, he'll say 'Because I'm incredibly stupid – but I'm trying to learn.'

Mistakes and failures are integral to the practice of psychotherapy and counselling, because they are integral to life. In both life and therapy, mistakes are invaluable because they *bring us up against reality* – force us to recognise what is real, rather than what we imagine, fear or hope for. In therapy, in particular, mistakes by the practitioner which are hurtful for the client tend to be *created by the field between the two*, often so as to allow a here-and-now re-experiencing of earlier traumatic interactions.

So we don't need to be afraid of mistakes: they are both inevitable, and potentially invaluable⁵. Our responsibility is to try to allow them to unfold their value, by *keeping them within the therapeutic space*: which we do through keeping them *symbolic* – I go over your boundaries not by having sex with you, but by sitting a bit too close to you, say, or by not hearing something you are

telling me – and through *bringing awareness to them* – noticing that something has happened which is disturbing for the client (and/or ourselves), saying so, discussing and studying what has happened and what it means both in the here-and-now and in the there-and-then.

And not being afraid of mistakes, seeing them as potentially creative and enlightening, also liberates us to be *free to apologise*. That's the way I want to think about it: can I be free enough to apologise? Not as a penance, but as a *gift*.

This work demands of us, I believe, not that we are perfect, but that we fail *impeccably* – honestly, openly, over and over again.

The really dreadful acts of oppression and exploitation of clients tend to take place in secret, in the closet, in denial. Being part of a peer group at all militates against such acts, though it doesn't prevent them. It is a move in the opposite direction from client abuse to join such a peer group, to expose oneself to the gaze of colleagues.

One very noticeable feature of thinking about 'complaints' is that it pulls us into the 'What if...?' syndrome. What if someone in the group turned out to abuse clients? What if we all colluded around it? What if I can't trust my face to face judgement of other people's integrity? My first level answer is – then I'm in the wrong job, since I have to rely constantly on my face-to-face judgement and reactions. My deeper answer is: then I will have learnt something new, something complex and humbling about human fallibility and capacity for illusion and collusion. Then I will have to share the responsibility for what has happened. Then I will have to come together with other hurt people to try to build some healing. Then I may reach a better understanding of the reality of the situation: that there is no absolute safety, and no absolute unsafety, anywhere.

• • •

These notes on problem-solving/conflict resolution in a self-regulated therapeutic network are provisional and incomplete. They await correction by experience. The biggest problem I can see with them is that the approach they suggest will probably not be what aggrieved ex-clients *expect*. This approach may *appear* evasive and elusive; the rationale behind it may not be easy to grasp. We need to find ways of developing a transparency which still gives people something solid to get hold of; but without compromising our own understanding of what needs to happen. This sort of approach *is* radical; but it is also, I believe, common sense. Following on from that, I have a strong preference for finding a common-sense *language* in which to communicate about them – talking to people in an ordinary, un-alienating way.

FOOTNOTES

¹They have to be an ex-client; otherwise the best response is highly likely to be one of supporting them in taking the conflict to their next session. Conflicts will also occasionally arise with those close to clients and ex-clients, who feel disturbed by something that (they think, rightly or wrongly) has happened.

²The *first* question, of course, is 'What's the problem?'

³Discussing this issue with other practitioners, an interesting question came up about revenge. Is it possible or desirable to support someone in seeking revenge (that is, seeking to harm the person they feel has harmed them)? Personally, at this point in my development, I can imagine circumstances in which I would be willing to do so – even though I know that revenge, if we actually get it, is unlikely to be as satisfying as we expect. If nothing else, people who have been hurt often need support in completing their experiencing of that hurt. Looking for revenge can be a part of doing that (and can also be a way of avoiding doing that.)

⁴This is an appropriate point to acknowledge the very helpful feedback I've had from a number of people about this piece, in particular John Talbut, Marion Hall, Denis Postle, Richard House and Arny Mindell. Of course none of them are responsible for anything I say here.

⁵Richard House has put it neatly as: ‘the therapeutic experience MUST at some important level be a failure, a disappointment’.