

# Working with an invisible reality

David Kantor introduces the concept of invisible reality and Sarah Hill shares her first-hand experience

**P**ractitioners who begin to experience success in what they do can fall into a trap of chest-thumping complacency. Their models 'work' and clients rain praise on their egos. Fall into this trap at your peril. For lurking beneath the cover of conscious visible reality and slinking its way furtively through the fog of clinical self-regard, an *alternative reality* thrives in the minds of most clients – alternative, that is to the one in the room and resulting in information blindness that endangers client interests and your model's effectiveness.

In every gathering of people with a history who engage in talk directed towards a common purpose, multiple realities will affect the nature of discourse and its outcome. Two, which I will name, are acutely pertinent to our present concerns: one I will call the *ostensible reality*; and the other, the *invisible reality*.

There are two reasons for calling the first of these the 'ostensible' reality. This reality is often, until problems of interpretation arise, *presumed* to be observable, and experienced in the same way – that is universally – by all who are in the room. We know this to be pure nonsense, but we think it anyway. How often do we hear people say, perhaps in exasperation, "Well, damn it, can't you see how it really is?" But until the universality of perception of the ostensible reality is challenged, the false presumption that all in the room are observing and perceiving an objective, shared and unfiltered reality prevails.

The second reason is more critical because the consequences of the false presumption can be damaging to you and your client. For beneath the so-called ostensible reality, there lives and breathes an invisible reality.

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privacy of each individual's mind – yours included – while they are simultaneously engaging and verbally interacting with you and others in the room and its ostensible reality. You may be privy to the conversational space you and other members of the system are creating; and hopefully to what is going on in the privacy of your own mind; but you do not have access to the invisible realities of others.

Most practitioners make it a point to probe this reality by asking such questions as: "How does that make you feel?", or "Why do you think you do that?", or "What makes you think that way?" Perfectly reasonable inquiries that help them connect, while also eliciting information that is useful for diagnosing.

They may even be sniffing out the existence of another reality when they ask questions like, "Am I right that when John reaches out to touch your hand, you withdraw it?" Or better, "I sense there is something going on in you that you are not sharing – what's going on in your head right now?" With this question, we are still in the realm of presumed – ostensible – reality but knocking at the door of the invisible reality, a reality that is being created by the client's special reading of your behaviours, and the behaviours of others, and attributing meaning



to them that is not being shared.

The questions of whether the client is aware that their invisible reality has been activated; where the attributed meanings originate and whether the client is aware of the origin, are crucial in unlocking the door to their invisible reality.

But what does this mean for the practitioner? Do you agree that you, like your clients, have an invisible reality that can stir up muddy or boiling waters from your past? Are you convinced that

you are usually in full command of how you are expressing them?

Being a professional – even a well-trained one – is no guarantee that we do not at times do harm. Newspapers occasionally make us aware that some of our colleagues do so by crossing their clients' sexual boundaries, and our ethics committees document a myriad of harmful infractions committed by our peers.

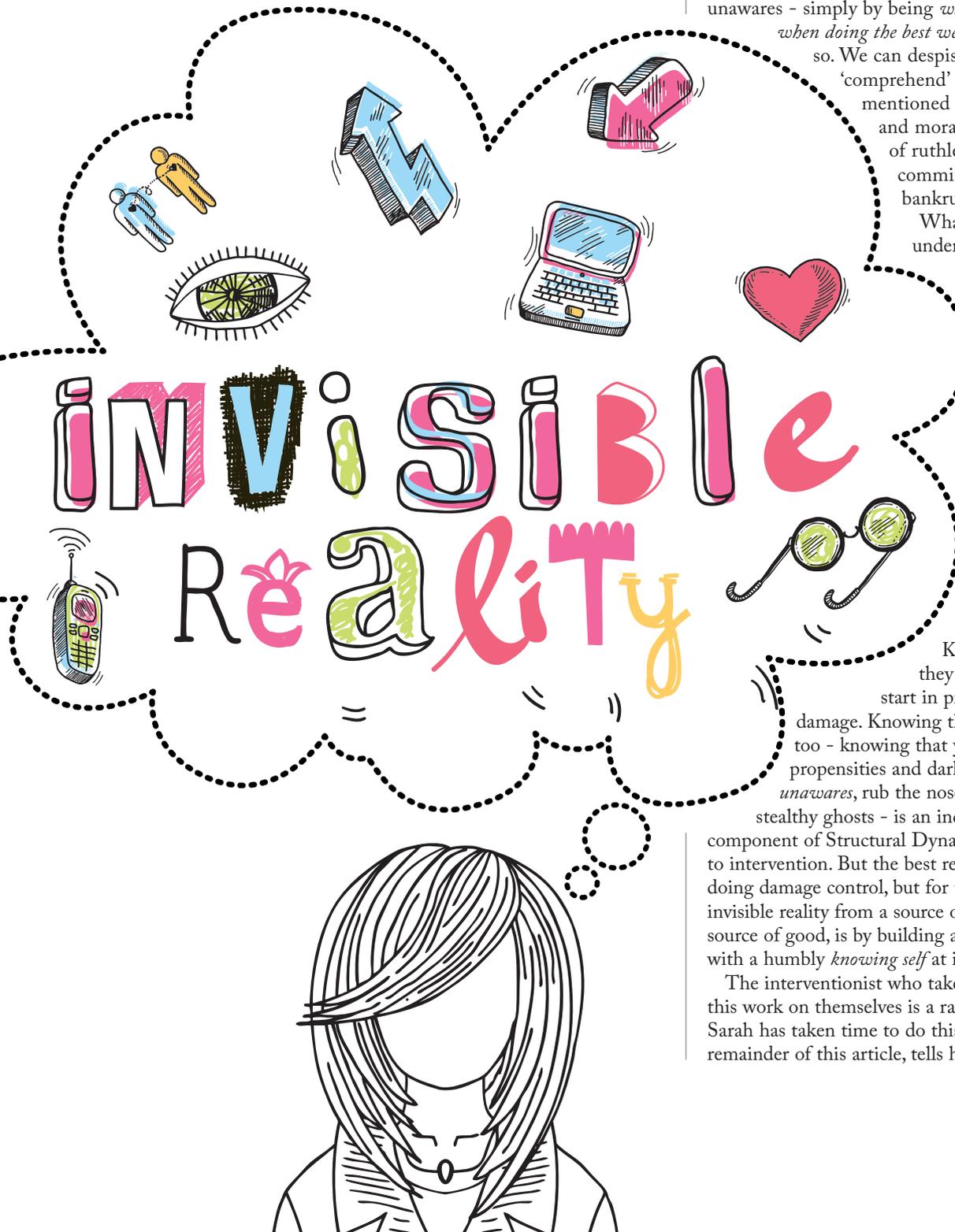
What goes undocumented, and, worse, unnoticed, is the harm we do completely unawares – simply by being *who we are, even when doing the best we can* – or believe so. We can despise but reluctantly 'comprehend' the lust crimes mentioned above. We deplore and morally condemn crimes of ruthless corruption committed by morally bankrupted professionals.

What we need to understand are the damages we innocently and, mostly unknowingly, cause by our failure to recognise the existence of our clients' and our own invisible realities.

The invisible reality is a hazardous place for unknowing interventionists.

Knowing that they exist is merely a start in preventing major damage. Knowing that you have one, too – knowing that your behavioural propensities and dark sides could, *unawares*, rub the noses of some client's stealthy ghosts – is an indispensable component of Structural Dynamic's approach to intervention. But the best recipe, not only for doing damage control, but for turning a hazardous invisible reality from a source of harm into a source of good, is by building a model of your own with a humbly *knowing self* at its core.

The interventionist who takes the time to do this work on themselves is a rare breed, co-author Sarah has taken time to do this and, in the remainder of this article, tells her own story.



## Knowing yourself broadly and deeply

From the very first moment we lock gaze with a client, the interventionist is on a journey of discovery. Every piece of information revealed is telling us something — and it comes packaged in all sorts of ways, ranging from the explicit direction of the CEO who ‘knows what needs to change’, to the covert behavioural tip-offs lurking in the hidden corners of an organisation. It is the tapestry woven from this information that builds a vivid picture directing the interventionist towards the work to do.

But it is all too easy for the practitioner to get sucked into this vortex of analysis, believing that they are external, independent and, therefore, somehow objectively and impartially examining the presenting symptoms, through the clearest, most high-definition lens there can be. That is, after all, one of the benefits many organisations cite in employing an external consultant to intervene in complex organisational issues.

The truth is, that from the moment we first connect with the client, we too become part of that system. It is well documented across all areas of scientific endeavour that objectivity is not possible. The act of observation changes the observed; our presence alters the dynamic in itself and what we are seeing, assessing and carefully designing interventions to change, is being viewed through our own lens, with all of its biases, flaws and imperfections. Much as we might want to believe that our expertise makes us impervious to ‘invisible reality’, it is simply not true — and the practitioner who fails to acknowledge that, risks, at best, rendering themselves ineffective and, at worst, causing untold damage.

Take, for example, my own story. A survivor of violence in childhood, my behavioural propensities are steeped in a deep desire to build solid relationships with others; to respect, care for and protect them at all costs. It’s also one of the reasons why, given the choice, I can be inclined to avoid opposition. So, in entering a system where politeness prevails; where the desire to protect and maintain the status quo seem impenetrable, I will, without doubt, fail if unable to create disturbance. Not just create it, but sit with it. Purposefully design and facilitate interventions that jolt an individual, team or organisation into a position where the possibility for change finally opens up.

Just before that opening happens, in the midst of the disturbance, the environment can be visibly and palpably awash with anxiety and my desire to soothe can pull at me. Without the depth of knowledge I have about my behavioural

## A case study – John’s right ear

In my family therapist days, John, one of my most gifted trainees, being observed from behind a two-way glass had a habit of pulling on his right ear just before making what he thought was a bold intervention. His designs, brilliant and mainly successful with most clients, failed disastrously with Rachael, a client who, apparently inexplicitly, would at times stubbornly oppose measures clearly designed to help. This peculiar defiance carried into their third session, which unexpectedly, proved to be the last. Mid way through the session, as if egged on more by some unseen ghost, she shrilly screamed “No!”, and bolted from the room without explanation. Startling John, the innocent offender, she privately demanded a new therapist. Her request for an older woman was granted. Later, in a supervision session with Rachael’s new therapist, I was able to unravel her previous therapist’s wrongdoing. John, was a structural facsimile for her sexually abusive father, who, at dinner, used an identical gesture on nights he was planning his nocturnal visits – a signal based on the maniacally delusional belief that his daughter welcomed his visits. Winding and rewinding the tapes several times, (all of our sessions were taped in those days of abundance) we saw the pattern repeatedly emerge: John’s pulled ear, his simple suggestion, her outsized reaction. The most noteworthy lesson, however, was not in the pattern recognition itself, but in how we interpreted Rachael’s reaction – as a stubborn objection to any form of direction, which she experienced as control, of which, incidentally, there was sufficient clinical support; or, more generally, her behaviour was interpreted as resistance to change. What we missed entirely was the presence of an invisible reality in which an otherwise trivial gesture on John’s part had titanic meaning for his client and an inexplicitly outsized effect.

propensities and what is driving them, then instinctively, I will avoid precisely what might create the very shift in behaviour that is so desperately needed. In different ways, we are all subject to a version of these unseen, engrained constraints to our practice. That’s why the work to understand your own invisible reality; building that knowledge and insight into a practice model, is such vital work if we are to really be in service of the client.

Please don’t be deceived into thinking that what we are talking about here is just simple self-awareness. A practice model is a life’s work, reaching deep into the territory of childhood story; those formative moments when behaviours, good and bad, are modelled to us and we react, creating deeply-engrained structures invisible to the outside world. These structures contain the themes that trigger our best and worst behaviours and they remain relatively unchanged – and for most people completely unspoken about – throughout life. A practitioner who builds their practice model, develops a deep understanding



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of their own behaviour and expands their tolerance for difference, giving them an enviable communicative repertoire and the ability to safeguard others from the effects of their darker, less desirable behaviours.

As a child, I experienced a repeated pattern of behaviour in which violence towards me was preceded by a build up of questioning, usually rhetorical, which came in rapid fire and left me feeling bewildered, disempowered and flustered. That story isn't visible to a client, nor should it be. But it is still a structure, which threatens to have a detrimental effect on my behaviour. So, as an interventionist, when a barrage of challenging questions rain down on me from a group I'm working with, there's a risk that will spark, in me, a particularly virulent form of shadow behaviour, with all the potentially damaging and unintended consequences that might bring. Having worked long and hard on my own practice model, I know that's not what I'll do. I'm not the liability I could be if I hadn't done that work.

Of course, it's one thing being truly aware and in command of your own behaviour and its back story; expertly troubleshooting your foibles as they rise to the surface in certain circumstances. Even more challenging is catching where your well-intentioned and even well-executed behaviours are triggering the invisible reality of the client, jeopardising any chance of success.

Perhaps most vivid in my memory is the case of a large organisation who had employed me as a consultant to help them with a raft of issues which were severely impeding their effectiveness. As soon as I set foot in the building, threats were rife. I was rapidly fed all manner of stories indicating that

those who had taken the same path before me had been unsuccessful. People were overtly willing me to fail.

This behaviour began to unravel an unspoken and invisible reality starting at the very top of the organisation. Marred by a deeply-troubled history and great tragedy, the organisational narrative had rapidly been re-written into a much more polished and palatable version of the truth. It didn't take long for me to see that the expression of feelings was a rare phenomenon here. It wasn't that they didn't exist — just that a suppression of them was commonplace.

They couldn't have known it at the time, but I had the awareness to realise that my natural propensities were likely, left unchecked, to prove my doubters right. My innate desire to create connection and draw out true feelings was likely to be blocked from every angle — no matter how skilful I may have thought I was in that discipline. The design of that particular intervention had to painstakingly take account of an invisible reality that was already partially peeking through layers of visible organisational behaviour.

Drawing out what lies in these 'invisible' realities takes creativity, resilience and courage. But more than that, it takes a practitioner to be knowingly in command of their own story and the invisible reality that it creates, because it is that which transforms hazardous and potentially flammable material into an endless source of positive energy to draw upon in service of the client. **TJ**

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