Helping Others: A Personal View

Aider les autres : mon point de vue

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Abstract

Clinical practice, which involves working with and for others, can be a rich and powerful experience. Although major ethical dilemmas do arise, much of what we call ethics in clinical practice relates to the moment by moment decision-making that we do on a daily basis. This paper takes a very personal look at that process and at what we can learn from it not only about our clients, but also about ourselves.

Résumé

L'activité clinique, qui implique un travail avec et à l'intention des autres, peut être une expérience à la fois enrichissante et puissante. Bien que des problèmes d'éthique importants font surface de temps en temps, ce que nous qualifions d'éthique en pratique clinique est plutôt relié à la prise de décision qui se fait au jour le jour. Cette communication jette un regard très personnel sur ce processus et sur les conclusions que nous pouvons en tirer non seulement sur nos clients, mais également sur nous-mêmes.

All of what we call ethics seems to come down to one point—how we relate with others. In the articles prepared for this special issue, various perspectives have been offered: our Association's Canon of Ethics which provides guidelines for professional behaviour, the perspective from outcome research which suggests how we might measure the effectiveness of our services, and the various perspectives on quality care. We have also been presented with a perspective for developing health services to native peoples which emphasizes empowering others to help themselves and to develop systems of care-giving that utilize the wisdom within their own traditions. All of these approaches, as well as others that we encounter, like a department's policies and procedures, client assessment or treatment protocols, or an agency's rules and regulations, have several things in common—they suggest how we can achieve fair, open, and respectful relationships with those we serve. They also inspire us and guide us so that we grow and develop as persons and as professionals.

But we might take another approach to ethics or how we relate with others that is very personal. Most of the questions and concerns we have about relating with our clients on a daily basis do not involve major ethical dilemmas. They are about little things—did we take enough time with someone or were we too indulgent, did we encourage our client enough or too much so, should we have worked a little longer with a particular client or did we go on much too long, did we look or listen carefully enough, were we thorough enough, did we miss anything? These are the kinds of questions we confront daily in clinical practice that require making choices moment by moment, choices that affect not only our clients, but also our co-workers, employers, and ourselves.

What shapes or motivates those moment by moment decisions that we make when we are working with another person? Certainly we are influenced by the various guidelines and standards for professional behaviour. As well, we bring to that relationship the values and attitudes we inherit from our family, community, and culture. And along with all of that we bring our commitment as helping professionals to do what we can to help others. Finally, we learn, and keep learning, from the relationships themselves. We learn what works and what does not work, not only in terms of therapy techniques, but also in terms of how to *be* in that relationship with another person such that our actions and even our way of being will facilitate the most gain or growth and development in that person.

Having had an ongoing interest in what we call the clinical process or the client-clinician relationship, I have frequently reflected upon what I have learned from this experience that has influenced me personally and affected how I work with others. For me, much of this learning is contained in the practices of the six paramitas, part of the teachings of the Mahayana school of Buddhism. The reader may find that much of what follows is similar to teachings and practices of other religious or cultural traditions. The paramitas are used here because they are familiar to me and because they provide a framework for presenting the kind of wisdom that is gained from the direct experience of working with and for others.

Paramita is a Sanskrit term that has been translated as "transcendental activity" (Lief, 1985; Trungpa, 1973, 1976). The six paramitas include generosity, discipline, patience, exertion, meditation, and knowledge. The paramita practices are transcendental in that through their application one not only benefits others, but also develops oneself, that is, overcomes one's self-centeredness, develops genuine compassion, and gains insight and wisdom. I believe that when one engages in a clinical discipline, which means working with and for others, one can benefit personally in a similar way.

Generosity

When I first began clinical work, I was very inexperienced. My most recent experience with clients had been through research. I knew about professional behaviour, confidentiality, and other ethical considerations, but I did not understand generosity. I thought I was giving something to my clients that they did not have; it was a one-way street. I was the expert, but not in any arrogant sense; just simply, I was the one trained to know about their disorder and how to deal with it. This approach did not work. I did not feel in touch with my clients and they did not open up to me. In fact, there was little real communication taking place; there was no ground for a relationship.

Eventually I learned that the starting point of each clinical relationship, and indeed each clinical session, must be generosity. Generosity is being open to the experiences of another individual in a nonjudgmental way. It is being there for another person, assisting them, without the barrier created by the attitude, "I'm giving this to you" or "I am the expert" (Trungpa, 1976). So to be generous means to let go of your credentials, your "expertness," and be there very simply, person to person. Generosity, like all the paramitas, is practical; it works. Clients pick up on that openness and begin to feel safe in expressing their feelings, concerns, and expectations. As clinicians, we gain by learning more about our clients and creating the ground for a working relationship based on mutual respect and working together.

But generosity is not always easy, that is why it is a practice. We have been trained to be "experts"; we do have specialized knowledge and skills. We see a client and we begin to "size up" the situation. This is natural; it is not the problem. The problem arises when we cannot put that aside and respect that the client also has something equally important to contribute and, in fact, must contribute in order for us to do our job effectively. We are constantly being challenged to remain open and nonjudgmental, which means not categorizing people, but seeing them as valuable individuals in their own right; not becoming defensive when we are criticized or used as a target for our clients' anger and frustrations; and not turning away from the pain and suffering that others need to share with us. Generosity is warmth and openness, but it is also strength and fearlessness. It is not being afraid to experience uncomfortable situations (Trungpa, 1973); it is a willingness to allow ourselves to be vulnerable and feel the quality of not quite having figured out the whole thing (Lief, 1985); it is allowing ourselves to be touched by others.

Discipline or Proper Conduct

We commonly refer to our "professional discipline" as the scope of practice that defines our profession. These are the activities that we are trained to do. But the reason why we do these things—carefully prepare our therapy materials, collect data on our client's progress, attend continuing education courses, read our journals—is why we need to practice discipline. Early on in my development as a clinician I realized that my desire to help others and be a good clinician could be an obstacle to what I hoped to achieve. Wanting so much to help others I sometimes found myself taking on situations for which I was not well prepared. Or I found myself jumping to conclusions about a client too quickly with the intent of hastening the client's habilitation. Or, I found myself being careless, skipping important steps or making judgments instead of measuring precisely. All of us, beginners as well as seasoned veterans, have these lapses of discipline. Generally they come about either because we are too "tight" or too "loose," that is, either we are trying to hard to do the right thing or be helpful, or we have become careless, doing things "half-baked."

Discipline is needed to keep us in balance; but discipline in this case is not something imposed on us from the outside. It is not a rigid or fixed set of rules. Discipline is more like a natural extension of generosity; it is acting according to openness, acting in accord with what is needed (Trungpa, 1973). This sense of discipline comes from putting the client first. We do the things we do for our clients, not to impress them or to prove how good we are, but to give them what they need, what they have come to us to receive. Our knowledge, training, and experience enable us to see what is needed when we are open to and communicating with our clients. It is a natural process of relating properly and respectfully with the situation (Trungpa, 1976).

Whenever we work with others there is a tremendous tendency to want to control the situation, to tell clients how they should be, or to "come to the rescue." Discipline works with these tendencies. It is like possessing a pair of eyes without which we do not see anything properly. When we are too speedy or lazy, or too hassled or preoccupied with our own point of view, we cannot see things properly; we cannot see what needs to be done. Discipline keeps us organized and orderly, precise and discriminating. It is not a matter of tightening up but of letting more in. And discipline, like generosity, works. It is intelligent and practical.

During my graduate days while I was learning about adult aphasia I became very confused about a particular client who did not fit into any of my categories, and I did not know what to do or how to proceed. My supervisor-mentor, Dr. Hildred Schuell, simply said to me, "Let the patient teach you." This message, to let go of my preconceptions and open to the client's experience and communication, has been my reminder of discipline. I have found that when I am able to do this, the right thing to do next emerges in the situation. The result is a feeling of doing my work properly, thoroughly, and carefully. I also feel tremendous appreciation for my professional training and all the accumulated intelligence and experience that it represents. Clients respond to that kind of discipline with trust.

Patience

It seems to be common understanding that to be a therapist one needs a lot of patience. Some of us may remember when we referred to our clients as "patients." So we have patience and patients, which generally mean the same thing—that change, recovery, or rehabilitation takes time. But there is another aspect to patience that we deal with on a daily basis, and it involves working with expectations (Trungpa, 1973). Generally when we begin therapy with a new client, there is still a lot of uncertainty about the nature of the disorder, the client's ability to respond to intervention, or what the impact of other influences will be on the overall effectiveness of our approach. In the beginning we usually have more patience because we have no clear or firm expectations. We are still looking, listening, and learning; we look forward to new discoveries from each therapy session. There is a sense of freshness and intense interest, and an absence of demand on the situation.

But as things progress and our understanding of the situation develops, we begin to have expectations. We expect things from the client and from ourselves; we expect therapy to proceed in a certain way with a certain result. Having expectations is natural, useful, and necessary in our work. Our expectations are based on natural patterns of behaviour. They provide us with a road map that guides the therapy process. However, sometimes our expectations become too fixed or solid, they become demands that we make on ourselves and our clients; we lose our flexibility and perspective, and we begin to be driven by our desire to achieve something. And then if those expectations are not met, there is the tendency to become frustrated or resentful, even angry; we might find ourselves blaming others or ourselves, or complaining about our difficult situation.

We are not always patient. Sometimes we jump ahead, take a short cut, or try to speed up the rehabilitation process. We want our client (or ourselves) to do more, be different, have more motivation. When we act on these impulses, we usually find that our clients become confused or discouraged. We can become confused and discouraged as well. Not having patience does not work. When clinical work becomes too demanding, too heavy-handed and serious, it is usually because we have forgotten patience and have become too attached to our expectations.

I think as clinicians we expect a great deal of ourselves. Our standards of performance are high. At the same time, we are trained to be very critical of ourselves so that we maintain these high standards. So patience is a very important but very difficult practice. Once during a time of personal difficulties I told a clinician-friend about my confusion and frustration with a particular situation and asked for advice. After listening to me for some time, he said simply, "You can only be where you are and have the experience you are experiencing right now, and you have to start from there." I realized that I wanted to start from somewhere else, that I wanted the situation to be different, that I was refusing to relate to my current situation because it did not meet my expectations. Now when expectations start to mount up, I remind myself to come back to right here and right now and examine the present situation rather than hoping for or demanding a different one. In clinical practice this is like a reminder to come back to one's discipline when things do not go along with your expectations. In fact, patience has been described as the way to maintain one's discipline. It is like making a fresh start or taking a new look at the situation whenever we feel that sense of discouragement or frustration. It is said that we can apply patience constantly every moment. Patience is like the walk of an elephant—slow, sure, continuous, and far-seeing (Lief, 1985; Trungpa, 1973).

Exertion

In these times of shortages of staff and increasing needs, it is safe to say that most clinicians are working very hard, putting forth a lot of exertion. But the practice of exertion is not just working hard; it is taking delight in what you do, having "joyous energy" (Trungpa, 1973). When you feel that delight, working hard evolves naturally. I think that most clinicians have experienced the feeling of exertion, a feeling of really being at home with your discipline and energized by it, knowing your work so thoroughly that you can begin to experiment, resynthesize what you know, or create new methods. But many of us also may be familiar with times when we lose that exertion, when we lose heart or feel "burned out." The absence of exertion may be one of the biggest obstacles to continuing in clinical practice.

Exertion seems to come from taking an intense interest in what we do, not from our own personal perspective alone, but from a broader, more panoramic point of view. Usually when I feel that I am becoming lazy in my work or losing my inspiration to work hard, it is because things have become too familiar, too routine. When this happens, I find that I am doing things half-heartedly. I find that I am resisting change, not willing to take risks, or afraid to expose myself to examination. I cling to old habitual patterns and resist trying new things.

Sometimes exertion requires taking a break—taking a vacation or a staff development day, attending a conference or requesting a change of clientele—whatever may be helpful to break up the habitual routines that have become too fixed, too familiar. Personally when I feel a lack of exertion, I take that as a signal to stop and "take stock," which involves questioning my motivations, my theories, and my ways of doing things, and challenging myself to prove that I know what I am doing. This is a very humbling experience and usually leads me to look beyond my own point of view and seek new perspectives or a new synthesis of old information—a broader point of view.

Another antidote to the absence of exertion is to reconnect with our commitment and inspiration, and remind ourselves that we have done a good job in the past, we know how to work hard, therefore we can continue to do so. Exertion has been described as a suit of armour that protects one from laziness or losing heart—the armour is our commitment (Trungpa, 1981). This sense of commitment gives us strength and the energy to move forward.

Meditation or Being Present

Because there are many and varied ideas about meditation, particularly in the West, it is important to clarify how the term is being used here. Meditation is difficult to define precisely because it is an experience rather than merely an idea. It has been described as "practicing being" or relaxing into the present moment without trying to fill it up with anything (Kabat-Zinn, 1990). It has also been described as steadying or taming the mind, freeing the mind from wandering and distraction so that one can experience things more clearly and directly (Trungpa 1973, 1976). Generally there are two applications of meditation—a formal practice in which one sits in a quiet place and the applications of meditation to one's daily life. It is this later application of meditation that is intended here.

Meditation is a practice because, like telling someone who is tense to relax, you cannot just be told how to do it; you learn through experience and the application of certain techniques. The benefits of meditation are relaxation or a sense of composure, more clarity and focus, and the development of insight (Kabat-Zinn, 1990; Kutz, Borysenko, & Benson, 1985; Trungpa, 1973, 1976).

Applying meditation practice to everyday life situations, including clinical work, means practicing paying attention to the present moment. This means bringing your full attention to whatever it is you are experiencing at that moment. When your attention begins to wander, you take note of that, and then simply come back to the present. We have all had unsettling experiences such as driving to work and, when we arrive, wondering how we got there. It is like being on "automatic pilot." Our routines become so habitual at times that we do things without really paying attention, without really being there—even clinical activities. The practice of meditation in clinical work means finding ways to remind oneself to be present and take notice of whatever is occurring in our experience at that moment. It is like developing a kind of alarm system or wake up call that interrupts our habitual patterns.

An intensive care physician friend of mine once told me how he reminded himself to come back to the present moment even in the very intense and hurried atmosphere of the intensive care unit. He said that just before he entered a patient's space, he put his hand on the threshold of the doorway or the edge of the curtain and paused for just a moment. This brief pause seemed to cut through his speediness and mental preoccupations and bring his attention back to the present moment and to the person he was about to see. It also reminded him that he was entering someone else's space.

There are many ways that we can cultivate this kind of mindfulness of the present moment in our daily life and, in particular, in our clinical work. A recent publication by Jon Kabat-Zinn (1990) is full of suggestions, many that have been developed for reducing work stress. A few of these are presented here. For example, when you wake up, take a few minutes to affirm that you are choosing to go to work that day or pay attention to the whole process of preparing to go to work—showering, dressing, packing your briefcase, relating to the people you live with. During the day, when you say hello or goodbye to people, do not be mechanical; make eye contact or touch them and really be in those moments. During your work day, stop what you are doing from time to time or take short breaks between activities to monitor how you feel and let go of any tension as best you can.

Applying meditation in your daily life helps you be where you are, that is, brings your body and mind together in the present moment. As a result, you begin to have more trust in your own experience, and more awareness of and insight into situations around you.

Knowledge

The last paramita practice, called *prajna* in Sanskrit, has been translated as knowledge. It has been said that the first five paramitas are like a river flowing into the ocean of prajna (Trungpa, 1973). So prajna or knowledge increases or expands as the paramitas are practiced. But knowledge in this sense is not just the knowledge we accumulate as we practice our profession and read our journals, although that is included. Prajna is "super-knowledge" (Trungpa, 1973); it is knowledge that comes from life experience, the knowledge of the mentor or sage who has applied the paramita practices and developed insight and wisdom through their application.

I think most clinicians can identify someone—a teacher, clinician-mentor, or personal helper—whom they regard as being wise in this sense. As well, I think that most of us have had moments of real insight and understanding—when we perceive things in proper perspective and balance and are able to discriminate very clearly what to do and what not to do, when we see things from a very broad or aerial point of view.

In addition to insight, knowledge also means confidence or a sense of trusting oneself and the situation, knowing that one can work with and learn from whatever arises, whatever presents itself. This kind of confidence enables one to see things clearly without any personal bias.

Sometimes we think that wisdom is something that comes along with age, and there certainly are examples of that in our culture. However, I am constantly being shocked by the wisdom that comes "out of the mouths of babes," as the saying goes. Over and over I am being reminded of my tendency to underestimate the intelligence and insight of my clients—children and adults. Having a disability or experiencing some sudden trauma can be a very awakening experience. In these circumstances people are thrown back on themselves completely, their expectations of a "normal" life often abruptly altered. These tragedies often have a positive side. Like a catalyst they can help someone to see things more clearly, to see what really matters in life, to find and experience a meaning to life. Prajna is that kind of knowledge, the insight that comes from letting the world speak for itself rather than imposing our version or viewpoint upon it (Lief, 1985).

The practice of prajna or knowledge should sound very familiar to clinicians. Traditionally it is referred to as a three-fold process called hearing, contemplating, and applying (Trungpa, 1981). First we hear or study, learn new ideas and information, observe new things. Then we contemplate this new knowledge, let it remain in our thoughts for a time and think about how it relates to other things we know or have experienced. Finally, we apply what we have learned and integrate it into our practice. It becomes a part of our way of doing things and part of our understanding of the way things are. Traditionally all the paramitas are practiced in this way: First they are studied, then thought about or contemplated, then put into practice.

Sense of Humour

A discussion of what one learns by engaging in clinical practice would not be complete without adding one final ingredient—a sense of humour. Without it, clinical work becomes very serious and solid, without warmth, flexibility, or joy. For above all else, our clinical practice can give us a tremendous sense of joy and richness; we have the opportunity not only to share in the experiences of many individuals, but also to affect that experience in a positive way. But this does not happen without humour.

I have a favorite story that remains forever vivid in my memory. Many years ago, there was a five-year-old girl whom I saw in therapy for about one full year. She had a very severe speech and language disorder. Fortunately, at the end of that year she was performing beautifully, in fact, we had done some reading readiness work to prepare her for entering school. We were all confident that she would succeed, and she was to be dismissed from therapy. Needless to say, I felt very good about this case as well as very sad to see her leave. I approached our last session together with mixed emotions; I would miss her. She had taught me a lot about her disorder and how to work with it. Of course I had prepared her for the last day, telling her she was doing so well that she did not need me any more. However, when our last session ended and I asked her how she felt (the Rogerian thing to do!), she said simply, "Good! I'm so glad I won't have to come here any more."

The humour was not immediately apparent to me, but as I reflected on both my emotions and my whole purpose for seeing her, it was clear that she responded in the best possible way. She was confident and ready to go on without me. My greatest reward was to become obsolete! Humour helps us keep things in perspective. The best humour is being able to laugh at ourselves, at both our ups and our downs. Humour offers us another path to insight and understanding.

Conclusion

Clinical work can be a very powerful experience. It can challenge you totally—your theories, your beliefs, your goals, your entire way of being. If we let it, clinical practice can teach us not only about our clients, but also about ourselves. I have used the teachings of the six paramitas to try to show how rich that experience can be and to illustrate how our professional and personal ethics apply during each moment of the clinical process. Perhaps what I have presented here refers more to the "art" of our profession rather to its science. I hope that the readers will find something worthwhile in this paper to apply to their art.

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