PROPOSING AN ETHIC OF RESPONSIVENESS

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At the Galvanizing Family Therapy event held in Galveston, Texas, in May 2016, a group of educators, academics, and practitioners reflected upon the social and institutional organization of current work in the field of family therapy and explored dialogical ways of moving forward. We opened conversations about the notions of responsiveness and congruence, encouraging each other to consider the ethical positions we take within our relationships. In this article, I present questions arising from our participation in these discussions as an invitation into broader, ongoing co-constructions of possible responses within our field.

Bateson insisted that our conceptions of ethics need to be changed, though at present we have little idea of how to change them or of what direction such change should take. Ethics, he said, are about the relationship: what they should be concerned with is the relating rather than the people or things that are the relata. . . . We understand our ethics through language and it will be a very different ethic if we base it on verbs rather than on nouns. (Charlton, 2008, p. 202)

During the Galvanizing Family Therapy event held Galveston, Texas, in May 2016, we identified a number of questions about our practices of family therapy that we felt compelled to explore, from our positions as educators, academics, and therapists. Guided by our questioning of therapy practices, we sought alternative ways of understanding the work that we do. As our time together progressed, a small group of us came to refer to our consideration of these questions as a movement toward an ethic of responsiveness. We began to consider this ethic (generally) as a commitment to look at our looking to see what we are seeing, and listen to our listening to hear what we are hearing in our work, attitudes, beliefs, values, responses to ideas, and in our relationships with others. This ethic also included a

I would like to acknowledge Jill Freedman for her support in constructing this article, as well as Stephen Gaddis for pointing me in the direction of Mister Rogers as embodying the spirit of our discussions. I would also like to acknowledge Karl Tomm, for his mentorship and guidance—I am told that my writing reflects his influence (and those who have influenced him); I am deeply grateful for the opportunity to learn and grow in his neighborhood.

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commitment to keep the conversation going after our days together ended, and to
take it forward into our family of therapies.

This is not (entirely) a new conversation. There are a number of authors cited
throughout this article that have suggested different ways to respond, and alter-
native ethical stances to embody (e.g., McNamee, 2015). The importance of
practicing dialogically and building effective working alliances with our clients
is well established across various psychotherapy approaches and within counselor
education. However, the aspects not discussed as commonly move beyond our
interactions with clients and into the systems, institutions, and cultures from
within which we do our therapeutic work. Other authors (e.g., Paré, 2014; St.
George & Wulff, 2014) also touch on the broader social influences, constraints,
privileges, and freedoms that shape our practices of therapy. Yet, these discus-
sions seem to be happening in small pockets of resistance, rather than relationally
between us as therapists.

Uncommon though it may be, it felt important to our Galveston group to
begin this conversation. We created a space that was outside the everyday
constraints of our various practices and positions, where we are generally ex-
pected to teach, supervise, and perform therapy from positions of certainty and
authority. Within this space, we invited each other to be uncertain while still
retaining expertise in our various roles, to challenge the dominant discourses
of our practice without forsaking our job security, and to recognize our blind
spots and growing edges without undermining our experiential knowledge
and credibility. We called each other to do as McNamee (2015) suggested:
to recognize our participation within systems that perpetuate the difficulties
and barriers we were questioning, and to explore how we might respond in a
relational, rather than an individualistic way.

We encouraged each other to recognize and acknowledge the influences of a
neoliberal focus on efficiency and production in the social organization of our
work (Rose, 1998; Sugarman, 2015), and on the pressures we face as professionals
to deliver a definitive account of our interactions. Pressures to achieve quotas of
clients seen or articles produced and published, or to produce the authoritative
account of how to intervene. Pressures to label people so that resources can be
accessed according to the diagnosed disorder. Pressures to be an expert about
individuals while remaining objectively distanced from our relationships with
them. Pressures to have arrived at a career destination (with a specific professional
designation, or degree, or position), rather than to view ourselves as continually
being created through our interactions with others (Weingarten, 1991). Pres-
sures to fall in line with institutional and systemic mandates. These pressures
often function to move us away from consideration of what is to be responsive
to others in the work we do, and congruent with the values that drew us toward
this work in the first place.

We choose instead to respond by raising our questions (often deliberately left
unanswered) with the intention of continuing to pose them to others beyond the
event. The questions I pose throughout this article are intended as an invitation into consideration of possibilities for moving forward in our fields of counseling and therapy in dialogical and ethically responsive ways.

ETHICS AND THE ABSENT BUT IMPLICIT

Narrative therapists discuss the notion of the *absent but implicit* (Carey, Walther & Russell, 2009; Freedman, 2012; White, 2003) as distinctions we know to draw between a privileged meaning that is presented to us and a subjugated meaning that is left out. The absent but implicit, when integrated to therapy conversations, “is a gateway into that realm of experience where people’s most cherished hopes, aspirations, and commitments live and breathe” (Freedman, 2012, p. 2). While it is common to consider a client’s hopes, aspirations, and commitments while doing the work of therapy, dominant discourses of ethical practice often neglect to address the same points for the therapist.

Through the practice of *double listening*, “we can orient to two kinds of stories simultaneously” (Guilfoyle, 2015, p. 36); we can attend to both experiences named and described, as well as the discernment implied in the description, as a way to open possibilities for exploration and intervention. From this perspective, every statement about an experience also contains an invitation to respond by exploring, asking about its distinctions. Our participation in the Galveston event created the opportunity for us to explore our absent but implicit hopes as therapists, supervisors, educators, and academics.

To begin to recognize and articulate the absent but implicit, and to open possibilities beyond what are prescribed (or enforced) in the various regulations of our practices, our questions are one of the most important resources we possess. In honing our skills, we must also cultivate an understanding of backgrounds and epistemologies informing the positions we take and the values we value. According to Tomm (1987), “every question may be assumed to embody some intent. Whether consciously or not, the therapist has some purpose in asking” (p. 3). As the primary tools of our trade are the questions we ask and the statements we make, it is our responsibility to pose and state them with (awareness of our) intention.

Every question we ask (and do not ask) both situates our ethics and situates us ethically—whether we realize it or not. Viewing it this way encourages us to cultivate what Sheila McNamee (2015) has referred to as a *radical presence*, or “relational understanding of the social world” (p. 381) from which to move forward. Our ethical practices are not only what we, as individuals, do. They are more than the boundaries we enforce, the behaviors we avoid, and the regulations we follow. Our ethics are also congruently visible in the relationships we cultivate and how we respond within them, and the space we create for dialogue and collaboration. They are visible in how we understand the social organization of our work. What we ask others, why we ask it, and how we respond to the questions of others is also an enactment of our ethics.
RESISTING TENTATIONS OF CERTAINTY

It was tempting to provide answers to the questions we had generated during the Galvanizing Family Therapy event (and have articulated throughout this article). Is that not what peer-reviewed and published articles are generally expected to do: to decisively, and with authority, give answers to questions existing within our field? Influenced by post-positivist ideas in education, are we not trained to aim toward providing answers during our graduate studies?

In my attempts to disseminate these ideas to other academics, students, and professionals, I admit I felt somewhat restrained by “persuasive rhetoric” (McNamee, 2015, p. 377). In addition my own position as a junior academic (where I am judged on generatively and on contribution to scholarly and professional bodies of knowledge), there is a professional culture of competition to provide definitive answers. Answers that provide a degree of certainty are how we often secure validity (and funding) in the eyes of the institutions and structures that govern our practices.

To provide decisive answers, however, would be missing the point. To do so would subjugate (your) experiential knowledge with (my) official account, and narrow possibilities for what may emerge in dialogue between us. It would be incongruent with my intention to remain dialogical. Instead, I invite you to join me as grounded in curiosity, and hope you are also willing to intentionally invite tension into the understandings you hold, thereby creating space for even more questions to emerge.

ETHICS AS A DIALOGICAL AND RESPONSIVE STANCE IN RELATIONSHIPS

Embracing a relational ethic requires that we abandon reliance on abstract principles and formal codes—not in an attempt to create chaos or anarchy, but in an attempt to pay attention to what is unfolding in the specific contexts and relations in which we find ourselves . . . This is not an ethic of “anything goes.” Rather, it is an ethic of responsibility to self, others, and environment and, as such, demands that any local set of practices, beliefs, or values be considered in light of more dominant social practices. (McNamee, 2015, p. 376)

Drawing from the work of Bakhtin, Voloshinov, Sacks, Goffman, Wittgenstein, and others, John Shotter (2005) emphasized the distinction between a monological approach and a dialogical approach to others. He described viewing and responding to another person as an object of consciousness (rather than as another consciousness) as monological. This is consistent with modernist and individualistic approaches to therapy in our disciplines, upon which many of our codes and standards have been based. A dialogical approach, on the other hand, invites practitioners to be responsive to the other, thereby creating space to recognize the inner experiences (and expressions of these experiences) of the person they sit with in that moment,
and to respond to that particular set of experiences, within the context of the intimate relationship that has been fostered.

When we become responsive to others, as McNamee’s (2015) quote above invites us to do, we invite possibilities for working together in co-constructing common senses. The notion of common sense as it is used colloquially suggests an awareness of, and adherence to, implicit assumptions about common practices. I propose reconsideration of this notion in our practice of therapy to instead refer to sense-making that is co-constructed and mutually understood at a particular time and place, by the people involved. Rather than constraining our responses and questions to others, relying on underlying, monological ways of understanding (that often we, as the therapists and educators, have access to and power within), we can engage in dialogues toward creating common senses in our ways of understanding:

The emphasis in Western philosophy is on only the capacities of individuals, along with the divide between subject and object, mind and body, thought and action, and all the other Cartesian trappings we have adopted in our intellectual endeavors as a result. We have ignored the essentially dynamic-relational features of our living involvements out in the world, features which make their appearance only in the unfolding of our living relations with our surroundings. (Shotter, 2005, p. 106)

To assume common sense in our practices of therapy, often about behaviors that are sanctioned and acceptable, is to miss the dynamic and relational processes that would allow us to be responsive to the sense that is shared (and not shared) in our relationships. How can an assumed “sense” be “common” between a particular therapist and the particular client that she or he works with if it is not negotiated? There are times and places (including within a diagnostic culture) where nouns are required and verbs are discouraged. However, to remain unquestioning within a modernist and individualist structure, we risk forsaking our ethics of responsiveness to others. How can we begin to pose questions that work towards building and maintaining common senses that are based on genuine curiosity rather than on assumptions? If our questions stand for something, how do we learn to articulate what that something is?

In our research and scholarship, are we attempting (even unintentionally) to colonize others, or are we ourselves being colonized? As trainers and trainees, are we focused on methods of research and practice to the exclusion of how the material we are teaching and learning might be organizing life for our clients and constraining our practices? As academics, do we get caught up in researching problems and solutions, but leave out people and relationships? Are these practices incongruent with the values we value?

How might we foster connection (rather than isolation) between approaches to therapy? How might we begin to trouble the practices that are oppressing us? How can we creatively invite multiplicity in our practices, rather than strive for consensus in a singular best way to practice?
Considerations of Ethics in Our Relationships and Responsiveness to Others

Dominant Values of Professional Ethics. Merriam Webster’s online dictionary defines professional ethics as “the principles of conduct governing an individual or group.” Certainly, the notion of ethics can be (and often is) taken up in professional practices as counseling is related to a fixed set of rules and codes of conduct. These rules and codes are in place to guide professionals and to protect the public, and they are central to the interactions counselors have with the clients they serve. Educators and supervisors are, in turn, professional gatekeepers who face systemic pressures to produce therapists who understand what it means to practice ethically, as defined by the regulating body that will be holding them accountable for any unethical actions.

This becomes problematic when ethical adherence is measured and monitored primarily in practice by the absence of complaints against the therapist; in the absence of reported unethical behavior, ethical conduct seems to be assumed, and concerns about ethics (largely) disappear from the radar of practice and education. Relationships and relativity are, for all intents and purposes, made invisible within this description rather than remaining in view as the other side of the same coin.

Professional therapists are expected to be familiar with the notion of virtue ethics (e.g., Knapp & VandeCreek, 2006) as value systems which correspond to “an intuitive sense of what is honest, helpful, trustworthy, or civil” (p. 15), with an emphasis placed on character building for the practitioner. Yet, because concepts like virtue ethics cannot be easily reduced to an ethical decision-making model to be followed by practitioners, they can be difficult to teach, foster, support, evaluate, or enforce. Similarly, engagement in relational ethics, as an everyday way of being in relationships (observable in the questions we ask and the actions we take), is not a regularly encouraged practice.

But—shouldn’t it be? Shouldn’t a consideration of ethical behavior not only be accounted for the following or breaking of rules and codes of conduct, but also for the stances we take (and do not take) that shape how we respond to others, how we know to look, listen, and think as we engage with our clients in intentional, caring ways that help them articulate what is important and cherished to them? Is it possible to remain responsive to others without doing so? Is it ever ethical not to do so?

Relational Ethics and Responsiveness to Others. Although often made invisible, our professional ethics are about relationships. Combs and Freedman (2002) specified that for therapists, the notion of ethics must be considered in the context of how to be in relationships that are shifting and evolving, as the work we do cannot occur in the absence of relationships. From this perspective, ethics are practiced in the values and boundaries we hold in the relationships we build, and in the possibilities we co-create when we view therapy as an opportunity to develop ourselves through the stories that include others also woven into these narratives (Weingarten, 1991).
Ethic of Responsiveness

Our ethics cannot be considered only as nouns; they are actively constructed in our relating to the world around us, and the relationships in which we engage. If we are not aware of our responsiveness to others, we relinquish agency in our relationships.

In exploring the absent but implicit in our understanding of ethics, perhaps we might become more comfortable with the intimacy (Weingarten, 1991) that is invited in our professional interactions with colleagues and clients. I invite consideration of our ethical frameworks: When we respond to others—our clients, our colleagues, our friends, our family members—what do we stand for? What do we stand against? What are the values we value? How might we support each other to come to know our ethics of responding to others, which is arguably at the heart of our practices? When we fail to practice ethics in responsiveness to others, what ethics are we moving away from? How are our practices and values congruent (and incongruent)?

While I do not believe it would be desirable to do away with ethical regulation for counseling professionals, I do wonder how it may be reconsidered and expanded. If we were to teach a course about professional ethics in counselor education that had nothing to do with regulation, what might it cover? Should we be attempting to liberate the notion of ethics from the limited (and limiting) roles of regulation and surveillance? Should we consider the difference between legal regulations and ethical decisions, and consider which is most important in a given context? How might we begin to talk more concretely about what these differences in ethics (nouns vs. verbs) can mean and how to manage the differences?

Some Dangers of the Dialogical. Our discussion group at the Galvanizing Family Therapy event also noted the tensions between our intentions and how our practices can be constrained by dominating discourses of practice within our field. To take a dialogical stance and remain ethically responsive in our relationships, rather than to provide answers, conclusions, and solutions, can feel like a precarious place for many of us to visit, let alone to dwell in, for long. In our professional lives, we are often not set up to be comfortable. The dangers that accompany these pressures may make it difficult for us to be congruent in an ethic of responsiveness to others. It takes a measure of courage to step out of this culture to question and to reconsider it. We often “under-stand” (or stand under) the social organization of our practices, and there are often consequences for choosing not to do so.

Some examples we noted during our discussion were: Our funding for research can be contingent on what we promise to produce, and how this product fits within (or is excluded from) what is valued as knowledge in a publish-or-perish academic environment. Our teaching often occurs within predetermined parameters dictating what is relevant within our field. Our practices come to be influenced largely by the bodies of professional knowledge that dictate what can be considered best practices and empirically supported interventions—practices that count as effective forms of therapy (and thus can be funded and/or institutionally acknowledged as such). When we look exclusively through a lens focused on the competencies needed to practice therapy and research, we risk obscuring from view the possibilities
of dialogue we could invite to clients, or be invited in by clients, and the values, beliefs, and ideas upon which this new responsiveness could bring forth. When the relationship disappears from view, we can no longer be ethically responsive.

Competition for funding and resources, within a culture of neoliberalism, has become a dominating characteristic of our field. To step outside of this structure—to question, trouble, or refuse to participate—may place our practices, our funding, and our opportunities at risk. We spoke about how we can also easily be siloed into our specific approach to therapy; the survival and advancement of each method has depended for so long on it being distinguished from other approaches, and on the claims that can be staked about its effectiveness. From this perspective, tensions are sought to be systematically eliminated, rather than embraced, worked with, and learned from:

Our acculturation is what makes certain options live, or momentous, or forced, while leaving others dead, or trivial, or optional. We can only hope to transcend our acculturation if our culture contains (or, thanks to disruptions from outside or internal revolt, comes to contain) splits which supply toeholds for new initiatives. Without such splits—without tensions which make people listen to unfamiliar ideas in the hope of finding means of overcoming those tensions—there is no such hope. (Rorty, 1991, p. 13)

If we are able to do so, how might we go about existing in complementary (and necessary) tension as a family of therapies without attempting to compete with, or to colonize, or to eliminate each other? If we can come to view ourselves as a family of therapies, how might we begin to understand and cooperate with each other systemically, relationally, and dialogically?

How might we possibly strive for congruence in this culture? How might we begin to get out from under the tyranny of consensus in our field? Who can we look to, to initiate these conversations and host these discussions? How can we continue to encourage discovery and growth in our own ethics of responsiveness, as common sense(s) that can be shared? During the Galveston meeting, we came to realize that if we acknowledge and embrace these tensions, we might open space to become consistently flexible in who we are and how we present ourselves:

Indeed, the power of prediction and control, a power that we can locate solely within ourselves as individuals, is not without its attractions. However, it still leaves us ignorant of the ordinary, everyday lives in which we do in fact relate ourselves to the others and othernesses around us. (Shotter, 2005, p. 110)

How do we come to recognize and address our positions of privilege, including academic and intellectual privilege, as we negotiate what common sense(s) could include? What are the histories of what we stand for, and what we stand against? As educators, how might we be lulled into teaching counseling theory without also teaching the histories and social contexts in which they are constructed? As
practitioners, how have our local knowledge and embodied experiences of our work been eclipsed by organizational accounts of what therapy should be?

**CONSIDERATIONS OF CONGRUENCE: WHO ARE YOU?**

Who are you as a professional? Who are you as a person? How (and why) do your answers to these two questions differ?

In a field of professional research, education, and practice that is built on being in relationships with others (an inherently subjective experience), we are often encouraged—and in some cases mandated—to retain professional objectivity in these relationships. How might we support each other to come to know our ethics of relating with others, which is arguably at the heart of our practice? Sheila McNamee suggested that the practice of *radical presence* could create a “multiplicity of resources for action” (McNamee, 2015, p. 376) which might enable us to develop ways of *coordinating the complexity* (McNamee, 2015) between the personal and the professional, rather than attempting to eliminate it through normalized practices. This resonated with me, as I see my work not just as a vocation, but as a way of living my relationships.

In the conversation shared during the Galveston event, we identified the notion of *congruence* as a possible practice from which to acknowledge and respond to resulting tensions arising between our professional and personal selves, to coordinate its complexities. Jill Freedman shared the following two experiences illustrating how she has come to understand and value the notion of congruence (shared here with her permission):

My first experience has to do with congruence of self across roles, and it occurred many years ago. I was on a committee of a national association. We needed to elect a chairperson. The current chair asked me if I would be interested in running for the position. I said that personally I did not want to chair the committee but professionally I did. I enumerated what I thought I could accomplish as chair, but added that I didn’t relish the work I knew would be involved. The person who had suggested I run looked directly at me and said, “For me there is not a difference between what I want professionally and personally.” She is a person known for her work to promote social justice. I recognized how her commitments shape her as a person in all the contexts of her life. I wanted to be more like her—acting more in congruence with what was important to me, no matter the realm—and I decided to run for chair.

The second set of experiences had to do with getting to know Michael White. I had known well-known therapists before, but I was struck with how Michael was the same when he was teaching, doing therapy, and hanging out. His language changed some, in accordance with those he was speaking with, but in a larger way he was the same in all the contexts I knew him in. He unapologetically acted congruently with
what he gave value to, and what he gave value to was present for him, no matter the context. For example, the first time we sponsored Michael he arranged to stay an extra day. When we asked him how he would like to spend that day, he said, “Getting to know your work. Can we watch videos?” He was genuinely interested not just in what he taught, but in the work we and others were engaged in. I remember a time he phoned me from Australia because he had been watching a video of a consultation he did here in Evanston and he thought that some questions I asked on the reflecting team broke new ground. I am not narrating this story to claim something special in my work. I think all of us who teach learn from our students. What I want to emphasize here was that it fit with Michael’s ethic to make that visible. And he acted congruently with that ethic.

As you consider these stories, I invite you to sit with the following questions: How might we work toward congruence between personal self and professional (and all of our roles in between)? Where might we find the courage to walk the tightrope between being curious and adventurous in what we live and practice and being secure in our knowledge, habits, and expertise? How might we remain consistently flexible in how we practice responsiveness in our different relationships? What might be restraining you (and others) from moving towards congruence? How might being congruent further our engagement with clients? How might it influence you as a professional? Would you like the change?

ETHICAL RESPONSIVENESS AND CONGRUENCE:
A CASE STUDY

To me, what makes someone successful is managing a healthy combination of wishing and doing. Wishing doesn’t make anything happen, but it certainly can be the start of some important happenings. I hope you’ll feel good enough about yourself, your yesterdays and your today, that you’ll continue to wish and dream all you can. And that you’ll do all you can to help the best of your wishes come true. I’m proud of you for all the wishing and doing that has helped you get to this point in your lives, and I hope you are, too. (Rogers, 2003, p. 124)

Depending on your age and where in the world you grew up, you may or may not recognize the name Fred Rogers. He hosted the U.S.–based children’s television show _Mister Rogers’ Neighborhood_ for over 30 years. In his program, he emphasized the ethics of caring, love, trust, honesty, and respect. In the context of his television show, his ethics were communicated in such ways as the words he used, the tone of his voice, the songs he sang, the subject matter he discussed, and how he responded to the concerns and suggestions of his viewers.

Whether you were a devoted fan or have never watched the show, I encourage you to view an episode or various clips that are readily available on YouTube or other
internet sites. My description cannot do his presentation justice (and even though I had watched his show as a child, I appreciated seeing it again in this context as an adult). As a case study in ethical responsiveness, congruence, and presence, I encourage you to watch and listen to his various presentations throughout the years.

Please do not limit your exploration to the television episodes as you do so. In 1969, the funding for public television was threatened with cuts. In response, Fred Rogers made a proposal for federal funding to the Senate Subcommittee on Communications, supported by a sophisticated philosophical position in the form of a written document. However, at the actual Senate Subcommittee hearing he opted not to read his position paper to the committee and stated that he “trusted” they would read it. Instead, he opted to speak to his position (danieldeibler, 2015).

He did so in a similar tone of voice and using similar language to that which he used in his television series (with children being the target audience), and he included a spoken recital of the lyrics to one of his songs, which began, “What do you do with the mad that you feel?” Rather than relying on philosophical arguments far removed from his everyday, embodied practices to support his argument, Fred Rogers brought who he was and what he valued into how he spoke about the programming he was providing to children and families. He practiced both congruence and ethical responsiveness in this presentation. His proposal for continued funding was accepted.

On other occasions, such as when he accepted an Emmy Award in 1997 (Serrano, 2014) and when he appeared on such adult programs as the Tonight Show in 1983 (fwbh, 2012) and Late Night With David Letterman in 1982 (Giller, 2015), he invited the audience to engage in the same process of reflection that he invited television viewers into during his children’s show, using the same expressions, language, and mannerisms. In the public service announcement he made following the attacks on September 11, 2001, it was difficult at first to decipher whether he was speaking to adults or to children because his phrasing was so simple and straightforward. When he was inducted into the Television Academy Hall of Fame in 1999, he asked the audience to pause and consider those in their lives who had encouraged them to become who they were; he took a 10-second pause during the live broadcast, in the same way he regularly encouraged the children watching his television show to reflect on those in their lives who cared about them. He used similar (and sometimes the same) phrases for his adult audiences as he did for his younger viewers. He sang snippets of his songs, and shared the same messages of trust, love, and hope. He presented himself, and his ethics of care and responsiveness, congruently, yet flexibly (accounting for the differences in his audience), across the contexts in which we observed him. As a case study for all I have discussed, I hope you enjoyed meeting (or reacquainting yourself) with Mister Rogers. Perhaps you wonder, as I do, how he practiced the courage to be congruent in how he responded to those around him, rather than shifting to fit himself into the dominant expectations.
EXTENDING THE INVITATION

If you could only sense how important you are to the lives of those you meet; how important you can be to the people you may never even dream of. There is something of yourself that you leave at every meeting with another person. (Rogers, 2003, back cover)

As the Galvanizing Family Therapy event wrapped up, we (the participants) made a commitment to each other to continue to explore the questions we had generated together (as well as the ones we were yet to put into words). We pledged not to leave our engagement with our questions behind as we went our separate ways and returned to our individual practices and engagements. Another group of participants created A Galveston Declaration in an attempt to articulate some of the commitments we made, regarding how we aspire to go forward in our field as family therapists. We left with the hopes we could maintain the space to have these conversations and continue to ask these questions of each other and of ourselves.

The questions I have raised in this article are not new; the authors I’ve cited in this article, for example, have been initiating these conversations within our disciplines (as I’m sure others have as well). Nonetheless, when the opportunity was extended to articulate these ideas for submission to this special edition of JST, I was excited to have a forum within which to keep the conversation going. This was my first opportunity to contribute to the body of professional literature in this way. Perhaps in choosing to ask so many questions I was channeling my internalized Fred Rogers, in an attempt to be congruent in the co-construction of a sense that we might make common between us as we continue the conversation.

To be radically present with each other is difficult. It can be a lot of intellectual and emotional work to recognize which side of privilege we may be on, and to question whether our voices will be heard if we choose to speak out. It is tempting to give definitive answers rather than to pose questions, as by in co-creating possibilities we relinquish a degree of power and certainty in a culture where both of these notions have value. It takes courage to add your voice to a dialogue of resistance to aspects of our professional culture, to keep the conversation going, and to invite others to participate and contribute, opening possibilities for where it may take us.

Thank you for joining me in the questions I have raised toward growing our understanding of counseling and toward growing ourselves as practitioners and as people. It is a hope that my offered (unanswered) questions might function to create space where we can begin to embrace the tensions that are being experienced, in ways that are congruent with our values and ethics of responsiveness in relationships. I invite you to enter into, and co-create, this space with me. In response, I offer my ongoing support in negotiating the tension between curiosity about the unanswered and the security of certainty.

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