ATHABASCA UNIVERSITY

UNIVERSITY OF CALGARY

UNIVERSITY OF LETHBRIDGE

POSITIONING AND INTENTIONALITY IN COLLABORATIVE COUNSELLING RELATIONSHIPS

BY

GREG J. GODARD

A Final Project submitted to the
Campus Alberta Applied Psychology: Counselling Initiative
in partial fulfillment of the requirements for the degree of

MASTER OF COUNSELLING

Alberta

October, 2006
Faculty of Graduate Studies and Research

The undersigned certifies that she or he has read and recommends to the Faculty of Graduate Studies and Research for acceptance, a final project entitled

**Positioning and Intentionality in Collaborative Counselling Relationships**

submitted by **Greg Godard** in partial fulfillment of the requirements for the degree of **Master of Counselling**.
CAMPUS ALBERTA APPLIED PSYCHOLOGY:
COUNSELLING INITIATIVE

SECOND READER SIGNATURE PAGE

Faculty of Graduate Studies and Research

The undersigned certifies that he has read and recommends to the Faculty of Graduate Studies and Research for acceptance, a final project entitled POSITIONING AND INTENTIONALITY IN COLLABORATIVE COUNSELLING RELATIONSHIPS, submitted by GREG J. GODARD in partial fulfillment of the requirements for the degree of Master of Counselling.

Dr. John Winblad
Second Reader

[Signature]

12/3/06
Date
ABSTRACT

This project examines Karl Tomm’s framework of ethical postures, situating it within the literature on social constructionist theory and positioning theory. A literature review is woven with four personal interviews with Tomm to expound upon his theory. The four postures delineated by two perpendicular axes offer a conceptual resource to help counsellors be mindful and intentional about how they position themselves in relationship with clients. The ethical postures framework can provide counsellors a potential system of shaping their attitudes, their conversation, and their relational and discursive positioning with clients in order to provide a collaborative and empowering relational framework.
ACKNOWLEDGMENTS

From the start, I’ve felt some trepidation about attempting to convey an understanding of Karl’s ethical postures. His is a heady and heartfelt philosophy, steeped in a rich history of diverse therapeutic experience, distilled over decades of recursive thought and reflection. To try to encapsulate it within a 50-page paper and then slap my byline on it seemed a bit ostentatious. However, Dr. Tomm hinted that my fumbling attempts to “master” the framework might be emerging from a constricting posture of closed options (he would say ☺), and he encouraged me to allow this paper to act as an encapsulation not of the framework, but of “Greg’s interpretation of the framework.” Works for me. Karl, you are an admirable and inspirational man. You’ve taught me to fall in love with those I admire, and as such, in a very Maturanan sense, I’ve fallen for you. I hope I continue to evolve in your direction. I would also like to express deep-felt gratitude to Dr. Tom Strong, who sparked the Narrative/Social Constructionist flame in my heart, for his encouragement and guidance throughout the project. Yours is a formidable intellect, Tom, and I thank you for your wisdom, inspiration, and intellectual guidance. Special thanks to Dr. John Winslade, renowned champion of narrative approaches, for agreeing to act as my second reader. John, your profound dissertation was one of my most important resources – thanks for sharing it with me. You are a deeply respectful and respectable man and you seem to be fully congruent in your ideas, your writings, and your person. Thanks to my influential readers Shari Couture, J. Ross Melanson, and Olga Sutherland. Finally, I wish to express love and thanks to my beautiful bride, MaryLou, who continues to be my raison d’etre – you consistently express your belief in me, and you demonstrate a life lived within the ethical posture of empowerment. Thanks, my love. You are my oxygen.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstract</td>
<td>iv</td>
</tr>
<tr>
<td>Acknowledgement</td>
<td>v</td>
</tr>
<tr>
<td>Table of Contents</td>
<td>vi</td>
</tr>
<tr>
<td>List of Figures</td>
<td>viii</td>
</tr>
<tr>
<td>CHAPTER I - Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Positioning Self and Other</td>
<td>2</td>
</tr>
<tr>
<td>Rationale of Project</td>
<td>3</td>
</tr>
<tr>
<td>Project Description</td>
<td>3</td>
</tr>
<tr>
<td>Summary</td>
<td>4</td>
</tr>
<tr>
<td>CHAPTER II - Review of the Literature</td>
<td>5</td>
</tr>
<tr>
<td>Positioning Theory Terms and Precepts</td>
<td>5</td>
</tr>
<tr>
<td>Relational Positioning</td>
<td>7</td>
</tr>
<tr>
<td>Discursive Positioning</td>
<td>10</td>
</tr>
<tr>
<td>Agency Within Discursive Influence</td>
<td>12</td>
</tr>
<tr>
<td>Positioning in the Collaborative Counselling Relationship</td>
<td>13</td>
</tr>
<tr>
<td>Positioning to Facilitate Empowerment</td>
<td>14</td>
</tr>
<tr>
<td>Social Constructionism and Collaboration in Dialogue</td>
<td>16</td>
</tr>
<tr>
<td>Meaning, Language, and Talk’s Negotiation</td>
<td>16</td>
</tr>
<tr>
<td>Self-in-Community</td>
<td>17</td>
</tr>
<tr>
<td>Vygotsky and Internalization</td>
<td>17</td>
</tr>
<tr>
<td>Minimized Hierarchy</td>
<td>18</td>
</tr>
<tr>
<td>Personal Agency</td>
<td>20</td>
</tr>
<tr>
<td>A Biological Perspective: Maturana’s Love and Violence</td>
<td>20</td>
</tr>
<tr>
<td>Summary</td>
<td>22</td>
</tr>
<tr>
<td>CHAPTER III - Procedures</td>
<td>23</td>
</tr>
<tr>
<td>CHAPTER IV - Karl Tomm’s Framework of Ethical Postures</td>
<td>25</td>
</tr>
<tr>
<td>Why “Ethical Postures”?</td>
<td>27</td>
</tr>
<tr>
<td>The Genesis of the Framework</td>
<td>27</td>
</tr>
<tr>
<td>The Vertical Axis</td>
<td>28</td>
</tr>
<tr>
<td>The Horizontal Axis</td>
<td>30</td>
</tr>
<tr>
<td>The Resulting Quadrants</td>
<td>32</td>
</tr>
<tr>
<td>Manipulation</td>
<td>32</td>
</tr>
<tr>
<td>Confrontation</td>
<td>33</td>
</tr>
<tr>
<td>Succorance</td>
<td>34</td>
</tr>
<tr>
<td>Empowerment</td>
<td>35</td>
</tr>
<tr>
<td>Chapter</td>
<td>Title</td>
</tr>
<tr>
<td>---------</td>
<td>-----------------------------------------------------------</td>
</tr>
<tr>
<td>V</td>
<td>Postures and Positions</td>
</tr>
<tr>
<td></td>
<td>Commonalities</td>
</tr>
<tr>
<td></td>
<td>Distinctions</td>
</tr>
<tr>
<td>VI</td>
<td>Synthesis and Implications</td>
</tr>
<tr>
<td></td>
<td>Intentions of the Framework</td>
</tr>
<tr>
<td></td>
<td>Recommendations for Counsellors</td>
</tr>
<tr>
<td></td>
<td>Organizing Emotional Dynamics</td>
</tr>
<tr>
<td></td>
<td>Recursive Looking</td>
</tr>
<tr>
<td></td>
<td>Assessing Outcomes</td>
</tr>
<tr>
<td></td>
<td>Four Empowering Guidelines</td>
</tr>
<tr>
<td></td>
<td>Integrating Ethical Postures and Positioning Theory</td>
</tr>
<tr>
<td></td>
<td>Limitations and Possibilities for Future Research</td>
</tr>
<tr>
<td></td>
<td>Implications</td>
</tr>
<tr>
<td></td>
<td>References</td>
</tr>
<tr>
<td>A</td>
<td>Appendix A</td>
</tr>
<tr>
<td></td>
<td>Question List for the First Interview</td>
</tr>
<tr>
<td>B</td>
<td>Appendix B</td>
</tr>
<tr>
<td></td>
<td>Question List for the Second Interview</td>
</tr>
<tr>
<td>C</td>
<td>Appendix C</td>
</tr>
<tr>
<td></td>
<td>Question List for the Third Interview</td>
</tr>
</tbody>
</table>
LIST OF FIGURES

Figure 1. Karl Tomm’s Ethical Postures Framework .................................................. 26
CHAPTER I

Introduction

When a counsellor and client talk, much more is shared between them than words. What they share, in fact, may have more in common with *trophallaxis* than screenplay dialogue. Trophallaxis is a method of food distribution in ant colonies; when two ants meet, they regurgitate and share their stomach contents with each other. In addition to distributing nutrients across the colony, trophallaxis serves the purpose of socialization; contained in the mutual exchange is a balance of chemicals that differentiates roles and hierarchy within the colony. As long as the communal hormone distribution remains static, so do social roles (Dietemann, Holldobler, & Peeters, 2002).

A similar exchange occurs between counsellor and client – a complex negotiation of words, phrases, tones, gestures, silences, intentions, implications, and a vast array of communicative actions that serve to position each individual relative to the other. Each conversational participant is perpetually involved in the act of positioning. Nagel (1997) asserts this is an inescapable condition; one cannot void oneself of a position, or take up an objective, third-person-omniscient position.

If counsellors are not mindful and intentional about their contribution to this social trophallaxis, they can unwittingly regurgitate and transmit the discursive influences informing their practice. For example, the unintentional counsellor talking with a rape victim might use a tone or word selection that conveys subtle attributions of blame. The intentional counsellor, on the other hand, selects a constellation of cognitions that, if accepted, might open space for the client to see other possibilities. When engaging in the constructive phenomenon of shared talk, counsellors are responsible for bringing intentionality to the
discourses that are reinforced or challenged through their positioning. So how does one maintain intentionality with regard to the trophallactic messages one articulates in social interaction? This question is especially important for counsellors, who interact with clients with the intention of establishing or improving their wellbeing.

Dr. Karl Tomm, director of the University of Calgary’s Family Therapy Program, offers a framework to guide counsellors’ intentionality in their selection of such cognitions as presuppositions, values, and counsellor distinctions of clients. He refers to this collection of cognitions as a posture (K. Tomm, personal communication, August 31, 2006). By selecting a posture to guide their decision, Tomm posits counsellors can heighten the intentionality of their communicative actions. Thus, they can take greater responsibility for the effects their actions might have on clients. Furthermore, they can begin to take responsibility for how these actions position both counsellor and client in their moment-to-moment interactions (Harré & van Langenhove, 1991). Twenty years ago, Tomm began formulating his framework of ethical postures, consisting of four contrasting postures counsellors can adopt to actively constitute themselves in relation to those who consult with them (Tomm, 2005).

**Positioning Self and Other**

Around the same time, neurobiologists Humberto Maturana and Francisco Varela were comparing ant trophallaxis to human positioning, which maintains social structure through the mutual interchange of language (Griffith & Griffith, 1997). This interchange can be seen as a method of relational positioning (Harré & van Langenhove, 1991).

In *positioning theory*, conversational partners are engaging in a constant interactive negotiation to work out their own and the other’s roles, contributory rights, power differentials, and the like in conversation. Individuals can position themselves, for example,
as powerful or powerless, competitive or cooperative, deferent or possessing expertise.

Conversations have storylines, and conversers’ positions are linked to these story-lines. This self-positioning, by nature, offers a corresponding position for others to adopt or not, as they choose. With every social act, each conversational partner is positioning both self and other (McLeod, 2004). Furthermore, conversers are constantly positioning themselves in relation to the discourses that have influenced each of them. As Hollway (1984) suggests, discourses make available certain positions that individuals can take up in relation to each other. Positioning theory can help guide counsellors in collaborative practice, and provides an apt framework within which to consider Tomm’s ethical postures.

Rationale of Project

In recent decades, theorists have decried the lack of a moral approach to counselling that considers the client’s temporal and socio-cultural contexts (Anderson, 1997; Cushman, 1995). They are not calling for a new form of therapy or cluster of techniques; rather, they call for counsellor mindfulness and intentionality, and for counsellors to take up positions that can facilitate client empowerment through relational reflexivity (Lysack, 2005).

Though Tomm frequently presents his framework at seminars, and his ideas have been discussed in other publications (e.g., Buckman & Reese, 1999; Freedman & Combs, 1996; Lysack, 2005; Weingarten, 1992), he has yet to publish it. This project will explicate his framework and situate it alongside positioning theory, while presenting ethical postures as a moral conceptual resource for guiding collaborative counselling practice.

Project Description

The first section of the project is a literature review of social constructionist and positioning theories as they relate to the field of counselling. I searched electronic databases,
including MEDLINE, PsycINFO, Academic Search Premier, and OVID, looking at both primary and secondary sources. Keywords used to gather information included ethical posture, Karl Tomm, social construction, therapeutic loving, violence, Maturana, positioning, and empowerment, as well as terms such as collaborative relationship and therapist intentions. Priority was placed on publications after 1990, though a number of earlier relevant articles and books were included. The review of the literature begins in Chapter II with an overview of positioning theory, which is then situated in a brief discussion of social constructionist theory, particularly as it informs collaborative dialogue in counselling.

Chapter III contains a methodological discussion of the project procedures. These included four personal conversations with Dr. Karl Tomm. The first three conversations entailed elaboration of the ethical postures framework, and the final conversation revolved around his response to my initial written representation of the framework. I share my interpretation of Tomm’s framework in Chapter IV. In the fifth chapter, I draw comparisons and distinctions between positions and postures. Finally, the implications of this project are contained in Chapter VI. I conclude with recommendations for counsellor mindfulness around maintaining an ethical posture.

Summary

One way to strive toward ethical counselling is to practice mindfulness regarding the cognitions and presuppositions that can inform a counsellor’s moment-to-moment decisions. As such, Tomm’s framework offers a number of postures from which counsellors can intentionally converse with clients. This project situates his framework within social constructionist and positioning theories, and provides a moral construct for guiding collaborative counselling practice.
CHAPTER II

Review of the Literature

As counselling has developed from its modernist roots to include postmodern notions of practice, one salient change has been a trend toward decreased power differential between counsellor and client. Counsellors were once viewed as experts and clients as necessarily deferential patients, but postmodern approaches have a more collaborative view of this relationship (Cushman, 1995). Counsellors once used their private knowledge to diagnose and treat client problems, while postmodern approaches focus on shared expertise (Anderson, 1997). Clients are considered experts in their own lived experience, while counsellors hold expertise on the therapeutic process, which is often negotiated with clients in mutually fitting ways (Hermans, 2004).

In forging this kind of collaborative relationship, postmodernist counsellors adopt a particular manner of being with clients that underscores their actions, including how they think about, talk with, act with, and respond to clients (Anderson, 1997). In the literature, this behind-the-scenes intentionality has been termed the counsellor’s way of being (Cushman, 1995), manner of living (Muntigl, 2005), attitude (Mehl-Madrona, 2005), tone (Anderson, 1997), intention (Levitt & Rennie, 2004), philosophical stance (Anderson, 1997), footing (Tannen & Wallat, 1987), ethical posture (Tomm, 2005), and position (Winslade, 2005). This last term, as it relates to collaborative counselling and Tomm’s ethical postures framework, is the focus of the next section of this literature review.

Positioning Theory Terms and Precepts

Positioning theory was developed by sociolinguists Davies, Harré and van Langenhøve (1999), and it refers to the discursive domain within which conversational
participants take up locations from which to understand and talk about matters of shared interest. One’s position is a composite of such interpersonal notions as one’s role, manner of being, hierarchical influence, and interactive stance from which one engages in dialogue. In positioning, individuals are located as participants in the jointly-produced story-line of a conversation (Harré & Van Langenhøve, 1991).

The notion of position helps to inform the “moment-by-moment construction of identity within talk because every statement made in a conversation implicitly positions speaker and listener” in ways that are accepted, rejected, or further negotiated in the course of their dialogue (McLeod, 2004, p. 359). Each utterance can be seen as a position-influencing move for both client and counsellor within the social relationship. Each utterance structures and influences relative speaking rights, and creates a moralistic “moment by moment oughtness” (Linehan & McCarthy, 2000, p. 442).

Positioning is something counsellors do in conjoint action with their clients, consciously or otherwise. Harré and van Langenhøve (1991) distinguish between tacit and intentional positioning; they assert that most conversational positioning is tacit and unmindful. However, conversational participants can be intentional about their positioning, able to locate themselves discursively if they so choose (Davies & Harré, 1990).

Additionally, one’s position is seldom static; in a conversation, individuals may fluidly take up or alternate between any number of positions. Features of each participant’s identity are constituted and reconstituted as the participants move from position to position. For example, a client might accept the collaborative counsellor’s invitation to take up a position of expertise in her or his own lived experience. In so doing, the client’s identity might be reconstituted to assimilate an increased sense of agency, power, and influence.
within the counselling dyad. Then, moments later, the client might move to a position of inquiry and deference to the counsellor’s expertise, asking for the counsellor’s advice on a particular matter. In this way, the client’s identity is again reconstituted around increased dependence on the counsellor’s opinions.

In addition to positioning oneself and the other interpersonally, conversing individuals are also in engaged a continuous act of positioning themselves in relation to discourses or dominant narratives in each of their lives (McLeod, 2004). Though they are not mutually exclusive categories, the literature makes reference to two types of positioning: relational positioning and discursive positioning (Wortham, 2000). Together, these form an interpersonal stance for grounding a collaborative helping relationship (Madsen, 1999).

Relational positioning. Positioning is established between conversational partners in many explicit and implicit ways, including their use of turn-taking, physical location, tone of voice, and word choice. Conversing individuals are understood to be engaging in constant positional maneuvering to shape their own and the other’s roles in conversation (Harré & van Langenhøve, 1991). Each utterance establishes a position for the speaker within a framework of meaning, while at the same time offering the other individual a concurrent position from which to receive the utterance, if they accept. It is through the process of relational positioning that social relationships are enacted and propositions, status, contributory rights, and involvement in the conversation are negotiated (Harré & Van Langenhøve, 1991). If clients are positioned as stuck or blind, their crying may be hearable as a plea for help. Positioned as deviant or misguided, the same crying may be heard as an unnecessary but logical consequence of irrational thought processes. Positioned as resistant, crying may be
heard as a defense or resistance to further dialogue. Positioned as subjugated or oppressed, the same crying may be hearable as an expression of frustrated powerlessness.

It is important to note that one’s positioning of another does not determine the position the other takes up; the other can accept, reject, or further negotiate any proffered position. For example, in response to a request for directive advice, a counsellor might say, “I’m not certain I’m the best person to give you advice on that matter. What advice might you offer to someone else in the same situation?” In tandem with the array of other communicative actions at work (e.g., facial expression, tone of voice, and relative physical situating of counsellor and client), this may position the counsellor as less hierarchically powerful, which in turn invites the client to a position of a more empowered role in the counsellor-client alliance. The client might then respond, “Please, I need you to tell me what you think.” This utterance may signify a hesitancy to take up the position of increased empowerment and reduced hierarchy, a renegotiation of the counsellor’s initial positioning.

Harré and van Langenhove (1991) differentiate between first- and second-order positioning: first-order positioning occurs when one locates oneself and another within an essentially moral space, as when a counsellor directs a client, “Here, have a tissue.” If the client complies, no second-order positioning occurs. However, second-order positioning does occur if the first-order positioning is questioned. For example, the client might shrug and respond, “I’d rather feel the tears on my face.” This type of response is a new positioning, and demonstrates Gergen’s concept of supplementation, the reciprocal process in which an individual responds to or supplements another’s utterances or actions (1994).

Winslade, however, is hesitant to accept the terminology of first- and second-order positioning, since this may delineate a temporal directionality of positioning that does not
exist, and risks neglecting the interminable chain of discursive positioning that echoes back through the relational and cultural history of the positioners (J. Winslade, personal communication, July 5, 2006). He believes an individual’s “first-order” positioning is by no means “first,” but has been informed by previous and ongoing discursive and relational positioning. As he indicates, “any utterance in response to another one also constitutes the first utterance for the next response in a chain of utterances” (2003, p. 90). Similarly, to term a client’s acceptance or refusal to take up the position offered by a counsellor as “second-order” implies that this positioning necessarily occurs after and as a result of the “first-order” positioning. Causal and temporal links between positioning and the positional response to positioning seem to have a much more complex interweaving.

Furthermore, positioning is not only retrospectively reflexive (one’s positioning being a response to previous positioning), but is also anticipatorily reflexive, as every utterance is made with consideration of possible responses, and “cannot escape the profound influence of the answering word that it anticipates” (Bakhtin, 1981, p. 280).

Nevertheless, Winslade concurs that an individual’s positioning of another does not determine the other’s positioning. Every position creates an implicit “platform for another to respond from and gestures towards the other an invitation to stand upon that platform in making a response” (Winslade, 2005, p. 353). It is left to the other whether or not to accept this invitation. Working out positioning between speakers is a collaborative, indeterminate negotiation, fluidly worked out in the interaction of conversation (Wortham, 2000).

Of course, one might expect to occasionally find counsellor and client in opposing, incommensurable positions. For example, two individuals appraising a forest might see very different things; one sees a sacred sanctuary of wilderness, while the other sees a harvestable
biomass. These positions are hardly commensurable, and attempts to move forward in
dialogue, coordinating and negotiating a common language, may be frustrated by these
mismatched discourses (Tannen & Wallat, 1987).

In this type of situation, a delicate dance is required in which the counsellor may be
required to shift footing within the conversational interaction dextrously, moving from one
position to another in order to match or supplement that of the client (Goffman, 1981, as
cited in Weingarten, 1992). For example, counsellors attempting to position themselves as
deferent to a client’s expertise may find themselves at odds with a client who wants to be told
what to do. The counsellor might shift to a position of expertise, or co-construct with the
client a more mutually satisfying position to move forward. To proceed otherwise may be an
imposition of the counsellor’s will upon the client. Weingarten (1992) calls this a violent or
non-intimate act. Conversely, a loving or intimate act occurs when counsellor and client are
able to coordinate their differing positions to co-create meaning. Weingarten suggests that for
counsellors, this involves a focus on changing their own position, rather than focusing on
changing the client’s position.

_Discursive positioning._ Somewhat less dynamic than relational positioning is one’s
discursively informed position. Individuals can position themselves, or can be positioned by
others, in relation to cultural discourses or dominant narratives. Winslade suggests discursive
positioning informs the notion that “we are never speaking in a vacuum but always from
some place, some time, some social context and in response to other utterances that have
gone before” (2003, p. 88). In the metaphor of ant trophallaxis, before they even meet, the
two ants each carry a unique mixture of chemicals and nutrients from their previous
ingestions, experiences and encounters. These are exchanged in the current encounter, and
the new mix will now affect all future encounters. Similarly, each individual utterance in human conversation is informed by the many discourses that have informed it, and plays an influential role in the discourses that emerge.

When counsellors adopt a specific discursive position, they adopt the vantage points of that position, as well as the metaphors, images, concepts and narratives salient in the discursive influences of that position (Davies & Harré, 1990). For example, a counsellor who uses the Diagnostic and Statistical Manual (American Psychiatric Association, 2000) to diagnose a client with a particular disorder inherently steps into the paradigm that assumes modernist notions of treatable “problems” and objectively real disorders. Discursive positioning is frequently evident in counselling, where both counsellor and client are often positioned in expected roles of knowledgeable expert and subservient patient (Anderson, 1997). For example, counsellors might situate themselves within a medical model language of diagnosis and treatment, subscribing to the Diagnostic and Statistical Manual classification system (American Psychiatric Association, 2000). Conversely, counsellors might position themselves in a social constructionist paradigm, believing that problems are socially constructed and can be dissolved through talk (Anderson, 1997).

Discursive influences often exist outside of awareness, and can either be reproduced or contested in social interaction (Janks, 1997). For example, a client may be situated non-consciously in the discursive position that the counsellor is an expert and the client a deferent patient. This position will influence the client to perform utterances in conversation that solicit the professional advice of the counsellor, who may then decide to take up or refuse this positioning. The collaborative counsellor might then position both counsellor and client such that the client’s discourse is challenged, and a more egalitarian power structure is
encouraged. From this perspective, counselling can be seen as a method of collaboratively analyzing discursive influences in the client’s life, and increasing client volition in the acceptance or refusal of salient discourses.

Some researchers do not differentiate between discursive and relational positioning (e.g., Harré and Van Langenhove, 1991). Rather, they posit that all positioning is both discursive and relational; discourses make relational positions available, and relational positioning either reinforces or challenges discourses. These authors instead differentiate between moral positioning (in which an individual is positioned within a moral order or institutional role, such as the role of counsellor) and personal positioning (in which an individual is positioned with reference to more individual particularities, such as a collaborative counsellor with a generally pleasant and encouraging demeanour, but having a difficult day today due to traffic and family difficulties).

*Agency within discursive influence.* At first glance, discursive positioning might call into question the concept of personal agency, given the constraining effects of discourses. If every social act is not originated by an individual, but is situated within the backward-echoing discourses that preceded it, whence emerges an individual’s agency? Davies and Harré (1999) remind us that at the very least, there is an element of notional choice involved in positioning, since an individual may be situated in any of a large number of contradictory discursive influences at a given time. Further, Combs and Freedman (1996) argue that in order to be empowered, individuals must become aware of the dominant discourses informing their current position, and either volitionally perpetuate or subvert them. Again, individuals are perpetually taking up positions regardless of their intentions; the key here is the mindfulness and intentionality behind selecting and speaking from a position.
Bakhtin (1981) suggests that though no utterance stands alone apart from discourse, individual speakers can claim ownership of their words when they infuse an utterance with their own intentions, thus appropriating and adapting the utterance. In this way, individual speakers are perpetually positioning themselves, whether mindfully or otherwise, in relation to discourses, whether challenging or reinforcing them.

*Positioning in the collaborative counselling relationship.* A collaborative relationship emphasizes connectedness and coordination. Clients are positioned not as bounded, independent individuals but as members of social communities in interaction. Counsellors who share this perspective thus attend to clients’ social contexts in understanding their problems. Though the counsellor and client represent two different conglomerations of discursive influences, they bring these together and use their interaction to coordinate their differences. In this type of social constructionist collaboration, clients are positioned as experts who can teach counsellors about their views of problems and change processes, rather than as patients offered a hierarchically inferior role (McLeod, 2004).

Positioning theory can help us understand how clients construct their subjective experience in the immediacy of a counselling session (McLeod, 2004). Knowingly or otherwise, the client and counsellor position themselves and each other, first in their own subjective understanding of the roles inherent in the counselling discourse. This emerges from each member’s previous experience, individual history in this type of relationship, and unique understanding of the inherent possibilities (Linehan & McCarthy, 2000).

Harré (2002) suggests that a collaborative relationship must be intentionally forged by both counsellor and client, since the position of each individual is not naturally determined by one party’s specific expertise or knowledge, but is fluidly negotiated on a
turn-by-turn basis. He reminds us that the act of positioning often carries implicit assignation of contributing rights. For example, individual counsellors might position themselves as the dominant contributors, responsible for asking questions, introducing and changing topics, offering advice, and the like. Conversely, clients may be invited to be primary contributors, and if they take up this position, they may play a more active role in the flow of dialogue.

Three elements derived from positioning theory that are critical for social constructionist counsellors attempting to practice collaboratively, then, are (1) mindfulness of how they are positioning themselves moment-to-moment in relation to clients; (2) intentionality in selecting preferred positions; and (3) reflexive awareness of how their attempts at positioning are being taken up by the client. To optimize the ethicality of their practice, such counsellors may do well to become more mindful, intentional, and reflexively aware of their positioning influence (enhanced by the societal discourse that assumes an inherent power imbalance between counsellor and client). Incidentally, it was for the purpose of enhancing counsellor mindfulness, intentionality, and interactive reflexivity with regard to position (or posture) that Tomm developed his model of ethical postures.

*Positioning to facilitate empowerment.* The interactive process of positioning often represents a negotiation of power, and as such it can provide the opportunity for one individual to facilitate the empowerment of another (Winslade, 2005). However, the traditional view of power as a commodity passed from one (powerful) person to another (disempowered) person is positioned within a hierarchical, transactional relationship (Lysack, 2005). Instead, collaborative counsellors can work to position themselves and clients in a relationship with minimized hierarchy, to which clients are invited to contribute. In this way, counsellors do not empower clients, as such, nor do clients empower themselves.
Empowerment can be seen as a process that arises from the reciprocal interactions and collaborative positioning of the counselling dyad, such that the client becomes able to co-construct a self with more agentive, authorial power (Lysack, 2005).

The ability to participate in shaping the structure of the dialogical process can in itself be empowering for clients. They find themselves in a wider relational space within which they can practice agency, make choices, and protest against oppressive discourses in their lives. As Winslade suggests, a counsellor can work to help a client bring forth a “positioning shift to significantly re-shape the negative effects of a problem and to open up new possibilities for living, based on positions of resistance” (Winslade, 2005, p. 357). An increased sense of empowerment can be a product of intentional positioning; clients recognize they are not only individuals, but collaborators in positioning – particularly positioning in relation to dominant discourses in their lives (Howie & Peters, 1996).

If clients can accept and enact their own empowerment in the counselling context, this may be internalized to facilitate more confident and empowered positioning in their other present and future relationships. The relationship with the counsellor has afforded the client new options for positions to take up outside of the counselling relationship (Botella, Herrero, Pacheco, & Corbella, 2004). Vygotsky’s (1987) zone of proximal development is applicable here: the discourse between counsellor and client can be construed as a scaffold against which the client can construct or author new ways of being in relationship with others and new ways of responding to discourses influencing their lives. The counsellor views the client as capable of contributing to a collaborative and egalitarian relationship, and the client is then afforded the option of moving into the zone between the client’s current position and the new, more empowered, counsellor-proffered position.
The social constructionist notion of a collaborative counselling relationship is clearly a crucial element of positioning. At this point, it may be helpful to return to some of the fundamental elements of social constructionism, within which we might reflexively position positioning theory, as these elements inform collaboration in dialogue.

**Social Constructionism and Collaboration in Dialogue**

Social constructionist theory is a helpful conceptualization for guiding counsellors in focusing on collaboration in dialogue. Emphasis is placed on the relational aspect of constructing meaning through language.

_**Meaning, language, and talk’s negotiation.**_ In social constructionism, language plays a central part in the construction of clients’ social reality (Muntigl, 2005). As Wittgenstein theorized, language does not lead us to truth, but is merely the material used to construct reality, and meaning relies on how people use language with one another (Mehl-Madrona, 2005). Social constructionist counsellors intentionally use new, creative language to talk about client concerns, rather than necessarily adopting a language such as that of a diagnostic model. They often first attempt to closely match the clients’ language system, and then gradually introduce and negotiate new ways of talking about the problem (Anderson, 1997). When clients talk differently about a problem, they use different linguistic resources, which they can then draw upon to re-construe prior concerns or problems (Cushman, 1995). This new language is co-constructed in the reciprocal flow of the counselling conversation.

Counsellors will do well to be aware of how language is used in conversation. Intentionally selected positions will inform and shape the language the counsellor uses interpersonally. How that language is interpreted, accepted (or not), and responded to comprises the essential collaborative element of talk’s negotiation (Tannen & Wallat, 1987).
**Self-in-community.** Another defining feature of social constructionist theory that helps to inform positioning theory is the rethinking of the notion of self as an autonomous, separate object. Rather, individuals are seen as multiplicitous and relational (Anderson, 1997). Social constructionists believe that our selves are co-created, just as we co-create with others the meanings we construe on the world (Mehl-Madrona, 2005).

In collaborative counselling relationships, clients can begin to reframe their understanding of themselves as meaning-makers who construct, rather than uncover, their various selves (Hoyt, 1998). Of course, no linguistically constructed self is permanent and material. Indeed, Bruner (2004) asserts that there is no such thing as self. Rather, humans are perpetually reconstructing their concept of self to adapt to various discursive positions. Because this meaning-making occurs in relationship, the counselling dyad exemplifies the co-authorship of life in a community of relationships (Shotter, 1995).

**Vygotsky and internalization.** Tomm positions himself theoretically alongside Maturana, who postulated the mind as existing not in the brain but in interactions that occur in language between two or more individuals (Tomm, 1989). Tomm believes the mind is primarily a social phenomenon, and becomes psychological secondarily (Tomm, Hoyt, & Madigan, 1998). He and other social constructionists are informed by Vygotsky’s theory of proximal development in their discussions of how social voices become internalized and incorporated into the self. Vygotsky theorized that every function in a child’s development appears twice: first socially, and later individually. A child gains knowledge in the space between people (inter-psychologically), which is then internalized (intra-psychologically). He applied this theory to attention, memory, and concept formation, suggesting all higher
cognitive functions begin as relations between people (Vygotsky, 1987). This concept of how knowledge is gained applies not just to childhood, but throughout the human lifespan.

Interpersonal cognitive functions are translated to autonomous action through the process of imitation, which requires individuals to behave as something beyond the “self” to which they are accustomed. Newman and Holzman (1997) suggest this represents “that quite extraordinary capacity of our species to be (to perform as) other (‘a head taller,’ as [Vygotsky] said) than who we are” (p. 49). Rather than enacting their current role and “self,” individuals try on new “other selves.”

It is this element of Vygotsky’s theory – that therapy can become like a zone of proximal development – that underscores the significance of positioning. If clients collaborate with counsellors in an interpersonal joint action (Shotter, 1993) in order to internalize new options and new ways of being, then it behooves the counsellor to model a relationally beneficial way of being. As Maturana and de Rezepka (1997) suggest, change is “a process of transformation in living together with an orientation defined by the manner of living of” the counsellor (para. 9). A client becomes a different person based on the intertwining of talk and emotion in recurrent interactions with the counsellor.

Minimized hierarchy. Some modernist, non-social constructionist approaches to counselling tend to reify a hierarchical relationship in which clients are typically expected to defer to counsellors’ expertise regarding moral rightness (Hoyt, 1998). Maturana posits this hierarchy is relationally violent and potentially damaging to clients. He goes so far as to suggest hierarchical relations are not social, but originate in self denial and denial of the other, reflecting dynamics of domination and submission (Maturana & de Rezepka, 1997).
Social constructionist counsellors work to minimize hierarchy and emphasize a collaborative relationship, which can be fostered through the adoption of an intentional position. Cohen et al. (1998) stress “the most important contribution therapists can make to minimizing hierarchies is an intangible one that has to do with taking on particular presuppositions, both about the people we work with and about the therapists’ role” (p. 279).

Counsellors and clients share expertise; both participants are viewed as experts in their own field. Counsellors are seen as experts in asking questions (Combs & Freedman, 1996), having the ability to create and facilitate a conversational space and process (Anderson & Levin, 1998), practicing from theories, methods and procedures for assessment and change (as well as the experience of other clients in similar situations, Hermans, 2004), and moving adeptly and fluidly in relationship with the other (Gergen & Warhus, 2001). Clients are viewed as experts in their own experience, meanings, personal theory of change, expectations for the counselling process, way of relating, and language. Clients possess a wealth of knowledge regarding their view of the problem and their hope for improvement (Combs & Freedman, 2004).

Of course, this client expertise does not absolve the counsellor of responsibility to work toward bringing it forth (Tomm, Hoyt, & Madigan, 1998). An important element of collaboration in the social constructionist relationship is that the counsellor is required to enter and access the experiential world of client, but the client is not required to access the expertise of counsellor (Combs & Freedman, 2004). Anderson (1997) suggests that one of a counsellor’s roles is to be in touch with that expertise of the client that can be mobilized.

Each participant brings forth distinctions from their area of expertise into the dialogical space of the conversation, and counsellors will “be public about, share, and reflect
on their knowledge, assumptions, thoughts, questions, and opinions,” which contrasts against the “private and privileged knowledge” of more modernist approaches (Anderson, 1997, p. 4). Anderson further suggests that counsellors should set aside their presupposed expertise and adopt a position of not-knowing. This refers to a counsellor’s attempts to suspend preconceptions and presuppositions about clients when meeting with them (an intentional positioning), and Anderson states that when counsellors are able to do this, there will be more room for the client’s voice and expertise to be heard (1997).

**Personal agency.** A salient element of social constructionist counselling is the emphasis on clients developing a sense of personal agency (Hoyt, 1998). Agency has been defined as the experience of escaping the role of passenger in life. It conveys a sense of having a degree of active control over the shaping of one’s life (White, 1993), and as a perception of being competent to act. It encompasses the ability to behave and make decisions “in a way that is liberating, that opens up new possibilities or simply allows us to see that new possibilities exist” (Anderson, 1997, pp. 230-231).

*A Biological Perspective: Maturana’s Love and Violence*

While social constructionist theory was emerging from philosophy, biologists Maturana and Varela (1998) were developing epistemological ideas rooted in neurology. They proposed a biology of cooperation and love extending back into evolutionary history. Human perception is discussed as an interacting, reciprocal phenomenon between the human and the environment. Neurons and neurological systems function alongside each other and interact in such as way as to facilitate the ongoing existence of the other, a process the authors call *structural coupling*. Maturana labels this “loving behaviour.”
In much the same way, interpersonal behaviour can be categorized as *loving* or *violent* (Maturana and de Rezepka, 1997), though these are not mutually exclusive categories. Interactions of “love” consist of behaviours that recognize another human as a legitimate other in coexistence with oneself. Maturana describes this as “acting with the other in a way that they do not need to justify their existence in the relationship” (para. 25). His concept of “violence,” on the other hand, encompasses relational behaviours that deny or negate someone as a legitimate other in coexistence with oneself.

In similar fashion, Tomm defines love as opening space for the enlivened existence of the other, and adding life to our own and others’ lives (Tomm et al., 1998). He describes a loving posture as selectively attending to clients’ subtle responses to authentically support the development of agency, autonomy, and empowerment (Tomm, 1987). O’Hanlon (1993) uses the term iatrogenic healing to describe this type of counselling, which encourages, is respectful, and opens up possibilities for change. Conversely, therapeutic violence involves imposing the counsellor’s values on clients (Maturana & de Rezepka, 1987). This can lead to what O’Hanlon (1993) calls iatrogenic injury, where interventions can actually “harm, discourage, show disrespect, or close down the possibilities for change” (p. 4).

Maturana contends that every therapeutic action is embedded in a network of relationships. In order for counsellors to position themselves so that they “participate in the client’s system and at the same time maintain the distance necessary to relate reflectively in a non-controlling fashion” (Maturana & Poerksen, 2004, p. 269), they must become aware of the discursive and interpersonal influences informing the interaction. Such a task may seem daunting to the beginning counsellor; how can one be mindful of the gargantuan network of discursive and interpersonal influences informing any given utterance, and how does one
intentionally, volitionally position oneself in a non-controlling, collaborative fashion? It is here that Tomm’s framework of ethical postures can offer some guidance.

Summary

Recently, social constructionist theorists have begun to decry the lack of a moral and ethical approach to the counselling relationship that takes into consideration the temporal and socio-cultural context of the client’s life and world (Anderson, 1997; Cushman, 1995). They are calling for more than a new form of therapy; they are calling for therapist intentionality in selecting a position that facilitates client empowerment and a collaborative working alliance.

As will be seen shortly, Tomm’s ethical postures emerge from decades of practice and theorizing from within various paradigms, and Tomm’s professional development over forty years. His framework is informed by Maturana’s ideas and the broader rubric of social constructionist theory. Positioning theory can also help to elucidate and situate his model within a theory of interpersonal discourse.

Counsellors can consider Tomm’s postures, internalize them, and become intentional in the selection of posture with clients. Thus, they can position themselves in such a way that their posture helps in bringing forth client-preferred distinctions, while at the same time perpetuating preferred moment-to-moment decisions to facilitate client empowerment and ameliorate clients’ lives. In this way, Tomm’s framework can guide counsellors in their attempt to practice collaboratively and ethically.
CHAPTER III

Procedures

In the spirit of collaboration, this project was envisioned as an interpersonal construction, beginning with my own understanding of Tomm’s established framework, which then informed the parameters of the literature review, which in turn informed a series of personal dialogues with Dr. Karl Tomm. These dialogues informed and shaped this paper. One goal of this final project is to return to the public domain my internalization of Tomm’s model, where it can help guide and inform the practice of other counsellors.

The first step involved a preliminary literature review of social constructionist theory and positioning theory, intended to form a theoretical backdrop against which to view Tomm’s ideas. This literature review informed many of the questions that I prepared for my first interview with Dr. Tomm about his framework of ethical postures. In my reading of Tomm’s publications and the presentation materials for his framework, and in my reading of the social constructionist literature, I found a number of connecting assumptions and ideas that had not been mapped in the literature. I selected the first-interview questions based on my need to clarify and elucidate elements of social constructionist theory as they may have informed and applied to Tomm’s theories. For example, my reading of some of Maturana’s work led me to construct the question, “How do ethical postures fit with the social constructionist notion of an egalitarian, collaborative relationship between counsellor and client?” These questions formed the skeletal structure of our first 90-minute dialogue (K. Tomm, personal communication, August 21, 2006), and a copy of the initial list of questions is included in this project as Appendix A.
I transcribed the dialogue and searched for ideas and connections that had not yet been included in my initial literature review. I then conducted further research to thicken my review of salient concepts that emerged during the conversation, such as those of collaborative empowerment and counsellor intentionality. Following this, I generated a second list of questions to guide our second interview (K. Tomm, personal communication, August 24, 2006). These questions were intended to further situate Tomm’s framework within social constructionist theory, and a copy of the list of questions is included in this project as Appendix B. An example of a question I formulated was, “How do Maturana’s ideas of relational love and violence speak to the vertical axis of your framework?”

I once again transcribed and integrated this interview into my written work, and then generated questions for a third interview, based around positioning theory. Because Tomm said he was not well-read in positioning theory, many of the third-interview questions related to tentative connections between Tomm’s framework and the notions of relational and discursive positioning. An example of a question I prepared for this interview was, “Some positioning theorists posit that individuals are constantly shifting positions in dialogue to negotiate discursive differences; how well does this fit with your notion of a counsellor shifting postures fluidly within a conversation?” The third question list is included in this project as Appendix C. We met for 120 minutes (K. Tomm, personal communication, August 31, 2006) to discuss these connections. It should be noted that the actual conversations did not always follow the pre-planned question lists, but often veered into invigorating new directions based on the flow of our dialogue, all of which served to inform and guide this project.
CHAPTER IV
Karl Tomm’s Framework of Ethical Postures

A clue to Tomm’s use of the word “posture” to describe a counsellor’s way of being in a moment-to-moment relationship is found in his seminal interviewing articles (1987a; 1987b; 1988). He describes a conceptual posture as “an enduring constellation of cognitive operations that maintain a stable point of reference which supports a particular pattern of thoughts and actions and implicitly inhibits or precludes others” (1987a, p. 3). It is crucial for counsellors to be intentional about this constellation, because they can not be mindful of every action or response before carrying it out. However, when they select a posture intentionally, it can non-consciously shape their actions and responses.

Tomm’s framework is a spatial construction of four possible ethical postures a counsellor can decide to take up. The framework consists of two perpendicular axes, each representing a specific domain of counsellor cognitions. These axes cross to form a grid of four quadrants, each of which represents an ethical posture (see Figure 1). The vertical axis represents a continuum from a pathology-based approach at the top (in which a client’s options for how to move forward are decreased) to a wellness-based approach at the bottom (in which a client’s options are increased). Counsellors decrease the client’s options, for example, if they diagnose clients with a mental disorder and follow a standardized treatment plan, while a counsellor who helps clients engage in new ways of talking about their situation can be said to be increasing options.

The horizontal axis represents a continuum from professional knowledge (change occurs outside the conscious awareness of the client, as with hypnotism) on the left to shared knowledge (change occurs in the client’s conscious awareness) on the right. Separate
professional knowledge is exemplified when counsellors do not share their expertise but prescribe interventions (such as medications), while shared knowledge is exemplified by counsellors who share their professional knowledge with clients and incorporate this in shared decision-making, attempting to demystify the counselling process.

Tomm has labeled the quadrants with his four ethical postures: manipulation (counsellors use professional knowledge to reduce client options), confrontation (counsellors use shared knowledge to reduce client options), succorance (counsellors use professional knowledge to increase client options), and empowerment (counsellors use shared knowledge to increase client options). Each posture guides different moment-to-moment decisions in the course of a counselling session. Though Tomm prefers to situate himself in the ethical posture of empowerment, he is quick to assert that all four of the postures are ethical if counsellors use them intentionally to improve the wellbeing and meet the needs of clients.

*Figure 1.* Karl Tomm’s grid of ethical postures as delineated by two continua (axes).
Why “Ethical Postures”?  

Tomm considers ethics the domain of concern for the well-being of others (Tomm, 2005). This is aligned with social constructionist approaches to counselling, in which counselling is “an exercise in ethics” because it involves the “reformulating of codes for living together” (Hoyt, 1998, p. 11). Intentionality about an ethical posture can predispose a counsellor to what Tomm considers ethical practice: acting out of consideration for the wellbeing and needs of the client before those of the counsellor (K. Tomm, personal communication, August 21, 2006).

The Genesis of the Framework  

Though Tomm was not informed by positioning theory (a relatively recent development in the field of communications and discourse) in developing the framework, he studied with Maturana, a man trafficking in similar ideas, albeit from a different paradigm (K. Tomm, personal communication, August 21, 2006). Maturana posited that people interact as coupled systems, engaging in the domain of language and influencing each other through various nervous system structures (Maturana & Varela, 1998). Through these interactions, humans can communicate intentionally, by recursively and collaboratively grounding and making routine the actions of communicating (i.e., a child can watch the reaction of her mother to determine if the intended communication has been received, Premack, 2004).

Recursion, a concept borrowed from mathematics, is a central component to the theories of Maturana and Tomm. Tomm uses the word to refer to the process of reflecting upon reflecting, and making decisions about making decisions, which is at the core of selecting an ethical posture. Counsellors can focus on making in-session decisions in a spontaneous, moment-to-moment fashion, or they can focus on being intentional about the
framework of decision-making that they choose to situate themselves in before they actually make a momentary decision. In Tomm’s perspective, the latter approach is more mindful; counsellors are thus intentional in the framework that guides their decisions. It follows naturally that counsellors must contend with how clients respond to the counsellor’s intentionality, which in turn can help to shape the counsellor’s intentionality in that moment.

Tomm visited Maturana in Chile and studied with him in the mid-1980s, where he admired and internalized Maturana’s approach to the influence individuals have on each other through their interactions. Maturana’s focus on love (acting in such a way as to enhance and celebrate the existence of the other) and violence (acting in such a way as to denigrate or negate the presence of the other) helped Tomm to frame a series of experiences he had when presenting in Finland and Sweden in 1989. In Sweden, Tomm’s ideas were received warmly as creative ideas that opened space for the recipients to reflect on their work in new ways, and Tomm felt space was opened for him to be creative and say things that had not yet been said. He viewed this as a loving interaction, in Maturana’s sense of the word. He had a markedly contrasting experience in Helsinki shortly afterward, in which an interviewer set up his conversation with Tomm to be highly adversarial; the interviewer stated that he had “killed” the previous presenter and “destroyed his arguments.” Tomm found himself feeling defensive, and the interview was indeed adversarial, and mutually discouraging. Tomm felt that this had been a violent interaction, in Maturana’s sense of the word, as options had been closed down for both parties (K. Tomm, personal communication, August 24, 2006).

*The Vertical Axis*

On the flight home from Europe, Tomm began to formulate the vertical axis of his ethical postures framework. He theorized that every counsellor action will fall somewhere on
the continuum between love (opening space and increasing options for healing and wellness, at the lower end of the axis) and violence (closing space and decreasing options for pathology, at the upper end of the axis). Tomm advises that the delineation of the horizontal axis crossing the vertical axis is not a definitive crossing point between mutually exclusive love and violence, but that the entire vertical axis is a spectrum. Every ethical loving act has some violence inherent in it (because it closes down options for other behaviours), and every ethical violent act has some love inherent in it (because it is enacted in the interest of the client’s wellbeing).

To elucidate the concepts of love and violence in therapeutic practice, Tomm uses the example of a suicidal individual who consults with a counsellor. A counsellor may determine that she is at high risk for attempting suicide, and may work to have her committed to an institution, where her safety can be assured. This is a violent act, because it dramatically reduces her options, closing space for her own agentive empowerment. On the other hand, a counsellor may work to help her find new ways of viewing the problem, new ways of responding to her depressive inclinations, and more options for living. This is a loving act, because it increasing her options, opening space for her agentive empowerment.

This concept of space is frequently used in social constructionist literature as a metaphor for a variety of interpersonal dynamics. It often refers to the amount of significance or influence we give to the other (in our manner of positioning). Anderson (1997) suggests that the way we think about language influences the way we position or locate ourselves in a relationship and make space for each other. Zimmerman and Dickerson (1996) explain space as personal weight, importance, or significance, referring to the conversational idiom, “you’re taking up my space.” Weingarten (1992) refers to the “space between” a counsellor
and client as the shared domain of emotions, values, experiences and meanings that each brings to the interaction, where the counsellor and client collaboratively work out a way of sharing meaning, and share “the meaning of the meanings that are shared” (p. 9).

In Tomm’s case, he uses the term “space” in a way similar to Shotter (1993), who refers to the need to move clients into less-confining spaces. In this sense, it refers to the amount of freedom individuals feel they have to make decisions. Tomm uses the metaphor of a baby having difficulty breathing because his face is covered by a pillow. He is constrained, and has literally too little space to exist. Tomm compares this to clients who present with severe constraints such as entanglement in emotions of shame and guilt, which restricts their capacity to live life in their preferred manner. A counsellor may be able to help open space for these clients to experience new emotions, and to move out of shame and guilt (K. Tomm, personal communication, August 24, 2006).

Tomm elucidates that ethical practice at the lower end of the axis involves opening space specifically for healing and wellness. Increasing options refers to options that foster healing and wellness. Similarly, ethical practice at the upper end of the axis involves closing space for pathology, and decreasing violent options. Tomm prefers to situate (or position) himself low on this axis, but he recognizes that one might ethically situate oneself in any of the quadrants for any given therapeutic scenario. Once counsellors have considered their position along the vertical axis, they can move on to the horizontal axis of consciousness and locus of client change.

The Horizontal Axis

As has been discussed, counsellors practicing from a social constructionist frame of reference focus on a collaborative, egalitarian relationship of dual expertise. This dual
expertise may require counsellors to “de-expertise” their discursively powerful roles and become open and frank with clients about the counselling process and personal responses to the conversation. Counsellors invite their clients to join them in deconstructing the traditionally hierarchical roles of counsellor and client, and if clients accept this invitation, they move forward in a more egalitarian and transparent relationship. This contrasts sharply with the psychoanalytic tradition of therapists as blank screens who reveal nothing of their personal reactions or feelings.

Tomm has labeled the horizontal axis of his grid the *locus of change*, referring to clients’ awareness or consciousness of the change process. The axis represents a continuum from the locus of intended change being outside the client’s consciousness to intended change being within the client’s awareness. A counsellor implementing paradoxical suggestions, in which clients are counseled to engage in maladaptive behaviours with the covert intention of producing the opposite effect, are intervening from the left side of this axis (non-conscious domain of change), since the counsellor does not want the client to know of the hidden motives of the intervention until after its results.

On the other side of the axis, counsellors who make explicit the process of counselling, disclose relevant personal information that facilitates the participatory decision-making and wellbeing of the client, and attempt to keep clients apprised of elements involved in ongoing therapy are practicing from the right side of the axis, which Tomm has labeled *conscious locus of change*, or shared knowledge. Most feminist therapists are strongly intentional in their efforts to practice from this frame of reference (Feminist Therapy Institute, 1999). Tomm prefers to situate himself on this side of the horizontal axis, yet he encourages counsellors to be intentional about where their experiences, competencies, and
preferences would have them situated as counsellors along the vertical and horizontal axes. In so doing, they will have positioned themselves within one of four ethical postures.

**The Resulting Quadrants**

Tomm considers the ethical postures framework to be representational of his career journey as a therapist. Tomm began working as a psychiatrist in the 1960s, when pharmacotherapy was the predominant focus. He then moved on to family therapy, adopting a problem-centred systems approach. In the late 1970s, he began using Milan systemic therapy. His theories became increasingly social-constructionist, especially as he began collaborating with narrative therapists Michael White and David Epston in the late 1980s (Tomm, 2005). As will become evident, the four ethical postures correspond to four phases of his experience in the field.

In the following description of each ethical posture, I will attempt to clarify the ethical posture, provide an example, discuss how practitioners selecting each posture may make distinctions of clients and their problems, and describe the probable effects this ethical posture will have on clients. Tomm asserts that the postures do not guarantee client responses, but rather tend to elicit more probable types of responses from clients.

*Manipulation.* Counsellors selecting an ethical posture high on the vertical axis (decreasing options) and left on the horizontal axis (private professional knowledge) are using the ethical posture of *manipulation.* Traditional psychiatric therapies such as psychoanalysis and strategic therapy are generally situated here. Counsellors taking up the posture of manipulation maintain a level of professional distance, and the power differential between counsellor and client is high. The locus of change is non-conscious, and counsellors are less open about their professional knowledge and the processes of counselling.
Additionally, counsellors situated in this quadrant use their decisive influence in the relationship to reduce client options. Karl Tomm began his training and career from a theoretical orientation with this posture.

Tomm reminds us that manipulation as a posture can be ethical, so long as the counsellor’s primary motive is striving to meet the needs and wellbeing of the client. A counsellor using therapist-directed hypnosis to help an addicted client quit smoking has selected an ethical posture of manipulation to guide this decision. Therapist-directed hypnosis occurs outside the conscious awareness of the client (left on the horizontal axis), and the option of continuing smoking is intentionally closed (high on the vertical axis).

Counsellors using this posture sometimes view clients as obstinate, resistant, and uncooperative. These counsellors believe some aspects of problems exist outside the client’s awareness, and so attempt to influence clients in a non-conscious domain, using such techniques as pragmatic deception or control through aversive conditioning. Clients, if they choose to take up the position invited by this posture, often respond to this posture with subservience and deference to counsellor authority.

Confrontation. Also on the upper vertical axis is the ethical posture of confrontation. Counsellors situated in this posture elicit change on a more conscious level, valuing therapeutic openness to disclose the intentions behind interventions, but they use these interventions to reduce client options. The counsellor intends to educate the client or correct the client’s view. Tomm’s problem-solving therapy experience at McMaster University can be situated within this quadrant. Structural family therapy and rational-emotive behavioural therapy can often be situated here as well.
A counsellor who discusses the way human cognitions can affect emotive behaviour and then works to uncover irrational thought processes that might be triggering maladaptive behaviour is working from the ethical posture of confrontation. Tomm asserts that a healthy sense of humour can help to soften the sometimes harsh impact of confrontation (K. Tomm, personal communication, August 31, 2006).

Counsellors in this posture often view clients under the influence of problems as deviant, misguided, or mistaken. As a result, they collaborate with clients by sharing knowledge to reduce options for clients in an attempt to curb or diminish the deviant behaviour. Techniques such as translating irrational cognitions and prescriptions about how to live fit into this quadrant. The probable effects on clients will be conceding the counsellor’s point or complying with behavioural prescriptions.

Succorance. Tomm’s experience with Milan systemic therapy fits within the third ethical posture of succorance, also referred to as nurturing (Lysack, 2005). Counsellors in this quadrant maintain professional secrecy (left on the horizontal axis), but use their separate, professional knowledge to open space and increase options for clients’ healing and wellness (low on the vertical axis). Succorant counsellors seek to free clients from their constrictions, much like parenting a child (Buckman & Reese, 1999). Solution-focused therapy fits here, as do techniques such as hypnotic suggestion and paradoxical confusion.

In discussing a former client who committed suicide, Tomm relays he had attempted to work from the posture of empowerment. In retrospect, he believes he may have opened space for her to end her own life, and wonders what might have occurred had he positioned himself in the posture of succorance. There, he may have helped nurture her to tap into her strengths and resources and find new ways of coping with her situation (Tomm et al., 1998).
Counsellors using succorance often view clients under the influence of problems as stuck, blind, or naïve. Their resulting actions often help clients to grow, but can lead clients to depend on external help rather than discover and foster their own personal agency and empowerment.

Empowerment. The final posture, low on the vertical axis and right on the horizontal axis, is empowerment, in which counsellors attempt to collaborate openly with clients using a conscious locus of change in order to invite clients toward increased options and opened space for clients’ healing and wellness. Tomm situates social constructionist approaches such as narrative therapy here, and includes counsellor actions such as bringing forth personal agency, rewriting personal stories, and inviting awareness of preferred options. His most recent decades of experience and study have corresponded with this posture.

Counsellors using this posture view clients under the influence of problems as subjugated or oppressed, and the intended effects are increased agency and liberation from emotional, relational, and cultural restraints. Clients will often play a collaborative role in opening space for their own existence. Probable client effects include enhanced authorial agency, an increased sense of influence over their own lives, and empowerment and liberation from constraining situations.

Tomm’s four postures are not intended to be constraining in themselves; he recognizes the paradox in providing four named options (thus committing violence to any other possible options). He encourages counsellors to consider these four quadrants as an increase in the available options for their own posturing (or positioning) with clients. In Chapter V, we will further analyze the compatibility of the notions of postures and positions.
In conceptualizing a practical application of Tomm’s model, one might envision a counsellor standing on a large floor that has been mapped with a grid of quadrants. From her or his position on the floor, the counsellor performs an utterance, and attends to the client’s response. Reflexively, the counsellor takes a step to the left, toward a domain of more non-conscious change. From here, the counsellor performs another utterance. The client responds again, and the counsellor makes another situational adjustment, this time much more dramatic, leaping upward and right on the grid toward closing options to encourage client empowerment and liberation. In such a way, each utterance is informed by both the previous response and the probability of the next response. The client’s actual response informs the counsellor’s next utterance. This dance of interaction sometimes occurs outside of a counsellor’s mindfulness. Unmindful positioning (and posture) can occur in two ways: (1) counsellors can shut down their responsiveness and remain committed to a given posture regardless of the client’s response, or (2) counsellors can shift position without being intentional and responsive to the client. Hence, an understanding of postures and positioning can help counsellors be more intentional and responsive in terms of acting from their preferred positioning. The mapped floor offers an image of how Tomm’s framework might play out, and it can guide our understanding of how the concept of posture compares to the concept of position. A brief analysis of some theoretical similarities and differences follows.

Commonalities

A clear correspondence can be shown to exist between the concepts of position and posture. First, they both strongly influence the process and products of communication. Both
positions and postures can be seen as defining contextual elements of conversation, occurring around and throughout interactions and influencing the tonality, collaboration, and communal flow of interaction. Both involve relationally situating oneself in interaction, and serve to influence relational roles and participatory norms. Second, they can both be intentionally selected to influence interpersonal action. This can occur through the reflexive activity of being intentional about one’s intentions, and maintaining awareness of the influence one’s decisions might have on the other, as well as on the other’s actual response. Third, both posture and position can be enhanced through collaborative reflexivity, in which the posturer/positioner invites a response, reflects on the response, and potentially shifts position/posture in reaction to the response. This involves immediate responsive positioning, but also involves the recursive intentionality of acting from one’s preferred position in how one is responsive. Hence, they are both reciprocal and social products, negotiated through the joint action of talk (Shotter, 1993). Despite their similarities, however, fundamental differences between the two concepts should be highlighted.

**Distinctions**

The first difference between the two concepts is in the domain of temporality. Positioning occurs immediately in the collaborative act of articulating and responding to an utterance. Though positioning can be influenced through premeditated intentionality, it occurs collaboratively in the moment-to-moment process of dialogue. Postures, on the other hand, are selected before an utterance, and serve to shape and inform the utterance that follows. However, it should be noted that one’s posture does not necessarily precede one’s positioning. Though it can be argued that one’s selected posture necessarily informs the positioning that follows, it is important to recognize that one’s interpersonal and discursive
position informs and influences the posture one selects. Nonetheless, in Tomm’s framework, intentionality and mindfulness precede selection of an ethical posture. In this way, one’s preferred ethical posture can be seen as a sort of compass – a predisposition that can be revisited as one interacts, to gauge whether the counsellor is on course with the intentions of the selected predisposition. Ethical postures act as a conceptual resource in making one’s position more explicit and selectable.

The second difference is that positioning is collaborative, negotiated through social interaction between two people, while a posture is an individual intention that emerges from the volition of one individual to influence the social interaction. An individual’s posture can inform the relational positioning that occurs. Positions and postures, therefore, can influence each other in a reflexive, reciprocal fashion; one’s position can influence the posture one selects, and one’s selected posture can influence the interpersonal positioning that follows.

The third difference revolves around mindfulness and intentionality. Tomm formulated ethical postures as intentional constellations of cognitions, involving premeditation and purposeful self-situating; positions, on the other hand, are selected with or without intention. Positions are offered and taken up in any performed social act, whether or not the initiator of the act is aware of them. The notion of positioning can help conceptualize negotiated social interaction and the response mode of counsellors (how they understand and respond to the client’s responding).

It follows, then, that counsellors need to first be conscious of their discursive and interpersonal position in the potential (or existing) counselling relationship. The counsellor can then select an ethical posture within which to situate a given moment-to-moment decision. This posture may serve to increase the likelihood of a specific interpersonal
positioning occurring. The collaborative positioning that occurs can then serve to inform the counsellor about the ethical posture from which to make the next decision. Hence, the complex, reflexive dance of therapy (intentional talk) unfolds.

Mindful positioning can be an unattainably lofty aspiration, given that one can never be fully mindful of every discursive and relational influence informing each utterance. For this reason, Tomm’s ethical postures can be seen as a tangible entry point into more mindful positioning for counsellors. It is by no means the authoritative entry point, but I would argue its worth in this regard on two simple grounds: (1) Tomm’s focus on the ethicality of the interaction, and (2) the fact that four postures are less complex to keep in one’s mind than the plethora of possible positioning influences.
CHAPTER VI

Synthesis and Implications

*Intentions of the Framework*

In discussing his framework, Tomm emphasizes that, though his own preference is to act from an ethical posture of empowerment, his intention in presenting the framework is not to encourage counsellors to necessarily choose the same posture. As for which ethical posture counsellors should assume, Tomm (2005) suggests that counsellors should not exclusively indwell any one of them, or they will be limiting their own choices (which could be seen as a violent act). A counsellor who subscribes totally to one ethical posture risks absolving responsibility for making decisions, and projecting this decision-making responsibility onto the situation. For example, a counsellor who chooses to only engage from an ethical posture of empowerment might face a client in the throes of grief after the loss of a parent. In the moment-to-moment negotiated positioning that occurs, the client does not accept the counsellor’s proffered position of empowered agency, but responds by crying quietly, or repeating her previously expressed sentiments. In this case, the mindful and posture-fluid counsellor might move to the ethical posture of succorance, in order to provide a safe, nurturing, reflective space in which the client can feel heard. The counsellor ontologically committed to holding the ethical posture of empowerment, on the other hand, will be blinded to the opportunity afforded by this dynamic moment in the conversation.

Counsellors can respond with interventions from any of the quadrants to any given client situation. Tomm encourages counsellors to remain open and empower themselves to keep searching for preferred responses from whichever posture is appropriate to the moment. One of the preeminent tenets of the ethical postures framework is that of mindfulness; the
quadrants can guide counsellors in positioning themselves according to ethical postures while increasing awareness of how positioning occurs in the collaborative relationship. This is in line with Tomm’s earlier suggestion for counsellors to remain open to re-evaluating and shifting postures as the clinical relational circumstances change (Tomm, 1987).

Tomm speaks highly of counsellors who intentionally practice from a posture high on the vertical axis, if it fits well for their competencies and experience. Manipulation and confrontations are ethical postures, he asserts. In the end, what constitutes the selection of any one posture as ethical is the emphasis on the client’s wellbeing, and serving the needs of the client ahead of serving the needs of the counsellor. This can be exemplified by a counsellor who feels acutely the need to appear competent and knowledgeable. At the same time, he believes the client needs to feel empowered as a collaborative member of the working alliance. This counsellor may opt to consider his own needs first and make decisions from a domain of private professional expertise and knowledge, classifying the client’s problem and personality and narrowing options for the client in the interest of elevating his status as knowledgeable and competent (an unethical decision), or he may opt to sacrifice his own need to appear competent by presenting with a not-knowing stance (Anderson, 1998), seeking to empower the client to have authorial power and agency through egalitarian collaboration (an ethical decision).

Of course, an ethical problem arises when the counsellor’s perception of the client’s best interest differs from the client’s own perception of the client’s best interest. For example, a counsellor who believes it would be in the client’s best interest to feel more personal agency and empowerment might be attempting to move forward in a “best interest” not accepted by a client who believes he should not be individuated from his collectivist
family and larger culture in this empowered and agentive way. In this case, the collaborative negotiation depicted in positioning theory offers some guidance as to how counsellors can work with clients to negotiate their differences and move forward from the client’s refusal to take up a proffered position. After attempting to work from an ethical posture of empowerment, the client in the above example might attempt to reposition himself as less agentive and empowered, and more interdependent and deferential. The mindful counsellor can work to shift posture and positioning to negotiate this difference.

Other social constructionist theorists agree with Tomm that counsellors should not necessarily be permanently situated near the bottom of Tomm’s vertical axis, since too many options can also be problematic for clients. These clients may find themselves “lost in a vertigo of options. Pressing toward multiplicity must be situated; care must be given to when it is useful” (Gergen & Warhus, 2001, p. 109).

What Tomm is suggesting is not a premeditated, hard-and-fast selection of one posture that overrides any moment-to-moment distinctions. Rather, he is promoting counsellor mindfulness regarding which posture is guiding the counsellor’s moment-to-moment decision. What he is arguing for is reflexivity, mindfulness, recursive decision-making about how one makes decisions, and intentionality about how one positions oneself and the client in the counselling relationship.

Though counsellors may initially struggle with the cognitive juggling act of maintaining both mindfulness of the framework and authentic presence in the immediacies of interactions with clients, Tomm draws a comparison to learning to drive. An early driver will often require excessive mindfulness about such elements as the location of the gas pedal, the brake pedal, the clutch, and the pressure that needs to be administered to or relieved from
each. However, with practice, these elements recede to a less conscious domain, and the overall activity set of driving becomes more intuitive. Once at this level of competence, drivers can focus on being present in the current circumstance of driving, choosing to return to a more recursive state of consciousness only when required to do so by the moment. Tomm believes this is analogous to an ideal way to practice the ethical postures framework; once it has been recursively internalized, the counsellor should be able to practice with a sort of intuitive mindfulness, guided and informed by the internalized intentionality of each of the ethical postures and its implications (K. Tomm, personal communication, August 31, 2006).

It is important to note that making intuitive the practice of ethical postures does not relieve the counsellor of the responsibility to be mindful of posture and continually responsive to clients’ negotiation of positioning. Rather, Tomm is seeing intuition and mindfulness not as antonyms, but as complementary; the counsellor’s mindfulness of posture is what can become intuitive.

Tomm encourages counsellors to continue to evolve and develop, as opposed to becoming static in their selected manner of being. Maturana’s opening and closing of space is salient in this matter; if clients view themselves as human beings, they may close off the possibility of being something else. Tomm aims to view himself as a human becoming, continually evolving by increasing his own options for living (Tomm et al., 1993).

Recommendations for Counsellors

So how does Tomm recommend counsellors move forward in the process of internalizing the framework? One answer is surprisingly simple but deceivingly complex: talk. The ethical postures framework is performed through conversation, which social constructionists view as the building material for meaning. Language (the performance of
conversation) is activity (Newman & Holzman, 1997). Talk is not mere communication, but social action. Since conversation is the means by which we co-create our reality and construct or maintain meanings (Gergen, 1999), the conversational counselling relationship offers hope for constructing a preferred reality.

A second answer refers to the various relational discourses that inform talk: intentional positioning. Counsellors need to be aware of the dynamics of positioning, and of the culturally and professionally conferred power which many clients see them as bringing to the interview. With this awareness (and influence), counsellors can be intentional in their invitation to the client to a more egalitarian role, fostering the development of a collaborative negotiation and mutual positioning process.

Tomm aims to constitute himself as a counsellor primarily interacting in empowering relationships, and secondarily in succorant relationships (2005). He makes several recommendations to guide counsellors in selecting and strengthening a preferred ethical posture.

*Organizing emotional dynamics*. First, he suggests that counsellors understand their own emotional dynamics (how they respond emotionally to the various ideas and linguistic labels in the framework), and consider how they personally view the poles of each axis. With this understanding, counsellors can personalize the framework by re-labeling the axes to align with their preferred perspective on the continuum. For example, Tomm’s experiences with relational love and violence and his preferences for how to relate to others in clinical situations have led him to re-label the vertical axis to align with his own emotional organization, with the term *therapeutic violence* at the top and *therapeutic loving* at the bottom. This terminology helps predispose him to be situated downward along this axis.
However, he also prefers to be mindful of how certain situations might call for positioning oneself higher on the grid, such as a situation calling for therapeutic decisiveness. Counsellors with experience, competencies and values that predispose them to, for example, re-label the vertical axis with therapeutic decisiveness at the top and therapeutic uncertainty at the bottom may be drawn to move upward on the axis.

Likewise, certain clinical situations may require the horizontal axis to be relabeled with preferred terminology on the left, such as counsellor values professional knowledge, encouraging counsellors to situate themselves further to the left, while re-labeling the right side of the axis counsellor values open sharing of knowledge may encourage counsellors to situate themselves further to the right.

Recursive looking. The second recommendation he makes is for counsellors to look at their own way of looking at clients, and examine their distinction of the client at a given moment (e.g., resistant, mistaken, naïve, or oppressed). As outlined earlier, each ethical posture offers an ethical/evaluative lens through which clients can be viewed, and counsellors can work to develop preferred distinctions of clients.

Assessing outcomes. His third recommendation involves actively assessing the effects on clients of interventions (including conversational practices) from within each quadrant. For example, Tomm encourages counsellors to reflexively analyze the effects of asking empowerment questions, or the effects of asking questions from a posture of succorance.

Four empowering guidelines. Finally, he recommends four guidelines for empowering oneself and others: grounding (being sensitive), recursioning (being mindful), coherencing (being congruent), and authenticating (being honest). First, grounding involves being in touch with one’s own and the client’s experience, using appropriate language that
fits to share these experiences with the client, and clarifying similarities and differences between the counsellor’s and the client’s descriptions. Second, recursioning involves looking at one’s own and others’ looking, listening to one’s own and others’ listening, and assuming that one is making assumptions. The awareness that one’s held assumptions are assumptions can help counsellors be attuned to how their assumptions play out in practice. Third, coherencing involves optimizing the likelihood that intentions, emotions, explanations, actions, and distinctions shared in the counselling process have therapeutic potential, privileging emotional dynamics to strive for intuitive consistency, distinguishing the actual effects from the intended effects of actions, and identifying inconsistencies between intent and effect. As Tomm wrote in 1987, the actual effect of any particular intervention with a client is determined by the client, not the counsellor. The intentions of the counsellor, including a premeditated ethical posture, can never determine the clients’ response (Tomm, 1987a). This is echoed by Maturana, who concurs that “the intentions and theories of human change that therapists may possess have no predictive quality” (Maturana & Poerksen, 2004, p. 270), but can lead to a higher probability of generating intended responses (though it is important to note that collaborative counsellors work to coordinate their intentions with the intentions of the client). Fourth, authenticating is analogous to Carl Rogers’ notion of genuineness (Corsini & Wedding, 2005), in which counsellors acknowledge limited awareness and knowledge, and remain open to seeing themselves through the eyes of others.

Tomm intentionally uses the gerund form (i.e., ending with -ing) of these terms to emphasize the action involved. He clearly differentiates ethical postures from a non-directive relationship of unconditional positive regard, asserting that counsellors make choices to influence clients in preferred directions (2005). He postulates that selective decisions are a
direct component of leadership, expected implicitly by clients who seek counsel (Tomm, 1993, p. 65). In this matter, he agrees with O’Hanlon (1993): “if you only acknowledge, validate, and include, most clients won’t move on very quickly . . . therapy is always a balance between acknowledgment of existing realities and the creation of new possibilities” (O’Hanlon, 1993, p. 7). Tomm expects counsellors to actively lead and initiate in establishing a collaborative relationship.

**Integrating Ethical Postures and Positioning Theory**

It becomes apparent that Karl Tomm’s framework of ethical postures both informs and is informed by the social constructionist literature, particularly in the overlap on such themes as meaning and language, self-in-community, multiple perspectives and internalized discourse, recursive intentionality, agency and liberation, collaborative counselling relationships, and ethical ways of being in relationship with others. Additionally, his framework speaks brilliantly to the relational reciprocity of positioning theory, in which counsellors and clients negotiate contributing rights, dual expertise, and a power distribution within minimized hierarchy.

In positioning theory, each utterance is informed by both the previous response and the probability of the next response. In turn, the actual response informs the next utterance. This representation of the collaborative negotiation that comprises dialogue can guide our understanding of how an intentional counsellor might maintain a fluid negotiability of ethical posture in the moment-to-moment process of therapeutic conversation. Further, Tomm’s ethical postures can offer a cognitive framework for the counsellor to use as an intentional backdrop of sorts from which to initiate and navigate the counsellor’s positioning.
Tomm encourages the counsellor to be directive and intentional in the selection of an ethical posture, but he also believes this should be the product of a collaborative process in which the counsellor is vigilant and reflexive regarding how clients receive and respond to the counsellor’s posture. Tomm subscribes to social constructionist approaches to counselling in which a collaborative relationship and shared expertise are emphasized. However, counsellor intentionality and directiveness is also necessary for effective facilitation of the process. One way to reconcile these two seemingly disparate notions of collaboration and therapist intentionality is positioning theory.

Tomm (1987a) reminds us that clients’ responses are determined not by the counsellor’s intentions, but “by the uniqueness of their own organization and structure at each moment” (p. 7). At the same time, however, clients’ responses are influenced by and contingent upon the counsellor’s utterances. In this way, the counsellor’s intentions become relationally meaningful in their influence on the client’s response, and the client’s response becomes relationally meaningful in its context within the counsellors’ previous intentions, initial action, responding intentions, and responding action. Tomm’s framework provides counsellors with an external map that promotes a less complex approach to positioning, an approach that can encourage greater awareness and responsiveness.

Limitations and Possibilities for Further Research

This project is an attempt to conceptualize Tomm’s framework in terms of positioning theory, and demonstrates one conceptualization of ethical postures. As such, more conceptual work could still be done with Tomm’s postures, such as Lysack’s (2006) discussion of empowerment as an ethical stance. Furthermore, research could be done to operationalize the model in a way that is researchable. Because of the potential difficulty in
operationally defining Tomm’s postures, quantitative research on the effectiveness of practicing from these postures may be challenging. However, qualitative analyses of the effects of various postures on clients may be beneficial for future research, as in the discursive research of Couture (2006). Additionally, further study to apply Tomm’s postures to specific multicultural clinical situations may be valuable, such as a client whose salient culture encourages deference to professionals as opposed to a collaborative relationship.

Implications

Counsellors seeking to practice collaboratively with their clients without some directive intentionality can run the risk of providing aimless, non-directive counselling that is little more than ordinary conversation. However, collaborative counselling can move forward with the “consensual agreement that the therapist will contribute intentionally toward a constructive change in the problematic experiences and behaviors of clients” (Tomm, 1987a, p. 1). The counsellor’s aim is to facilitate a conversation that engages both client and counsellor in attaining client-preferred outcomes.

If counsellors are able to internalize Tomm’s framework and maintain a state of reflexive mindfulness with regard to ethical posture selection and its influence on clients, this collaborative intentionality will not seem such an oxymoron. Clinically, counsellors can prepare by selecting a preferred ethical posture and working to understand how and when to position themselves within any of the four quadrants. Then, when meeting with clients, counsellors can maintain a state of mindfulness regarding the effects of each decision, and how the selected ethical posture informed these effects.

The counsellor cannot predict the actual results of any given utterance, and so needs to continue making moment-to-moment decisions about how to respond to the client’s next
utterance. Hence, the counsellor attempts to anticipate the effects of each utterance, and makes decisions based on the anticipated effects. The counsellor can then assess the actual effects against the anticipated effects, and use the client’s response and positioning, as well as the counsellor’s anticipated effects of the next utterance, to inform the next decision the counsellor makes.

Tomm’s framework can help counsellors understand the relationship between the discourses that inform their decision-making practice and the intentions they bring to counsellor-client interactions. It can offer counsellors a research-based conceptual resource for guiding collaborative practice. If counsellors are able to study and internalize the ethical postures framework and allow it to inform their decision-making in the moment-to-moment practice of counselling, then Tomm will have further influenced the field in a manner that heeds Cushman’s (1995) call for an ethical, intentional, moral, alternative set of therapeutic practices.
REFERENCES


Bruner, J. (2004). The narrative creation of self. In L. E. Angus & J. McLeod (Eds.), *The
handbook of narrative and psychotherapy: Practice, theory, and research (pp. 3-14).


constructionist psychology. *Journal for the Theory of Social Behaviour, 26*, 51-64.


Tomm, K. (2005, October). *Four contrasting ethical postures that therapists could adopt when interviewing with clients*. Presentation for MdSc 707.01, Calgary, AB.


APPENDIX A

Following are a list of questions prepared for my first interview with Dr. Karl Tomm on August 21, 2006:

1. How do ethical postures fit with the social constructionist notion of an egalitarian, collaborative relationship between counsellor and client?

2. How does one’s intentional use of language influence one’s posture with clients?

3. How did you intentionally use language to shape your framework?

4. How does the notion of intentionality fit with structural determinism and “drift?”

5. In what ways do Maturana and Varela’s notions (particularly those from The Tree of Knowledge) inform your framework?

6. Please inform me of the purpose of the Ethical Postures framework?

7. How conscious do you think counsellors should be of their use of the framework? Do you hope that counsellors would integrate it so fully that it unconsciously guides their decisions, or do you hope that counsellors will be consistently mindful and conscious of their ethical posture?

8. How much of your own moment-to-moment decision-making with clients is informed by pre-meditated or preconceived intentions, and how much of it is intuitive and responsive to “where the client’s at?”

9. In your own writings, what do you mean when you use the notion of “drawing a distinction?”

10. How much of your decision-making process do you attributable to the responses of the client?
11. How do I reconcile the seeming contradiction of (1) being intentional about practicing from one’s preferred posture, and (2) being willing to select interventions from any of the other postures?

12. Do you believe that your four quadrants represent a complete picture of possible postures? Or do you plan to continue developing it?
APPENDIX B

Following are a list of questions prepared for my second interview with Dr. Karl Tomm on August 24, 2006:

1. Please tell me about your contrasting experiences in Finland and Sweden, to which your Powerpoint Slides referred.

2. How do Maturana’s ideas of relational love and violence speak to the vertical axis of your framework?”

3. When are some times that a counsellor might be justified in deciding from a posture that leans toward therapeutic violence?

4. Please define for me your use of the word “space,” when you talk about opening or closing space?

5. In your framework, you refer to increasing options for a client’s wellbeing; do you believe that there is a time when too many options can be problematic for a client?

6. Do you think there is a time when a counsellor would be acting ethically in helping clients become more open to the possibility of violence?

7. Please help me understand your use of the term “recursion?”

8. How are the postures of manipulation and confrontation “ethical” in your definition of the term? Please help me understand your use of the term “ethical.”

9. Do you believe the ethical postures framework may help therapists provide a more ethical, moral type of counselling?

10. How does the theological word “apophatic” work for you, in terms of helping clients see new options by describing what those new options are not, or sort of describing
“around” new ways of being, so that the room for clients to fall into that new understanding is created?

11. Do you agree with my reading of Maturana that instructive or directive interaction is really not possible – putting concepts or ideas into the client’s mind?

12. How does your framework change when applying it to working with young children?
APPENDIX C

Following are a list of questions prepared for my third interview with Dr. Karl Tomm on August 31, 2006:

1. Some positioning theorists posit that individuals are constantly shifting positions in dialogue to negotiate discursive differences; how well does this fit with your notion of a counsellor shifting postures fluidly within a conversation?

2. Please define for me your use of the word “postures,” as it compares to the concept of “positioning.”

3. Positioning theory leans heavily on the notion that every social action is informed by positioning that has come before – no utterance stands alone. In this way, counsellors are encouraged to be responsive to client’s responses as they position clients and themselves. How does this notion fit with your practice of using ethical postures?

4. What sort of client responses do each of the postures tend to elicit?

5. To what client actions is each of the postures applicable? In other words, how to various client actions inform or lead to the counsellor’s posture selection?

6. How much of adopting and maintaining a posture is about interjecting human intention and trying to resist “drift,” in Maturana’s sense?

7. To what extent is selecting and being aware of a posture a way of conversing with oneself, a dialogue of sorts?

8. How would you encourage counsellors to go about selecting a preferred posture?

9. How does one practically establish and make decisions from a posture?

10. In selecting a posture, how much focus is on the client’s previous response, and how much is on your hopes for shaping the client’s next response?
11. Does your posturing or positioning with clients sometimes offer a way for them to be positioned and position themselves in other relationships outside of the counselling setting, in a Vygotskyan sense?

12. How does one ensure the postures framework in itself is not limiting options too much – that it is a liberating option for counsellors to elect?

13. One of the elements of the framework that intrigues me is that of therapist self-disclosure. Please clarify for me how this fits in your framework, and how it might position the client and counsellor?

14. Based on our discussion, do you see some parallels and differences between postures and positioning?