Ethics as Discursive Potential

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Therapeutic practice must be, above all, ethical. And, in most cases, what is designated as ethical is equated with what is legal and just. But what counts as ethics in a world of multiplicity, difference, and complexity? Shifting from the modernist world of certainty (where ethics codes are created) to a relational sensibility where complexity and uncertainty serve as guideposts, we also must release our grasp on the idea of a universal, decontextualised notion of ethics. A relational ethic directs our attention to how we might create opportunities for different conversations, conversations built on curiosity where we can search for local coherence. With an ethic of discursive potential, we can attempt to coordinate multiple moral orders and imagine a future that is relationally sensitive. We can harness the potential of coordinating differences to move beyond simple solutions, universal resolutions, and our desire to eliminate difference once and for all. In this article, I argue that an ethic of discursive potential sensitises us to the contextual and relational nuances of daily life and thereby avoids decontextualised legalised ethical judgments.

Keywords: relational ethics, discursive potential, social construction, coordinating multiplicity, moral orders, ethical code of practice

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Key Points

1. It is important to examine whose interests are at stake when therapists routinely follow professional codes of ethics with little or no exploration of the life-world of clients.
2. While there is broad scale agreement about what constitutes ethical action in general, as well as ethical action in specific therapeutic encounters, the nuanced detail of situated interactions might serve as a more just and useful guide for making ethical decisions in therapy.
3. A relational ethic (an ethic of discursive potential) provides therapists with the reflexive capacity to question common practices and to contest their 'truth status.' A relational ethic also embraces difference and complexity, eschewing the search for standardised practices.
4. Problems are no longer individual problems but byproducts of particular forms of life.
5. Harnessing the potential of coordinating differences enables us to move beyond simple solutions, universal resolution, and the desire for a universal ethic, and instead attempt to coordinate difference and thereby create new ways of going on together.

The 'Being' of Relational Ethics

Elsewhere (McNamee, 2009) I have proposed that we shift our attention from a professional ethic[1] to an ethic of discursive potential. In making this proposal, I am suggesting that we place our attention on discourse – 'practices which form the objects of which they speak' (Foucault, 1969, 49) or, in other words, our taken-for-granted ways of talking and acting.[2] Such an ethic demands that we embrace the contingent nature of meaning. Interactive processes unfold. As we engage in therapeutic conversations, the sense of what we *should* be doing or what we *might* do shifts. The moral character of everyday life rests on the contingent quality of our conversational engagements, couched

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as they are within dominating discourses of right and wrong, and thus those engagements – those interactive processes – become our necessary focus of attention.

The significance of centering attention on interactive processes and not isolated actions is that doing so calls into question the assumption that professional ethics are always in the interest of clients' lives. To question this assumption requires that we put aside the discourse of intentionality and explore instead what is actually being created in the therapeutic conversation. If we privilege the discourse of intentionality, we privilege the professional and his/her ethical code and expertise. It would be difficult to locate a mental health professional who would not claim ethical intentions in relation to a client – regardless of the client's situation or actions. It is for precisely this reason that the intentions of the professional (as well as the intentions of the client) should recede to the boundaries, being replaced with a focus on relational responsibility – attention to the process of relating, itself (McNamee & Gergen, 1999).

With our focus firmly planted in examining the interactive moment, we can begin to explore the ways in which our own ethical actions are both determined by and determinant of the taken-for-granted understanding of what is professionally ethical. Can we open ourselves to an exploration of whose interests are at stake when we act unquestioningly in accordance with standardised professional ethics? If we believe that a client presents a danger to his or her family, does removing that client from the family context help alleviate or exacerbate that danger? Does medicating a client who is diagnosed as depressed help the client or help the client's employer? Does a young child's diagnosis of ADD assist overworked parents and teachers or the child? Is it ethical to medicate someone so that day-to-day routines do not seem as challenging while keeping them racially or economically oppressed? Where do the ethical aspects of these daily details enter into our codified ethics?

It is useful here to draw on Watzlawick, Weakland, and Fisch's (1974) ideas of first and second order change to examine the above ethical issues. First order change we know is characterised by simply substituting a new or different form of action for the expected action. However, this simple substitution does not change the entire scenario. So, for example, it is not difficult to imagine that a professional will label a person struggling with issues of poverty, unemployment, and racial bias as depressed. Once labelled as depressed, it is likely that anti-depressants will be prescribed. The medication alleviates much of the daily angst felt by the client, yet it does not address the larger social issue of poverty, oppression, racial bias, or unemployment. Over time, in fact, it is likely that the anti-depressant, itself, creates more of the same problem by numbing the client's feelings of injustice and quelling any move toward activism. From the standpoint of a relational ethic, we must ask: *is participating in and maintaining an unjust system ethical?*

Second order change, on the other hand, entails a total transformation of broad interactive patterns. Rather than 'treat the symptom,' a relationally sensitive therapy would explore the broader context. Examination and deconstruction of dominant discourses (e.g., perhaps a discourse that claims depression is characteristic of certain racial groups or of being unemployed, etc.) open the possibility of exploring social (as opposed to individual) factors contributing to what appears as depression. Second order change embodies the relational ethic of discursive potential to the extent that resources beyond the client's actions and/or symptoms become part of the therapeutic conversation. The therapeutic conversation turns toward deconstruction of dominant discourses and exploration of alternative discursive options.

As we can see, it is not the case that a relational ethic necessarily provides answers to these challenging questions. However, a relational ethic does provide us with the reflexive capacity to question our common practices and to contest their truth status. Consider the following:

1. Therapists should not take political stands.
2. Articles and chapters about clients should not be published without the client's consent.
3. Therapy training programs should mandate that their students affirm LGBT people and families.
4. Therapists should automatically separate families where there has been sexual or other physical abuse.

Each of these issues is complex. There are many ways to think about each. Let's take just one as an example: the separation of family members when abuse has been reported. Most often in such cases the first concern is to remove the perpetrator from the family context in order to provide safety and a feeling of comfort to all other family members. While this might be a wise move in many cases, it is surely worth asking if it is useful for therapists to consider this a 'must' in all cases? Might it be that, in some families, separation is experienced as violence? I know these are challenging issues to face; no one wants to expose someone who has experienced sexual or other physical abuse to her/his perpetrator as if nothing has happened.[3] Yet, what do we know about a given family's situation – prior to talking with them? Might there be more humane ways of moving forward, ways that provide the resources and opportunities for perpetrator and victim (and other family members) to reconstruct their identities, their relations, and their ways of going on together? Wouldn't a therapy that focused on exploring the possibility of new coordinations such as these be helpful?

In an attempt to address precisely these issues, Elspeth McAdam[4] (personal communication), in her work with families where sexual abuse has occurred, *begins* her work by questioning the wisdom of dividing the family by separating the perpetrator from the family context. Of course, in some cases, such separation is warranted and useful. But McAdam does not presume that separation is the necessary first step. Instead, she invites the family into a therapeutic conversation about 'safety.' She asks all family members to describe what needs to happen in order for each to feel safe. By opening this conversation, McAdam first offers the family the opportunity to hear and learn what safety means to each. The very notion that being safe has different meanings to different family members is most often new information within the family. Second, the ability to recognise different interpretations within the family opens the way for exploring *together* possible shifts in action. That is, if family members interpret actions in different ways, how might new forms of action allow members to coordinate their meanings such that new understandings are achieved?

As we can see, this sort of therapeutic conversation does not absolve the perpetrator. It also does not 'blame the victim.' It does not resolve broad scale social issues about sexuality and violence. Yet, it does provide the chance for family members to work out (together) how they might go on. This is not to suggest that, as professionals, we simply leave these decisions to family members themselves. The therapist operating in this manner is also part of the conversation. And, as a member of the conversation, the therapist also harbours the discourse of professional ethics, which

focuses on socially (and legally) acceptable actions. Clearly, McAdam's approach is not advocating in favour of letting families do whatever they want. Yet, her approach is also not premised on imposing her own or her profession's beliefs and interpretations on family members. Together, therapist and family members work out (create) both familial and social forms of life.

The Problem of Ethics

It might sound heretical to claim ethics is (or could be) a problem. Let me explain. McAdam's work underscores how professionals working in the context of psychotherapy and related fields face a significant challenge. The challenge comes in the form of questions about how to be a professional; what is it that a professional is required to do. As with most professions, the answer to these questions varies by virtue of one's training, preferred method of practice, and basic assumptions. Yet one factor – regardless of mode of practice or guiding assumptions – remains stable: the professional code of ethics. Such codes are adopted to regulate the behavior of professionals. They are designed to guide the professional in the face of difficult issues and decisions.

For example, the National Board for Certified Counselors (UK) states, 'This Code establishes the minimum ethical behaviors and provides an expectation of and assurance for the ethical practice for all who use the professional services of NCCs. Furthermore, it provides an enforceable set of directives and assures a resource for those served in the case of a perceived violation' (NBCC Code of Ethics, 2012). Failure to comply with a code of practice can result in expulsion from the professional organisation. As we can see, so much depends upon following the established ethical code, including maintaining the ability to practice as a mental health expert, what one can and can not do with clients, and even the annual requirement to participate in continuing education courses and workshops focused on ethics in order to maintain one's license.

The message is clear: therapeutic practice must be, above all, ethical. And, in most cases, what is designated as ethical is equated with what is legal and just.[5] But what counts as ethics in a world of multiplicity, difference, and complexity? For many, simply asking this question raises concern; a concern that the one posing the question might embrace weak or disputed ethics. In other words, to question the professional ethics code can easily be understood as a willingness to act in ways that are deemed 'unethical.' Yet when we shift from the modernist world of certainty (where ethics codes are created) to a relational sensibility where complexity and uncertainty serve as guideposts, we also must release our grasp on the idea of a universal, decontextualised notion of ethics. How do we navigate the barrage of perspectives we encounter daily? Many of us work toward the generation of a relational stance that turns our attention away from right/wrong answers and a black and white world to the competing and complex challenges of human life.

Our tradition informs us that a system of moral principles comprises what comes to be deemed as ethical. And, as this system has evolved over time, tradition, and culture, the belief is that there is – or could be – a universal ethic. The implications of this traditional view are significant for they demand generalised approaches to nuanced daily interchanges. And, of course, this seems rational and useful; who would want to claim a moral place for incest, abuse, violence, crime, or war?

Yet we face a dangerous problem. In presuming the possibility of a universal ethic, we ignore the very specific circumstances of any given interaction. Equally dangerous is the alternative – relativising ethics to such a degree that 'anything goes.' Unfortunately, the relational challenge to the traditional view of ethics has been grossly misunderstood as a position of rampant relativism (Mackay, 2003a, 2003b), likening the moral fibre of our professions and our cultural traditions to a Dionysian sort of hell.

I would like to propose an understanding of relational ethics that does not trap us in either of these identified conditions. I would like to propose that a shift from a traditional to a relational understanding of ethics requires a shift in focus from isolated, specific actions and issues to interactive processes. While this shift sounds simple, it requires adopting a way of **being** as opposed to a specified (codified) way of **doing**. This shift is more of a stance one assumes than a technique or method one employs.

In what follows, I will first articulate what I mean by a relational ethic – what it requires of us, and what it might accomplish. Then I will discuss the implication of a relational ethic for psychotherapy.

Questioning the Tradition

Our thinking about ethics traditionally has been issue- or action-based. By this I mean that we judge (usually isolated) actions as ethical or unethical. Child abuse, incest, sexual harassment, crime, violence are all deemed unethical actions. From a traditional ethic, all actions can be determined as right or wrong, good or bad. However, once we step into a relational orientation where we acknowledge right and wrong, good and bad as meanings crafted in community with others – always situated within historical, cultural, and local contexts – what is or is not ethical is (potentially) less clearly defined.

To be sure, more or less stable communities, families, and traditions can confidently claim right and wrong *within a specific context*; but step outside that community, that family, or that tradition and what is deemed good may likely appear evil, wrong, or immoral. This is because what we come to view as ethical and just action is worked out in the relational coordination of people in interaction. Consider child labour. Hundreds of years ago, the concept of child labour was non-existent. Children worked, as did adults; rather than 'child labour,' we had 'labour' – people working. However, as Mintz (2006) points out, the notion of a long childhood, devoted to education and free from adult responsibilities, is a very recent invention, and one that became a reality for a majority of children only after World War II. (p. 2). The idea that expecting children to work was not only illegal but also unethical was culturally negotiated in response to the economic, political, and social factors of the time. Ethical action, a system of values and beliefs, is non-existent until people negotiate together.

Let's consider a different issue that is perhaps more relevant for psychotherapeutic practitioners: dual relationships.[6] Mental health professionals must avoid engaging in a relationship with a client that goes beyond the therapeutic relationship. In a general sense, this commitment to clients is useful. If the client and therapist initiate a different, additional relationship (e.g., co-workers, supervisor/supervisee, romantic partners, friends) the distinction between what is therapeutic and what is taking place in the realm of another relational configuration can be confused. Is 'advice' given to support or to critique? Are encouraging actions therapeutic or manipulative?

But what if a student intern, who is working for you a few hours a week, seeks your expert advice about a personal problem? In general, your professional ethical code of action will advise you to refer the intern to a different therapist. Yet, given the comfortable nature of your working relationship, and your sense that the intern is asking you because she respects and admires the way you work with people her age, a referral to a different therapist might seem cold and detached. You would rather be responsive to the intern's trust in you and be of help if you can be. Is this wrong? Many would say it is and, in the abstract, multiplying the nature of one's relationship with another can compromise our actions. However, *all* relationships have multiple dimensions. In fact, there are very few – if any – relationships that remain defined within one, clearly bounded frame. Student and teacher most often share personal aspects of their lives (e.g., the student explains a medical procedure that will require missing classes or a professor shares a story about her child as a way to illustrate an abstract concept). Thus, the expectation that limiting our relations to only one format is the ethical thing to do is not only called into question, but seemingly impossible to accomplish.

Furthermore, given the nature of the therapeutic relationship and the expectations that come with it, shouldn't we be exploring – instead of dual relationships – the power imbalance psychotherapy cannot avoid? A client shares intimate details with a professional who shares nothing or very little of his or her life in return. It is interesting to note that it is precisely because of this power imbalance that dual relationships are deemed unethical. It could just as easily have been negotiated that the power imbalance in therapy is unethical (we could assume that sharing serious problems and intimate details of one's life is more 'normal' when the listener and speaker shift positions throughout the conversation thereby making the relationship more democratic). If the power imbalance in therapy were to be constructed as unethical, then dual or multiple relationships between client and therapist would be normalised. I am not arguing that this should be the case. I am attempting to illustrate how meanings established at one time, in a particular context, are sensible and yet that sensibility might not endure across time and place.

Social Construction and Relational Ethics

The way in which we know the world is a byproduct of our interactions with others and with our environment. Our beliefs and values are not only multiple (i.e., shifting and changing as our relations shift and change) but they are not entirely our own. They emerge within our interactions with others and with our environment. Pearce (2007) has suggested four questions that help us focus on relational processes and not on individual traits, characteristics, or actions: (1) What are we making together?, (2) How are we making it?, (3) Who are we becoming as we make this?, and (4) How might we make better social worlds? These questions remind us that the world we live in is the byproduct of our joint activities. Knowledge, understanding, meaning, and – yes – ethics are the emergent product of tradition, history, culture, convention, and local/situated activities. If we want to live in a better world, we are the ones who need to do something.

We must focus on the process of constructing worldviews (moral orders) as opposed to searching for universal techniques, answers, and ethics. There will be many solutions, none of which will perfectly resolve a problem once and for all nor

eliminate differences. But we can find new ways of 'going on together' (Wittgenstein, 1953) that allow us to keep the conversation going, thereby keeping alive the possibility for creating new understanding together.

If we examine the process of constructing our moral orders, we can see that our impulse to diagnose, evaluate, and solve problems using traditional techniques and a pre-established ethical code is precisely what ensures that these challenges will continue. These very procedures and techniques champion only one 'right way' to manage difference. And yet, in a world where difference is inescapable, there can never possibly be 'one right way'.

A relational ethic centres attention not on individuals and their isolated actions but on relational processes of engagement. In other words, a relational ethic focuses on what people do together and what their 'doing' makes.[7] Thus, there is – by necessity – a relative nature to ethics. As mentioned earlier, this stance raises serious concern among proponents of traditional ethics because it appears that the message of a relational ethic is 'anything goes.' However, this could not be further from the truth. It is not the case that 'anything goes' when we confront the question of ethical ways of being. All forms of being, all actions, make sense in context. The question is, *who decides what the definitive context shall be*? Also, we must ask what effects our ethical decisions have on others (e.g., separating family members when abuse occurs, leaving African American families fractured and negatively valued when one of their children is killed in the name of self defence).

To further elaborate the challenge presented by a relational ethic, let us consider the nature of the world we live in today. We must question how we move beyond attempts to determine the 'right' answer or solution when confronted with difference. How do we move towards developing an understanding and an appreciation for difference and what does doing so imply for ethics?

The Process of Constructing Moral Orders

First, let us consider how specific ways of understanding the world emerge. Meaning emerges as communities of people coordinate their activities with one another. These meanings, in turn, create a sense of moral order. The continual coordination required in any relationship or community eventually generates a sense of taken-for-granted, common practices.

As people coordinate their activities with others, patterns or rituals quickly emerge. These rituals generate a sense of standards and expectations that we use to assess our own and others' actions. Once these standardising modes are in place, the generation of values and beliefs (moral order) is initiated. Thus, from the very simple process of coordinating our activities with each other, we develop entire belief systems, moralities, and values. Of course, the starting point for analysis of any given moral order (reality) is not restricted to our relational coordinations. We can equally explore patterns of interaction or the sense of obligation (standards and expectations) that participants report in any given moment. We can also start with the emergent moral orders themselves (dominant discourses as many would call them), and engage in a Foucauldian archeology of knowledge (Foucault, 1969) where we examine how certain beliefs, values, and practices originally emerged (which returns us to the simple coordinations of people and environments in specific historical, cultural, and local moments).

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As a very simple illustration, we can see that therapist and client coordinate their actions with one another. Let's say that in one specific therapist/client relationship, the therapist raises questions concerning the client's drinking. The client, relying on dominant discourses circulating within the culture, responds thoughtfully, indicating that perhaps he drinks a bit too much. As therapist and client, meeting after meeting, continue this conversation, they establish – very quickly – a pattern. In other words, the client starts to anticipate further discussion about drinking and possible addiction as he readies himself for his therapy sessions. The therapist also begins to expect that further discussion of addiction will be the topic of the therapeutic conversation. In only a few meetings, therapist and client have established not only a way of talking together but also a sense of *what* is to be discussed during their sessions. This quickly established pattern generates a sense of obligation (expectations about how the therapeutic conversation should go). The sense that this conversation is now a requirement of the therapeutic process becomes so fully formed that both therapist and client come to believe that this is what therapy should be. For the client, it is a matter of 'working out' his 'issues' with addiction. For the therapist, it is a matter of helping the client confront his problem. They have, through their very simple coordinated actions, created an entire worldview – a moral order – that continues to serve them both as a taken-for-granted truth about what their relationship is about and, more important, what therapy is all about.

An entire world is created from the simple interactions we have with others. And, of course, we must remember that these 'simple' interactions are never cast upon a blank slate. We bring a history of traditions, situated moments, and ways of understanding the world (moral orders or dominant discourses) with us into every interaction. The possibility for change is always present. And yet, it is amazing how well we coordinate in ways that allow us to see the world as ordered and predictable. The important aspect to note is that, most often, we focus only on the on-going constructed moral order and neglect to recognise our own part in continually re-creating it. This is what Foucault (1976) referred to as participating in our own subjugation. This raises an important question as we ponder therapeutic ethics: *how and in what ways do therapist and client construct and reconstruct an ethic of individual responsibility as they coordinate their topics of conversation?*

By illustrating the process by which a sense of ethics (what we value) emerges, the very active part we all play in the creation of our worldviews is made visible. It is important to remember that this is a relational process – these are participants working together to create a world.[8] If we are blind to this process, we can easily locate meaning, intentions, values, moralities, and all that is meaningful in our lives within the private world of the individual mind or the individual culture. For example, the therapist described above could be described as too moralistic in her views of drinking. Or, perhaps the client suffers from deep-seated insecurities. Both of these descriptions focus our attention on *individual* characteristics. When we place meaning within a notion of a self-contained individual, we remain in the realm of individual attributes, characteristics, and qualities and thus the therapeutic endeavour must strive to correct the problems that lurk within each person. Our attempts to move beyond a universal ethic are thwarted by questions of how we should live, what policies should be in place and what will count as ethical. And in attempting to answer those questions, we will be tempted to rely upon the opposing internal logics of different communities/cultures/moral orders. A relational ethic challenges us to abandon the notion

of individual responsibility and recognise instead that who we are, how we act, and the meaning we attribute is relationally crafted. We are relational beings (Gergen, 2009).

At the same time, as relational beings, the communities and traditions that inform our understanding of the world (our moral orders) will very likely be incommensurate with the worldviews of others. As we shift our attention to the notion of a relationally crafted ethic, we are invited to see and to recognise how a traditional view of ethics is *also* the byproduct of relational coordination. The difference, however, is that rather than champion a dislocated code of ethics as the Truth, our relational focus provides us with the resources for seeing a professional or standardising code of ethics as coherent within a particular community (i.e., the professional therapeutic community).

So, how do we invite these very different communities to engage in interested inquiry? How do we encourage curiosity? *Whose standards determine the right values, the right ethic, or the right beliefs?* How do we respect the professional code of ethics to which we are bound and simultaneously maintain respect and curiosity for the diverse and complex moral orders created in the lives of those with whom we work? Important to note here is that the potential for incommensurate life-worlds is enormous. Further, since each of us is immersed in multiple communities simultaneously, the potential for difference is expanded even further. As specific persons, each of us embodies multiple and often contradictory and/or incommensurate moral orders.

Thus, meaning (ethics) is always fluid and supple. Meaning is always in motion. The extent to which we encounter consistency in meaning and patterns of relationship is not attributable to its Truth Status but to the coordinated achievement of participants. In effect, we could say that any sense we have of stability can be credited to participants' abilities to 'play the language game' (Wittgenstein, 1953). Yet, we must remember it is not an *anything goes* world. Since all meaning is dependent upon the coordination of people in relation, and since any configuration of persons is likely to yield a unique or different meaning from any other group, meaning – and therefore understanding – is surely relativistic but is surely not completely up for grabs. One is not free to simply construct the world at will. We are ultimately dependent on each other to *make* our worlds.

Once we dismiss the 'anything goes' critique, we can focus directly on the *potential* offered by a relational orientation and the ways in which it offers us generative resources for confronting difference and embodying a relationally sensitive ethic. We might not be able to simply claim that X is the case, universally. However, we can *invite* others and ourselves into different patterns of coordination where we attempt to appreciate different views first within their own rationality and then work toward an appreciation of difference, itself. The attempt is to suspend our quest for resolution (not an easy thing to do) and instead become curious – curious to understand difference in its own context. While ethical action is rooted within community, the challenge we face is bringing diverse communities into coordinated action where new forms of understanding – not agreement – can be forged.

The emphasis is on *building a conversational domain where people can talk in different ways about the same old issues.* This is particularly important as we consider issues of ethics. It does not mean that ethical codes should be abandoned. But it also does not mean that we should be quick to judge, evaluate, and take action if an action falls within what is professionally and socially deemed unethical. The challenge is to

embrace the tension produced when one holds one's own position while simultaneously remaining curious about the position(s) of the other(s) (Stewart & Zediker, 2000).

The risk of holding one's own position while allowing others – often with diametrically opposing views – to do the same, and to be open and curious about the local or internal *coherence* of those very different positions, creates a very unique context. It is a context, I believe, that is more democratic, relationally sensitive and concerned with broader issues of human and social wellbeing. It is, in other words, a useful process for movement beyond simple declaration of ethical or unethical action – it is useful in moving toward a relationally sensitive ethic in intimate relationships, institutions, communities, and cultures.

To repeat, our focus shifts to what people do together and what their doing makes as opposed to any particular, abstract feature (i.e., what is right or wrong, ethical or not), technique or method (e.g., legal or social sanctions). This is what I referred to in my earlier comments; to adopt a relational ethic is to shift from a focus on what one *should* do according to an abstracted code of ethics to a focus on *how* one should position oneself and others, taking into consideration a complex web of issues including one's professional code of ethics, the life circumstances of the client, one's own beliefs and values, and care for the extended circle of relations that will or might be touched by virtue of the therapeutic process.

Ellis (forthcoming) writes about a relational ethic of care. She draws upon the work of Bergum and Dossetor (2005) who define a relational ethic as 'the way people *are* with one another' (pp. 3–4). This ethic is different from, but not dismissive of, an ethic based on justice. An ethic based on justice identifies the 'moral minimums beneath which we ought not to fall, or absolute constraints within which we may pursue our different goals' (Held, 1995, p. 3). A relational ethic 'deals with questions of the good life or of human value over and above the obligatory minimums of justice' (Held, 1995, p. 3). The challenge we face is how to uphold both forms of ethics as we work with clients. As Noddings (2002) points out, we 'care about' the well-being of others at a distance (this is the ethics of justice); 'caring for' our clients requires a form of relational coordination. These different positions can be summarised in the distinction between asking 'what do **we** do now?' (a relational ethic) as opposed to 'this is what **you should** do now' (an ethic of justice).

Relational Ethics as Forms of Life

This brings us to a central focus of the relational constructionist orientation to the world: language. Where the traditional, modernist approach to the social world focuses on individuals (including their qualities, actions, private thoughts, and intentions), the constructionist orientation emphasises *what people do together and what sort of social world their interactions create.*[9] The shift is from examination of individual actions, persons, ideas, etc. to interactive processes. The constructionist focus on language follows Wittgenstein's idea that 'the limits of my language mean the limits of my world' (1953). We view language as 'what people do together' and thus, language includes all embodied activities – it is more than words or text. Wittgenstein (1953) used the term 'language games' to underscore that language is an activity, not a simple means for conveying information. His view of language is a challenge to the correspondence view of language where words are viewed as mirroring the real world. To

Wittgenstein (1953) when we speak and act we are actually *creating* entire life-worlds, what he called 'forms of life.' His attempt was, 'to bring into prominence the fact that the speaking of language is part of an activity, or a form of life' (Wittgenstein, 1953, p. 23) where meaning is created.

Applying Wittgenstein's ideas, we can see that, in a therapeutic context, ethics depends on the form of life that emerges within the therapeutic language game. Questions such as *who are we becoming?* and *what possibilities are being crafted?* take precedence over questions of what specific, isolated actions or assessments should be made.

We live in language; this is what distinguishes us from other creatures. Language provides us with the ability to be reflexive – to question ourselves and imagine alternative forms of action. Language is also a differentiating device; to say something is good, distinguishes it from 'bad'. We cannot help but draw distinctions as language-using beings. And, difference often generates conflict. Difference can also generate possibility. While language is a differentiating device, all words also always defer to other words (Derrida, 1997) thereby creating the potential for semantic shading (Gergen, McNamee, & Barrett, 2001). For example, it is conceivable that to identify something as unethical is to indicate it as 'different.' It is not so far afield to see something that is different as 'odd.' And, when confronted with something odd, we might become curious. Thus, in four shadings we have transformed something unethical into a point of curiosity.

Suppose a therapist is confronted with a client who is engaged in an extramarital affair. There are many therapists who subscribe to the belief that such behaviour should not be sanctioned. Most do so with respect and kindness toward the client. Yet still, the cultural idiom of monogamy is the primary focus. I am not arguing for or against monogamy as a preferred mode of life. However, I do think we need to attempt to understand alleged violations to this cultural norm. How does the violation make sense to the client? What is the story s/he is living? Is the client's behaviour actually a 'violation' in his or her world? We suspend our desire to look for the 'right' story with an interest in multiple stories and how they might or might not fit or feed into each other.[10]

While our languaging communities (our forms of life) are the source of difference and thus potential conflict, exploring the boarders and bridges among languaging communities – the semantic shading – can also be the source of possibility and of crafting ways of going on together. The boarders and bridges among different ethical standards can also serve as the initiation of new coordinations that generate new forms of ethics. The most resourceful way to attend to these boarders and bridges is to become curious about the local coherence (i.e., how does one very different moral order emerge from the negotiated action of persons in relation). This is significantly different from our modernist tradition where difference is suppressed and the dominant voice becomes equated with Truth and normativity. If we attempt to erase difference, we often become dogmatic and rely on our persuasive abilities that are often oppressive (just as diagnosis and medication can be). The modernist move toward erasure of difference relies on a view of ethics as abstracted principles.

Influenced by dominant cultural beliefs that finding 'the right answer,' 'the ultimate truth,' and 'what is really right' is possible, we perpetuate oppression. Since we believe there is 'an answer,' we focus our attention on searching for that answer, that technique, that skill, or that method we believe will ultimately solve the problem at hand, correct the depression or anxiety, or restore people to 'expected' and sanctioned

social performances. But, in the world of difference, whose solution, whose method, whose truth shall we use? Our search for the right answer to some of our most pressing problems – mental health, poverty, oppression, hunger – unwittingly positions us against each other.

We see these clashes vividly in the on-going discussions about diagnosis and medication. While some mental health professionals view diagnosis and medication as necessary for a person's well-being, groups such as the *Hearing Voices Network* (http://www.hearing-voices.org/) and those who contribute to the website, *Mad in America* (http://www.madinamerica.com/) argue that diagnosis and medication are frequently damaging and life-threatening. In related work, Holzman (2015) reports some very interesting results of a community survey focused on lay opinions of diagnosis and medication. The results of the survey indicate that everyone offered an alternative (to diagnosis and medication), with most people suggesting more than one. The most frequent responses involved talking to people – therapy, counselling, group therapy being the most common (including, 'A centre they can go to without getting diagnosed'), followed by family, friends, self-help, and support groups. A wide variety of social activities and lifestyle changes were recommended – volunteering, hobbies, music, dance, writing, meditation, exercise, yoga, diet, prayer, and creating community, etc. (Holzman, 2015).

What the respondents in Holzman's report are suggesting is that, when faced with problems, *interaction with others* is often more useful than diagnosis. In fact, as Hari (2015) illustrates in the case of addiction, problems that are currently described as chemical, biological, or neurological are often the byproduct of social relations. Hari points to provocative research (Alexander, 2010) that suggests addiction is not an individual's problem (in terms of biology, neurology, chemistry) but is a problem of relations. Addiction happens when people are isolated. Being part of a community prevents addiction.

This raises an important question: are we being ethical if we continue to view addiction as an individual problem? Given current research, are we obliged to inquire into an alternative understanding of addiction? What would happen if we divert our attention away from searching for the proper diagnosis, evaluation, assessment, or answer and instead focused our energies on examining broader social conditions and how 'problems' might actually be logical responses to these conditions? This is the focus that will direct us toward a relational understanding of ethics, and one that is not tied to rampant relativism.

If we focus our attention, instead, on *how* the perpetuation of undesirable situations is not the sole problem of a specific individual but is the byproduct of particular forms of life – that is, ways of living in community – we might begin to see both how to transform those patterns into novel ways of going on together in the world and how to appreciate difference as a natural part of social life – not necessarily something that must be repressed, avoided, or minimised. We need to widen the lens; we need to see and assess what is happening within our communities, our institutions, and our culture.

Important questions to ask include: How does therapy for my problems assist me in generating strong relational bonds? How does coaching to improve my leadership abilities build a strong organisational community? How do diagnosis, evaluation, and assessment help me appreciate the relations that show support and care? Can we harness the potential of coordinating differences to move beyond simple solutions,

universal resolutions, and our desire for a universal ethic? What if we began to view difference as a resource for creativity, novelty, and social transformation?

Implications: The Peril of Neglecting Community

We all know that receiving a diagnosis can sometimes be a comforting thing. For those struggling to survive in their lives, being told by a professional that they suffer from social anxiety, depression, bi-polar disorder, or ADD is often viewed as the beginning of a new journey – a journey toward well-being. Yet for others the labels they receive serve only to stigmatise, demoralise, and further ensure that daily life will continue to be a challenge. We live in an era that values evaluating and assessing individuals. The assumption is that it is much easier to treat or change an individual than to reflect on how we are living together and change our communal practices. What if we began to diagnose discourses rather than people? It is easier to develop programs for reform, education, and punishment than to devise ways of working collaboratively to ensure that everyone within a community can experience a high quality of life. And, of course, we need not mention the economic gain for those who invest in the design of educational, therapeutic, and correctional programs. But could not that same economic gain be found in the design and implementation of relationally sensitive practices – practices that cast a broader net than the isolated individual, practices that seek to engage all and any who might be considered part of a person's life world?

It is rare that we enter into interaction with others curious of their coherence – if they disagree with us, they are wrong. We rarely ask for detailed descriptions of how and why their very different view has emerged as viable and logical and for whom. Instead, we typically enter into these interactions with the idea of persuading others to accept our view as the 'right' view. If we are professionals, our views are not only right but also ethical. Our diagnosis of a client's problem is not only what is expected of us, but what is required. Clients seek psychotherapy precisely for purposes of having their problems identified and treated. This is the world of experts and universal ethics.

But what if we entered into the therapeutic conversation with a different sense of expertise and positioned ourselves as conversational partners with our clients? Partners who ask the ethical question rather than solve the ethical problem (Ellis, forthcoming). Partners who attend to what clients are able to achieve rather than what they cannot manage? And what if our conversation centered on the oppressive and limiting discourses within which we live, thereby granting coherence to the challenges and inabilities a client might be facing? As conversational partners, what if our main interest was in gaining a nuanced understanding of the client's life and situation (rather than being quick to know, to diagnose, to label); to invite clients to consider the ways in which a diagnosis might provide access to currently unattainable resources or, alternatively, might stigmatise and oppress? Most people are much more likely to stay in conversation with someone who genuinely wants to understand their position than with one who presumes to already know their situation.

The shift to processes of engagement that build understanding make possible the creation of alternative modes of action and sense-making. Can we engage in *interested inquiry* and *curiousity* with clients? And, in dissolving the good/bad, right/wrong dichotomies we encounter in social and personal problems, can we achieve some form of coordinated social action where the 'difference' our clients bring to us (i.e., a problem) is initially approached with tolerance and respect and as a byproduct of

particular cultural discourses? Can we imagine – and more important, can we create – a moral order that is not *ordered* by expectations of unanimity but is ordered by coordination and continued juggling of difference? To create a relationally sensitive ethic, we need to reflect on how our activities open up and close down possibilities. We need an ethic of discursive potential.

As we see here, the power to create change is located in ongoing processes and not in some individual change agent, expert, or tried and true technique or model. This is not about a battle between competing theories, models, techniques, or truths. A relational ethic directs our attention to how we might create opportunities for different conversations – ones built on curiosity where we can search for local coherence – the stories, culture, values that ensure we avoid abstract judgments. With an ethic of discursive potential, can we attempt to coordinate multiple moral orders and imagine the future that is relationally sensitive? Can we harness the potential of coordinating differences to move beyond simple solutions, universal resolutions, and our desire to eliminate difference once and for all?

Notes

[1] Here I refer to professional ethics codes typically identified with an ethic of justice.

[2] An example of a discourse would be the discourse of diagnosis or the discourse of evaluation. A discourse appears to simply be 'the way things are' and not, for example, a way of being that emerges from the ways in which people interact in specific contexts and times.

[3] The Australian context, like many other cultural contexts, mandates notification to an authoritative body who is deemed with the responsibility of deciding whether or not a perpetrator can remain with the family. The challenge for us, as we talk about an ethic of discursive potential, is to consider how broader social regulations such as this might be transformed in ways that are sensitive to contextual and relational differences.

[4] Elspeth McAdam is a Child and Family Psychiatrist who specialises in working with families in which there has been violence or child sexual abuse. She has presented and developed some unusual and very effective ways of working with these situations and supervised others who confront these difficult situations and feel unable to move forward.

[5] The field of ethics is broad. Philosophically, the study of ethics is concerned with how people live together. The term 'ethics' derives from the Greek 'ethos' which refers to customs and habits of living. Yet there are sub-areas of ethics, such as ethics related to issues of justice and crime. Most professional ethics codes, while concerned with how people should live together, are often used to determine when legal action is necessary in, for example, the case of neglecting to maintain the client's confidentiality, protection from exploitation or dual relationships, etc.

[6] The term 'dual relationship' refers to the existence of multiple relationships between a therapist and his/her client.

[7] See Pearce's first question above: *What are we making together?*

[8] This is not to suggest that all parties have an equal voice. It is, however, to point out, as Foucault does, that the power differentials that are continually reconstructed in the therapeutic conversation are relationally crafted. It is not simply the case that therapists (with their expertise) have power over clients. Rather, clients, in their participation in the therapeutic encounter, contribute to the continual construction of the professional expertise of therapeutic discourse.

[9] See Pearce's four questions, introduced above.

[10] This is another illustration of semantic shading addressed earlier. The attempt would be to look for ways in which certain understandings defer to a multiplicity of others.

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