Brief Encounters with the Taos Institute

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By Ellen Raboin

Socially Constructed Belonging

However the many ways we reconstruct our relationship to our families, we always belong to them. This is not the case in the organizations in which we choose to work. We belong in accordance with the agreements we construct together. Because belonging is fundamental to both individuals and human systems, enactments of inclusion or exclusion impact the dynamics of an organization at a deep level. We have all seen positive and negative ripples in organizations stemming from the ways of the founders, mergers, layoffs, policies, practices, and new partnerships that change who is included and who is not. Here I focus on a few examples of belonging in care systems as a teaser for the upcoming ***Relational Practices in Health and Healthcare: Healing through Collaboration.***

Part of what health care organizations pay attention to when learning to collaborate can be talked about in terms of belonging. The work is to re-include something that has been excluded, or exclude something that doesn't belong anymore. When we create *interprofessional care teams* we are in effect, socially re-constructing relational configurations in a human system. The connections between patients and families, professional caregivers, the vision of the care programs, the values, and so on become the focus of our attention. The relational practices enable the flows required to keep the human system alive. I have learned from Family Constellation work (Hellinger, 1998) that in the case of family systems, the flow required is of [biological] life and love. In the case of health care organizations, it is the flow of care, meaningful purpose, responsibility, contribution, joy, information, money, and the like.

The ability to pay attention to connections and experiment with the relational configuration allows us to see if the flows of aliveness are healthy, cut off, or overwhelming. In order to gain insight, "listen" to the system, restore flows, and experiment with reorganization, a growing number of organization development practitioners (see Horn & Brick, 2009; Sparrer, 2007) have adapted a Family Constellations approach often used by family therapists. Participants develop a somatic clarity about the health of relevant connections and a systemic dialogue emerges. The confidence for taking a meaningful step can be improved dramatically through this process of embodied listening combined with visual images of the system.

Following are a few examples to illustrate how belongingness impacts organization systems as seen in systemic constellation sessions.

We need disagreement**:** Using systemic constellation to look at the health of an *interprofessional care team*, we were able to notice the dynamics of the energetic representation of medical education, collaborative care, nursing, patient, and various members of the medical teaching team. At one point, the Director of Nursing asked what would happen if "disagreement" entered the picture. As we introduced a representation of "disagreement" into the system, the representation for nursing tried to physically prevent disagreement from coming into the circle of care. At the same time, the resident physician called the specialist (who had been outside the circle) into the conversation. The patient and the representative for disagreement began to make the case that disagreement was an important part of getting all the viewpoints into the collaborative space. The team became more comfortable with the role of disagreement and began to include it as a valid part of the collaborative care process.

***Rights and privileges*:** A hospital system was in high vibration, people fighting and accusing each other. A systemic image showed a patient on the floor shivering in fear. Flow of care had stopped for the patient and for each other. A second rupture to do with special agreements constructed with a privileged set of physicians behind closed doors during a merge was revealed. The dynamic was amplified by differences in practices across generations and especially between medical doctors and the midwife practice. Unexpected conversations made it easy to see the consequences of excluding accomplished by special privileges and other values. Establishing new relationships across disciplines created an opening for the flow of caring for each other and shifting relational practices.

This is my patient: While following early adopters of collaboration around during their work together made it easy to “see” people who had not adopted this collaborative way of working. Once I asked a physician why he was so resistance to inviting the full care team into the patient’s room. He painted a clear image for me as he described himself sitting on the edge of the bed in close conversation with the patient, and described this as something that so many patients yearn for with their doctors. He said, "This is MY patient and I will take care of him. Having everyone else there, in the room, is distracting and overwhelming". Excluding others from the bedside conversation was intentional for this physician. The relational practice he created was a great dyad. What he missed was the opportunity for the generative and emergent qualities of collaborative care that includes the full care team. His power in that health care system allowed him to dictate who belonged in the conversation, thus leaving out many important relational opportunities and voices in the care process.

I am humbled by the wisdom of human systems that are given space to try out new ways of relating. Our job is often to create opportunities for these systems to listen to themselves and see the role of inclusion/belonging in what they are (re) constructing together.

Hellinger, B., G. Weber, et al. (1998). Love's hidden symmetry: What makes love work in relationships. Phoenix, AZ, Zeig, Tucker & Co.

Horn, K. P. and R. Brick (2009). Invisible dynamics: Systemic constellation in organisations and in business. Heidelberg, Carl-Auer.

Sparrer, I. (2007). Miracle, solution, and system. Cheltenham, UK, SolutionBooks.

Ellen Raboin, PhD - http://www.taosinstitute.net/w-ellen-raboin-phd