



“Muddling Through”

Clinically and Ethically
Sound Practice
for Addiction Workers

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Objectives

- 1. Explain how the metaphor “muddling through” helps reveal ethically-rich foundations of addictions work**
- 2. Explain ethics-related ideas of Aristotle and Arthur Frank**
- 3. Discuss how the metaphor “muddling through...” is useful for addiction workers’ lived experiences of work**

An Illustrative “Muddle”

Max is 35 years old, a health care professional, with a history of bipolar illness and substance use. Over the past ten years, his clinical practice has flourished and he enjoys a comfortable lifestyle.

Much of his productivity comes from his hypo-manic energy, which he tries to optimize through by managing his substance use

Periods of depression occur, during which he is demoralized and his functioning significantly declines. Max adjusts his substance use to try to regain his drive and focus.

Recently, however, he experienced a more florid period of mania followed by a more severe period of depression. As a result, he seeks specialized help for his substance use for the first time because he worries his community physician will prescribe a mood-stabilizing medication.

Max’s case has just been assigned to you...

Common Ethical Guidance for Healthcare Workers' Decisions

The Four Principles to balance: client/patient autonomy

beneficence

non-maleficence

justice

... yet it can feel like something is missing using this approach....

Another Illustrative “Muddle”

Your substance use program offers weekly individual counseling and group counseling. The group counseling program is 4 months long; individual counseling lasts on average 3 months

Weekly team reviews about clients often become “sidelined” by strong disagreements about when it’s appropriate to discharge a client due to repeated absences or lateness

There is always a list of twenty or more people waiting to begin either individual or group counseling sessions and program success is evaluated, in part, by the number of clients served and number completing the programs

Common Ethical Guidance for Healthcare Workers' Decisions

Ethical duties in healthcare (duties = “deontology”):

- act in your client's best interests**
- never abandon your clients**
- provide equitable access to your publicly-funded services**
- maximize use of limited, public resources**

... yet it feels like something is missing using this approach...

Our own search for what's missing



“Muddling Through” as a Concept

Lindblom’s “science of muddling through”

the “rational comprehensive” method

versus

the “successive limited comparisons” method

Theory’s helpfulness can be extremely limited because:

- it is greedy for facts**
- it is often insufficiently precise when applied to processes that “move” through small changes**

“Muddling Through” as a Concept

Hunter’s “muddling through elegantly”

“Muddling through’ always starts with the premise that [the situation] will be a messy affair” (811)

Mechanic’s “muddling through elegantly”

“We proceed better by honestly recognizing [healthcare issues’] complexity, the heterogeneity of patient populations, the imperfections of our tools, and the uncertainty of medical knowledge and treatment.

The fitting response is to muddle through, changing course as knowledge and experience guide us” (91)

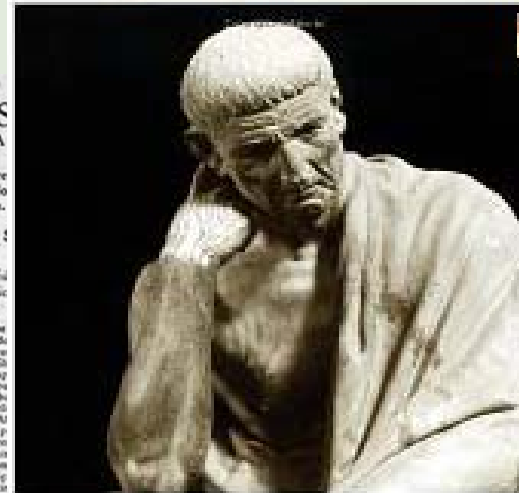
Aristotle's Ethics-Related Approach

The concept of *eudaimonia*

= “living well”

Eudaimonia involves:

- fullness of human living
- flourishing, thriving
- equal and reciprocal membership within the community
- an intellectual, creative, healthy community



Working with Aristotle

Imagine you say this:

***“Yes, my life is eudaimonic.
But I am not happy.”***

How is this not a contradictory or false statement?

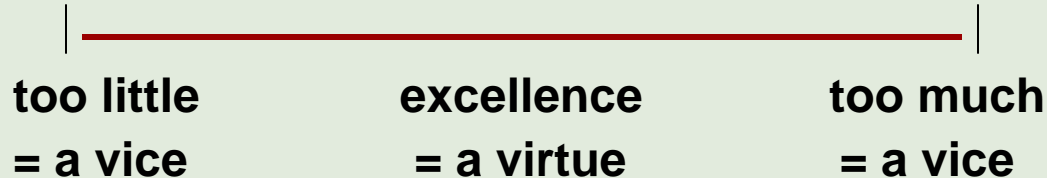
Aristotle's Ethics-Related Approach

The concept of ethically excellent human beings

= **“living right”**

Aristotle on human virtues: “Theory of the Golden Mean”

a quality

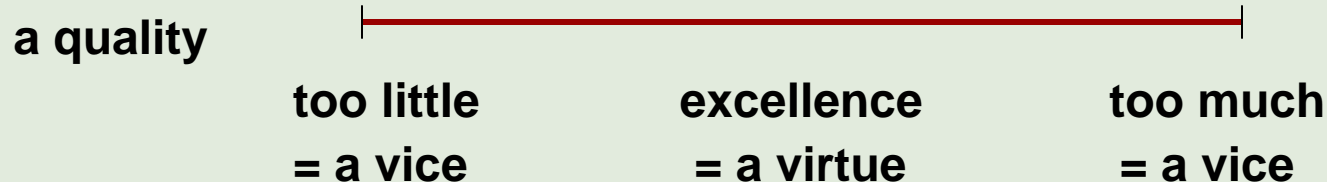


- acting in a particular situation in the right way at the right time with the right intention
- having virtue X means it's a habit, reliable

Working with Aristotle

With a few other people:

- use the **Golden Mean** to figure out 1 or 2 virtues essential or foundational for clinically and ethically sound addictions work



- acting in a particular situation in the right way at the right time with the right intention
- having virtue X means it's a habit, reliable

Arthur Frank PhD

Medical Sociologist, University of Calgary



His journey of inquiry and discussion

At the Will of the Body: reflections on illness

(1992)

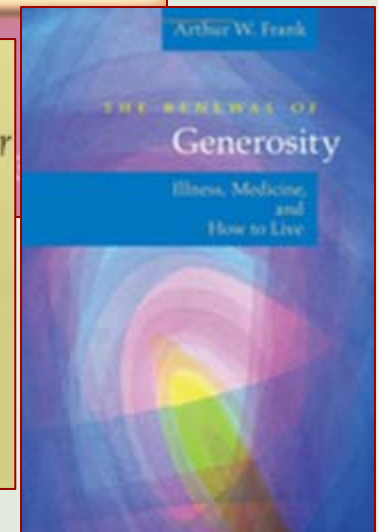
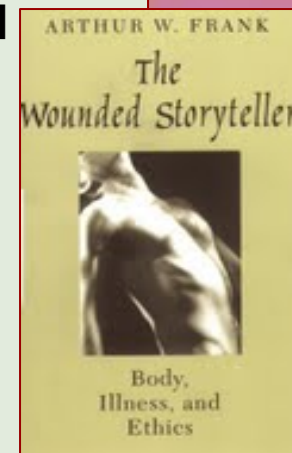
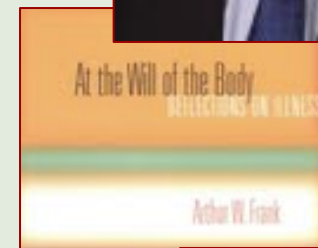
The Wounded Storyteller: body, illness, and ethics

(1995)

“How Can They Act Like That?’ Clinicians and patients as characters in each other's stories” (2002)

The Renewal of Generosity:

illness, medicine, and how to live (2004)



Frank and Generosity

Foundational to therapeutic work are:

“face-to-face encounters between people who are suffering bodily ills and other people who need both the skill to relieve this suffering and the grace to welcome those who suffer” (1)

Some features of generosity

- it begins with **welcome**
- it involves **telling of, listening to, and furthering stories**
- there is **no expectation** of reciprocity
- there is a belief in your own **renewable capacity to give**
- **acceptance** that generosity always falls short

Working with Frank

With a few other people:

- **identify a recent example when generosity was (intentionally or unintentionally) central to something your service or program did, or in your personal clinical practice**

Frank and Dialogue

Foundational to therapeutic work are:

People realize themselves through dialogue with others... the ability to reveal through [one's] actions who [one] is as a person (23)

Some features of *dialogicality*

- requires and depends on other people
- look at oneself from others' perspectives
- can't use “finalizing words about another person”
- distorted by unequal social resources for telling one's story
- it can be blocked or reduced, resulting in de-moralization

Working with Frank

With a few other people:

- **identify what can reliably promote Frankian-dialogue at your program or service, and in your practice**

- **explore how Frankian-dialogue can differ from what is commonly considered to be “communications”**

Summarizing Our Work

“Muddling Through” as a hopefully revealing metaphor for the lived experience of everyday addictions work

Aristotle and Frank’s ideas as resources to describe what is at the heart of this work or is foundational to this work

Working with Metaphor, Aristotle and Frank

To maintain or regain eudaimonia, we need:

Possible Virtues

- **phronesis** insight, wisdom, *ing-ing*
- **generosity** welcome, hopefulness
- **dialogue** engagement, humility, tenacity

Are “muddling through” and these concepts more powerful for you in terms of describing and celebrating your work?

**Questions?
Challenges?
Insights to Share?**





Thank you!

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