TITLE: DUAL RELATIONSHIPS AS HOT PRACTICE IN COACH-MENTORING – SOME IMPLICATIONS FOR HRD PRACTITIONERS

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Abstract
This paper attempts to unpick the topic of dual relationships in coach-mentoring. Highly dynamic, they converge essential tensions across a number of fronts, including democratic, professional, ethical and personal values, involving practitioners and HRD in the action-mix to generate multi-dimensional conflict-filled situations.

While the themes are contiguous and deeply interlinked, for clarity the content is organised by exploring the experience of dual relationships and why they matter, moving to consider their implications, the impact of dilemma and polar tensions and how the lack of dialogic arena contributes to black box working and a fog of practice. Finally, it is argued that certain complex operative contexts, such as dual relationships, may be regarded as hot practice. Some of the challenges and some implications for HRD are discussed. With the aim of providing an overview and beginning to contribute to praxis, a typology of motivations is outlined, along with a framework for exploring information.

Introduction - “Am I Causing Harm?”
Comparing most physicians with bad pilots, Hippocrates argued that mistakes of the latter are unnoticed so long as they are steering in a calm, but when a great storm overtakes them - then all realise clearly that it is their ignorance and blundering which have lost the ship.

The challenge of assessing and gauging practitioner competence in complex and crisis situations applies to coach-mentoring. In this study, the level of direct coach-mentoring experience and parallel experience from other professions was relatively high; yet working in a DR context proved challenging and demanding and caused each practitioner to question their own competence and impact on clients.

“Assumptions are made about skills. Coming in via a pastoral care route…you are just assumed to be competent - until you prove yourself incompetent.” (Anne, Practitioner)

“And what happens when you prove yourself incompetent, with regard to dual relationships?” (SP)

“Well then I suppose in short, then you’re finished really. Despite the fact that people aren’t adequately prepared to deal with dual relationships and within that boundary issues, then there is no…well in one sense it is right that there is no leeway for error, because that means that someone is paying for it…but at the same time, there’s not much room to learn either.” (Anne)

1 Quotes from fieldwork with co-researchers (e.g. group discussion) are italicised and in quote marks throughout this paper and the same style, with anonymised attribution when the extract is from an in-depth interview

2 Dual relationship
Effective HRD has been strongly linked to the management of performance at individual and organisational levels. Coach-mentoring\(^3\) is an increasingly popular HRD intervention to improve learning and performance and to enable, support and even catalyse change within organisations.\(^4\)

In the process of coach-mentoring, DRs are sometimes created between practitioners\(^5\) and their clients (see Figure one). Located at the intersection of coach-mentor, client and stakeholder relations, a DR is defined as any overlapping situation where a practitioner assumes more than one significantly different role with a client, either simultaneously or sequentially.\(^6\) Where there is a commissioner, the client (and the practitioner) are no longer the sole, or even main arbiters of decisions taken during the relationship. DRs demand soft vigilance by the practitioner and HRD to identify the difficulties that blurred role boundaries create.

Functioning as a Complex Adaptive System (Holland, 1999), DRs form a dynamic network of many agents acting in parallel, constantly acting and reacting to what the other agents are doing; order is emergent (not predetermined); the system's history is irreversible, and the system's future is often unpredictable. Agents, the basic building blocks of the system, scan their environment and develop schema (e.g. interpretive and action rules) subject to both change and evolution (Dooley, 1997). Both stable and unstable (Garvey & Williamson, 2002), coach-mentoring is subject to rules within and beyond the relationship\(^7\), whereas other elements are dynamic and less stable.\(^8\) This complex system demands practitioners have “the readiness and ability to compromise, to be resilient and to accept that there may not be a ‘right answer.’” (Garvey & Alred, 2001).

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\(^3\) Coach-mentoring is defined here as off-line help by one person to another in making significant transitions in knowledge, work or thinking, while the client here is the person contracted to work with the practitioner (coach-mentor).

\(^4\) Coaching is used by about half of today’s companies according to the American Management Association 2008 Study: Coaching – a global study of successful practices.

\(^5\) In this context, practitioner means a coach-mentor working in any sphere, whether a coach, mentor, trainer, educator, supervisor, researcher, provider of coach-mentoring skills or manager of any of these services.

\(^6\) For example, these roles might include practitioner, trainer, assessor, supervisor, researcher, commissioner and/or referral agent.

\(^7\) For example, general rules about session times and payment and organisational rules or contractual guidance from the commissioner, codes of ethics from professional bodies being local and wider forms of regulation that bring stability).

\(^8\) For example, the purpose, agenda, content and overlapping relationships.
Bringing credibility and a sense of comfort, homophily can ease and speed rapport building – and conscious or sub-conscious collusion, since working within homogenous groups makes it easy to assume and perceive similarity, without investigating that it exists in reality. Prior knowledge within a DR creates a tension, risking the practitioner’s helicopter vision and outsider analytic ability; “homophily causes ignorance…we long to have our opinions confirmed, not challenged” as Zuckerman states in Burkeman, (2009). Without active management or supervision, practitioners may create a feedback loop shaped by their own preferences, rather than challenging them or significantly expanding them.
Through a process of collaborative filtering, practitioners are recommended and approached, based on the experience of others from the same cluster (i.e. with high levels of homophily). Approaches generated through current clients (or from clients as referral agents) demonstrate how social network members often share key relational attributes (e.g. trust and confidence), as well as common values (e.g. positive about HRD). Paradoxically, the exchange of information that traditionally drives low cost-high conversion business development (e.g. networking) catalyses more challenging DR work for practitioners.

Demanding and generative, non-sexual DRs can bring benefits to all participants - but they can also be as damaging as sexual DRs. Allied talking therapies have named DRs, slowly becoming the subject of regulation, some debate and specific research. This paper ventures into uncharted waters, since a vacuum exists about DRs in coach-mentoring, resulting in a paucity of information. The dominant discourse that coach-mentoring relationships are dyadic overlooks DRs; the implications of this shadow methodology are significant, both neglecting the changing external environment and overlooking the impact of stakeholders and referral agents. It suggests that practitioners have choices about working in DRs – options that may not actually exist in the 21st century workplace.

Methodology - Giving Voice to Lived Experiences

This inductive study originated from a “personal challenge” (Moustakas, 1990), based in an awareness that policy had evolved to proscribe DRs in counselling and psychotherapy at some time.

The aim is a narrative that delivers some form of life verisimilitude (Stern, 2004), not historical truth; individual stories and experiences can build socially constructed meaning and allow collective understanding to emerge, which in turn can contribute to praxis within the coach-mentoring profession.

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9 By word of mouth and also through social networking spaces such as LinkedIn, Facebook and Twitter.

10 In this discussion, sexualised dual relationships with clients are excluded, accepting that these are damaging in the arena of therapeutic activity and prohibited by all professional bodies as indefensible and inexcusable and, almost always resulting in expulsion of the perpetrator. While there remains debate over what constitutes sexual activity and physical expression can be culturally defined, in general sexualised dual relationships are easier to identify. It is suggested that “the majority of people know that such exploitation is both morally and ethically wrong and harms their clients” (Syme, 2003).

11 Qualitative interview data from over 50 clients and therapists showed that dual relationships can be both beneficial and harmful (Gabriel, 2002, 2005).


13 Referral agent means the individual or organisation who is referring the client to the coach-mentoring service, including managers and HRD commissioners.
Multi-method data collection enabled co-researchers to communicate their perceptions, meanings and implicit working practices of DRs, while acknowledging considerations such as confidentiality. The research approach remained flexible and “experiential in the nature of doing it” (Glaser, 1998), following a dynamic, iterative heuristic process (Moustakas, 1990). With little directly relevant extant material, the literature review was an ongoing, wide-ranging process throughout the study, drawing on proxy literature, but still “woven into the theory” (Glaser, 1998). The research led some activities, exploring unforeseen questions in response to co-researcher stories and autobiographical experiences14 and inductive re-searched15 work are also drawn upon.

Fieldwork utilised academic networks to refine the research subject and scope and validate relevance, accessing “the multi-vocality of participant attitudes, experiences and beliefs” (Denzin & Lincoln, 2005) through three practitioner discussion groups.16 Comparison between groups was not an objective, so the less structured nature of the group data collection activities was not problematic.

Initially framed around overlapping interests and stakeholder impact, a breakthrough occurred when one co-researcher linked an anonymised scenario with her counselling and psychotherapy knowledge, naming the phenomenon as ‘a dual relationship’ (Gabriel, 2000, 2005 & Syme, 2003).

In-depth semi-structured interviews with seven people17 (six women and one man) formed the core of the study, focusing on practitioner experiences.18 Average practitioner experience was 10.75 years19 compared with average client experience of 2.25 years. Three primarily identified as practitioners and four as clients; most had experiences of both roles, bringing an added layer of insight. Three clients intended

14 Including my experience of over twenty years as a coach-mentoring client and my own practice of more than ten years in a range of contexts.

15 The term re-search distinguishes my practice from the conventions surrounding “scientific research” (Bird, 2000).

16 Including a group discussion in a pre-existing facilitated action learning set of twelve MSc students of HRD and organisational development; a session at the Sheffield Hallam Coaching Mentoring Research Day, attended by a range of practitioners and HRD academics from across the UK. In contrast to the first group, this was based on open space technology principles (see www.openspaceworld.org). A specialist conversation led to the opportunity to hold a third group discussion (a two hour conversation mapping session) with eighteen counselling practitioners (second year masters students at York St John University) to discuss their experiences, based the semi-structured interview themes.

17 Eight were approached and one did not respond, due to health reasons. All were based in the Yorkshire & the Humber area.

18 Although clearly further work needs to be done to understand client experience, especially in light of the acknowledged shortage of quality research and research into client experiences in coach-mentoring (e.g. Joo, 2005; Grant, 2003; Kampa, Kokesch & Anderson, 2001 and Feldman & Lankau, 2005).

19 Practitioner experience in HRD averaged 16.5 years; Practitioner experience in management averaged 17.33 years.
to begin some form of practice. Only one co-researcher was not professionally involved in HRD to some degree.

A narrative approach was chosen to value participants’ own accounts and give voice to their lived experiences. Initial scene-setting data was generated through a questionnaire, informing the following two-hour face-to-face conversation. Rather than creating a representative sample, participants were invited based on prior knowledge of a DR experience (i.e. people with stories to tell). The decision to access my client base and academic networks made my research involvement simultaneously a potential constraint (bringing bias) and enabling an informed approach allowed me to probe and explore conversations, generating dialogue, bringing a level of trust and rapport to engage about a potentially difficult experience. Co-researchers were invited to tell the story of a DR experience (not necessarily within their questionnaire), discussing issues most relevant to them; each DR experience was primarily located in or around their career or working life. I was interested in words, metaphors and emerging themes to achieve understanding of the experience from their point of view and where they might be significantly different or opposite to other DRs I had heard about.

Key themes explored included: the level of awareness and their perceptions of DRs; the trigger event that catalysed a DR; the experience and consequences of that relationship; their level of preparation and support during and after the relationship; where they located responsibility for managing the DR and their perception (e.g. quality and success) of the relationship over time. Some aspects of their decision-making processes were explored.

DRs can invoke the intense emotions; the conversations were more emotionally charged than anticipated; four co-researchers cried telling their stories.

“It’s been very cathartic. Very, very cathartic and in a kind of way interesting…I think I’ve learned a great deal.” (Anne, Practitioner)

It was the first time almost all of the co-researchers had discussed their experience; deep anxieties and frustrations often lay at heart of their stories. As I iteratively built a picture, the co-researchers were formulating their own opinions and sense-making in real time.

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20 Interviews happened at the participant’s chosen location: four interviews took place in private neutral locations away from the workplace, two in private meeting rooms in the workplace and one practitioner interview took place at my home.

21 With the resources available, a broad sample was never a serious consideration, but this could be appropriate in further research.

23 Matching Etherington’s (2004) observation about story-telling in research paralleling the therapeutic encounter.
Findings - “Heaven & Hell” - Some Dual Relationship Experiences

DRs were perceived as almost inevitable, both increasing in frequency and becoming "more the norm than on the fringe.” Practitioners did not seem to differentiate between types of DRs; while aware of associated risk and complications, they often felt unable or unwilling to decline them.

“I think it is common practice for there to be DRs...people are expected to...this mixture of manager and coach seems pretty prevalent. In my situation there is an extra layer of expectation...the kind of pastoral-welfare role.” 

(Anne, Practitioner)

The identification of a need and subsequent demand for coach-mentoring skills within other roles beyond management also raises boundary issues (Lang, 1993). Changing economic conditions may increase the likelihood of DRs bringing provision in-house and rationalising suppliers, which may inhibit negotiating and challenging feedback. Practitioner co-researchers felt that even when facing DRs on an exponential scale, their employers held an implicit expectation that “if you are doing the job then you can cope with anything.”

Dilemma

Co-researcher stories suggest that DRs create a complex operative environment for which they feel ill-prepared, generating interpersonal and intrapersonal dilemmas and posing axiological questions about the intrinsic value of coach-mentoring, who should receive it, who should best deliver it - and the consequences of that decision.

“It’s absolutely a minefield – until you put your foot onto that bed of sand, then it quickly becomes quicksand I think, if you’re not careful.”

(Green, Practitioner)

Described as “heaven and hell” and “between a rock and a hard place” DRs represent the characteristics of a dilemma: competition for limited resources and conflicting values that mean the practitioner wrestles with diverse expectations held by others (see Figure 2). Inaction or satisficing are the most common responses, partly because dilemmas are perceived to be irresolvable and partly as dilemma avoidance (linked to self-limiting beliefs), making “choices that maintain a veneer of smooth social interaction” (Burkeman, 2008), reducing relational authenticity.
**FIGURE 2:** DUAL RELATIONSHIP EXPERIENCES: THOUGHTS, FEELINGS & METAPHORS (SUMMING UP)

<table>
<thead>
<tr>
<th>POSITIVE</th>
<th>NEUTRAL/AMBIVALENT</th>
<th>NEGATIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>OK, safe, familiar</td>
<td>Challenged</td>
<td>Feeling constricted; Between a rock and a hard place; Wearing the same straight-jacket!; Hand-tied</td>
</tr>
<tr>
<td>Privileged</td>
<td>Powerless (2), Abused, Manipulated</td>
<td></td>
</tr>
<tr>
<td>Two heads are better than one</td>
<td>Desperation</td>
<td></td>
</tr>
<tr>
<td>Having confidence</td>
<td>Guilt</td>
<td></td>
</tr>
<tr>
<td>Comfort and relief</td>
<td>Out of comfort zone; Uncomfortable (2); Compromised; Unease</td>
<td></td>
</tr>
<tr>
<td>Feeling protective of clients</td>
<td>Fear; Fear of judgement</td>
<td></td>
</tr>
<tr>
<td>Trust</td>
<td>Isolation; Being invisible; Who do I discuss it with?; Disregarded</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Viewing through bottle bottom glasses! (Blurry); Messy</td>
<td></td>
</tr>
</tbody>
</table>

As multi-dimensional conflict-filled situations, where personal values and expectations can be at odds, DRs are wicked problems (Cuban, 2001), generating unique outcomes that cannot always be predicted. A direct challenge to the dominant rationalist discourse surrounding coach-mentoring, DRs make fuzzy directness of causality even fuzzier, creating a fuzzy sense of legal and moral responsibility (Pinker, 2002). “Ill-defined, ambiguous, complex, interconnected situations packed with potential conflict” (Cuban, 2001), wicked problems are unsuited to routine procedures and solutions, sometimes attracting ineffective problem solving.

Not necessarily harmful or unavoidable, (Gabriel, 2002, 2005), DRs always hold potential for conflicts of interest (see Figure 3), the expression of soft power, coercion and exploitation, suggesting they warrant closer attention.

“I certainly had a profoundly negative experience which was around the boundaries of friendship and pastoral care…Sadly, it’s probably affected most of the relationships and the rest of my life. The positive side is that professionally it’s made me…I don’t think overly…but cautious and much more aware of boundary issues.”

(Anne, Practitioner)
## Figure 3: Issues & Conflicts for Practitioners in Dual Relationships

<table>
<thead>
<tr>
<th>Dilemma</th>
<th>Black Box Working</th>
<th>FOG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal beliefs</td>
<td>Lack of understanding</td>
<td>Fear</td>
</tr>
<tr>
<td>Congruence??</td>
<td>What to disclose and to whom?</td>
<td>Confusion</td>
</tr>
<tr>
<td>Ethics; challenging your core values</td>
<td>Professional limitations</td>
<td>Management pressures - targets</td>
</tr>
<tr>
<td>Compromising boundaries; a rock and a hard place</td>
<td>Scary</td>
<td>Am I causing harm? If so, is it acceptable?</td>
</tr>
<tr>
<td>Risk-taking;</td>
<td>Panic sets in</td>
<td>Sleepwalking into quicksand</td>
</tr>
<tr>
<td>Power v. autonomy; an imposition</td>
<td>Deep dodgy territory</td>
<td>Tunnel-visioned</td>
</tr>
<tr>
<td>Being guarded; feeling defensive; slight unease; hard to defend yourself</td>
<td>Very vulnerable</td>
<td>You fall into a trap</td>
</tr>
<tr>
<td>Policy</td>
<td>Walking across a boundary without realising it</td>
<td></td>
</tr>
<tr>
<td>How does it leave you feeling personally?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organisation v. client! Priorities differ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional body v. awarding body</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expectations; pressure to be enthusiastic</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Strategies

<table>
<thead>
<tr>
<th>STRATEGIES</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Not colluding – taking responsibility for yourself</td>
<td>Clear contract</td>
<td>Comfortable taking it to supervision</td>
</tr>
<tr>
<td>Respecting client autonomy</td>
<td>Boundaries</td>
<td>Alternative supervision</td>
</tr>
<tr>
<td>Strong sense of self</td>
<td>Maintaining confidentiality</td>
<td></td>
</tr>
<tr>
<td>Role within the organisation plus client group</td>
<td>Organisational expectations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Using the synergy</td>
<td></td>
</tr>
</tbody>
</table>
**Polar Tensions**

One contributing factor is the convergence of complex dialectic challenges across seven essential polar tensions and conflicts (Bentley, 1998), that present in work and social contexts throughout life, (see Figure 4).

**FIGURE 4: POLAR TENSIONS & CONFLICTS FOR PRACTITIONERS IN DUAL RELATIONSHIPS**

<table>
<thead>
<tr>
<th>TENSION OR CONFLICT</th>
<th>DUAL RELATIONSHIP IMPLICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rules versus norms</strong></td>
<td>No specific rules. Unsure what the norms are. Not discussed; no language; no dialogic arena, paths of exploration or explanation. Personal values. The taken for granted.</td>
</tr>
<tr>
<td><strong>Power versus authority</strong></td>
<td>Practitioner’s autonomy and choice in decisions vs. a professional code or organisational expectations (e.g. HRD; a commissioner or referral agent)</td>
</tr>
<tr>
<td><strong>Self versus other</strong></td>
<td>Practitioner needs (e.g. creativity, safety, support, resources, choice) vs. the client, organisation or sponsor needs. Whose needs are paramount? Kessels idea of fully functioning people, (Garvey &amp; Williamson, 2002) “You can’t take back what you know.”</td>
</tr>
<tr>
<td><strong>Structure versus creativity</strong></td>
<td>Standardised techniques and formulaic approaches versus exploring new, emergent, more flexible ways of working that provide satisfaction, generativity, exchange knowledge and foment innovation; working with complexity. Core human need to be generative and creative as part of our well-being, identified by both Erickson and Fromm. Hot practice.</td>
</tr>
<tr>
<td><strong>Control versus freedom</strong></td>
<td>Self-regulation – and who and what defines who I am entitled to and capable of working with? The role of kairos. Space for “regulated improvisation”(Jones &amp; Wallace, 2005).</td>
</tr>
<tr>
<td><strong>Familiar versus novel</strong></td>
<td>The need for variety in practice, to be generative, keep learning and deal with emergence; honour individual needs and client autonomy. Autopoesis.</td>
</tr>
<tr>
<td><strong>Abstract versus concrete</strong></td>
<td>Theory versus here and now, intuition: the immediate client situation/crisis/need and/or organisational context. Emergence of purpose, content and connection. Black box working.</td>
</tr>
</tbody>
</table>

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24 Adapted from Bentley, 1998
DRs catalyse a complex internal dialogue between beliefs and desires (see Figure 3), and the practitioners within HRD aspired to functioning as “learning, thinking people alert to their environment and willing to contribute and participate in the activities of the organisation as whole people who can be themselves at work” (Garvey & Alred 2001).

The operational context requires repeated, rapid assessments of circumstances beyond the practitioner’s “mental model of expectation” (Jones & Wallace, 2005). A cognitive function with only limited roots in either planning or reason (Jones & Wallace, 2005), this expertise poses the challenge of how to prepare practitioners to work in complex contexts.

Unintended consequences were a theme, described by co-researchers as “sleepwalking into quicksand” and “falling into a trap.” Highlighting an incomplete accounting for consequences, a DR could offer an easy, fast option with the comfort of the familiar - but with the best of intentions, participants were unable (or sometimes unwilling) to see hidden costs, raising considerations of meaningful consent, decision-making states and risk tolerance.  

**Motivations**

DRs pertain to the ways and channels that practitioners use to relate with (and through) others, to achieve developmental goals, in the face of the demands of *kairos* and *ethos, pathos and logos* (see Figure 5).

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25 Frederic Bastiat, 1850, from his essay *That Which is Seen and That Which is Unseen*

26 These appeals can be summarised as *pathos*: appeals based on emotions, anger, pity, fear, suffering or empathetic identification or imagination of suffering; *logos*: appeals to logic; *ethos*: moral character; goodwill; credibility or expertise and in addition, *kairos*: a present moment with a sense opportunity, when events have come together to demand action or are propitious for action.
Kairos was at work; drawing on subjective, implicit knowledge based on “a small window of opportunity...a moment...when events demand action or are propitious for action” (Stern, 2004). Rapid intuitive decisions\(^{27}\) to co-operate were made, linked into their communities and networks of mutual influence, often transcending concern for individual rights were made; “snap moral judgements about what feels fair or not, or what feels good or not...we often can’t explain to ourselves why something feels wrong” (Brooks, 2009).

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\(^{27}\) Intuition is defined as “affectively charged judgements that arise through rapid, non-conscious and holistic associations” (Dane & Pratt, 2007).
Sometimes pragmatism - “good enough coaching” - drove a quick fix in the face of convention, patterned responses and received wisdom about DRs.

“I just thought you’d help. Whether it was you directly, or someone else… I just thought it couldn’t be any worse than it was.”

(Betty, Client/Referral Agent)

The participants own histories could influence the DR decision (e.g. issues of rejection and abandonment) and later practice.

“I mean this was someone who had huge issues around not being cared for, you know, it was to do with parents really and not being…well, let down really. And, I am actually ashamed to admit it, but somehow I thought, you know ‘well, I’m not going to do that…I’m going to make this person feel secure.’ I dunno if I ever thought that in those words, but in retrospect, I can see that’s where…that’s what I thought: ‘I’m going to give them the security that they never had.’ ”

(Anne, Practitioner)

“I just empathised with her…and how my confidence had dramatically…plummeted…I could just see it happening on a day to day basis with [the person that I referred]…so I thought perhaps how I was as well really…it was like ‘My God! You have got to get out of there.’ ”

(Betty, Client/Referral Agent)

While DRs can also bring benefits to all the participants, consistent with earlier research (Gabriel, 2008), this study found that competence or capability is not usually assessed or monitored by practitioners entering DRs.

**Dialogic Arena**

A vacuum seems to surround DRs in coach-mentoring. Co-researchers commented: “they are not even on the radar” “it was very lonely”, “they’re not spoken about enough”, “very stressful”, “I felt isolated with a strong sense of responsibility” and feeling “unprepared” - suggesting that tacit knowledge, fed by direct and indirect experience, is not being actuated. Yet experience “has long been considered the best teacher of knowledge…since we cannot experience everything, other people’s experiences, and hence other people, become the surrogate for knowledge...” (Stephenson, 1998).

The absence of commonly used language, definition, specific material, development or guidance on DRs in coach-mentoring reflects their description as “unspeakable” (Gabriel, 2005), and hinders development of shared meaning. Absence of a working consensus has been linked to inadequate support (Megahy, 1998) and may contribute to depleted confidence among practitioners (Wootton, 2007). Yet, DRs occur within (and generate in themselves) the rapidly changing and often uncertain contexts where double loop learning is necessary to make informed decisions (Argyris, 1996).
Facing this complex operating environment, in relative isolation, without paths of exploration or explanation to inform or evolve practice (see Figure 6), practitioners often adopt a black box approach. Working without understanding, yet importing techniques that appear to work and putting them into action to carry out a task and get a certain result, disregarding how it works and relying solely on externally visible behaviour may enjoy some success. Understanding of “how” - the internal and often complex workings (e.g. relational processes) – is made invisible or more opaque by the apparent success of the relationship – but without considering the context, practitioners may never know how effective they could have been.

**Black Box Working**

Black box working stifles the development and evolution of praxis (Hedges, 2005). Debate, dialogue and openness contribute to the generation and exchange of knowledge and concepts and reflective dialogue “have an enormous potential impact on action” (Garvey & Williamson, 2002), making tacit knowledge explicit, since “theory does not so much guide what we do, but is ‘meaning in use’: theories are actually created within our conversations and actions.” Yet the stories of internal and external coercion suggest a far from an ideal speech situation (Harrist & Gelfrand, 2005). The vacuum contradicts the emphasis of coach-mentoring on the present-future, by denying the directly lived experience of the participants, introducing an almost clandestine aspect; with damage from the loss and change paralleling a hidden bereavement (Beder, 2004). Gabriel’s (2008) relational ethic model, offers a valuable foundation for meta-communication.
Fog of Practice

This combination of factors, in a complex arena with limited (if any) support or development, can lead practitioners to experience a loss of lucidity and disrupted vision - a fog of practice\(^{28}\) (see Figures 2 & 3).

“I suddenly…lose that perspective of it, compared with if it was kind of a completely new scenario that I’d initiated or generated myself…I come at it like ‘okay, I’ve got to deal with this now’…there’s a certain sense of obligation, a sense of gratitude involved.” (Betty, Client)

In this “messy confusion”, DRs generate uncertainty from incomplete and/or inaccurate data and also in terms of disposition, capability and intent; parts of the relational terrain are obscured or only partially visible.

DRs pose difficult and irreconcilable choices for practitioners and/or HRD. These require flexibility to place client needs above system needs, sometimes creating “conflicts between your personal beliefs and what is required.” One co-researcher explained: “I’m dealing with blindspots, priorities and ethical positions versus convenience.” Often commissioners and referral agents retained some sense of ownership over the DR, with unspoken expectations triggering conflict and stress.

“I was expecting the same experience, the same thing, same result, same pace of something – and I know you can’t.” (Betty, Client/Referral Agent)

As knowledge space (Weick, 1995), coach-mentoring sessions produce an asset - knowledge - impacting within and beyond the DR (e.g. creating competition among clients). As an anticipatory arena (e.g. for newcomers adjusting to organisations) coach-mentoring often occurs alongside “implicit and unsystematic learning taking place” (Schein, 2004) including stakeholder feedback. Effective work underpinning successful DRs, grounded in an ethic of “possibilities, collaboration and accountability (responsibility to clients)” may be limited if the organisational culture is informed by “dominant discourses of deficits, professional expertise and protection (responsibility for clients)” (Madsen, 2006).

While ‘the one who pays the piper calls the tune’ (Hanson, 2005) HRD needs to know the DR tune to inform good decisions, and consider DR implications. In this study, practitioners often felt unheard and unclear who was paramount. One co-researcher described her joint HRD and coaching responsibilities as “everyday I’m jumping between being the toxic sponge and the listening shoulder.” Another described the conflict of interest at work:

“It tempered what I said…you can end up being directive whether you realise it or not…all the time it felt like I was aware ‘this is going to end up back on my desk if she [the client] doesn’t sort this out properly…” (Green, Practitioner)

\(^{28}\) Adapted from the military term “fog of war” which is used to describe the level of ambiguity in situational awareness experienced by participants in military operations.
The urgency for good information grows and the fog of practice and dilemmas generated by the DR increase, as the practitioner realises the implications of their commitment. Some co-construction of session content is taking place, where the practitioner is dealing with something beyond a two-person psychology, impacting on the intersubjectivity of the session.

“I keep wondering who else is in the room and how is it influencing what is happening...it tempers and colours what we talk about and how we talk about things.”

(Green, Practitioner)

Once immersed in delivering the contract, reconnaissance and regular liaison with HRD and other information sources may be less available. Inevitably, assumptions are made and once underway, the tempo of decision-making increases the risk of escalating ambiguity, as assumptions build and resources are allocated based on those.

“I didn’t trust my instincts…and worried about letting [the practitioner/referral agent] down…I would have been more clear-sighted...just less emotionally...I suppose it’s kind of like ‘I’ve started so I’ll finish with them’...kind of like I owe it them – to [the practitioner/referral agent] – to actually pursue something that potentially, if I had come across this cold, I’d have thought ‘No, I don’t want to go any further with this’...independently I may never have pursued those relationships.”

(Betty, Client)

The practitioner functioned to conduct the relationship at some level (the clear window out), with impaired reflective practice (the misty mirror). Like crossing the Rubicon, the DR was a commitment with no turning back. Most co-researchers acknowledged the perfect wisdom of 20:20 hindsight.

“With hindsight, of course I can see it was clearly about the complete blurring of boundaries and me...ummm...having what I now see as a curious, but sadly inflated, idea of my ability to meet this person’s needs and then realising...discovering...not discovering, realising after a number of years, that the needs of this particular individual were so great, and they were so demanding with all my time and all of my emotional energy, that I was doing the rest of my job less well, but I was also increasingly uncomfortable with the relationship.”

(Anne, Practitioner)

Low levels of supervision among practitioners can only add to the fog.29 In line with the wider vacuum, regular input from the referral agent or commissioner (e.g. HRD) was rare; practitioners felt that they were “just left to get on with it.”30 It is worth considering ways that practitioners and HRD can counter the fog and improve visibility within the relationship; the desire for guidance emerged as a clear theme. One response to reported disorientation is to improve information-sharing (see Figure 7).

29 CIPD report 2006, Coaching Supervision: maximising the potential of coaching.

30 This phenomenon appears to be unmediated of the practitioner’s length of experience or previous professional experience(s).
Use of maps in practice can also express political intent – rather than locating success in an individual practitioner, choosing instead “to be transparent about the processes and thinking” (White & Denborough, 2005).

As information becomes available, the relationship needs to be reviewed. Being prepared from the outset to stop the DR at any point, with clear exit routes and processes agreed (e.g. micro-contracting) may reduce potential for coercion and optimise the exercise of moral agency.

FIGURE 7: DUAL RELATIONSHIPS - INFORMATION SHARING FRAMEWORK

![Diagram of Dual Relationships - Information Sharing Framework](image)

Adapted from Feltham & Dryden (2006)

In a landscape of constantly evolving practice, DRs pose a challenge for the coach-mentoring profession and HRD, in considering how different working practices can be best accommodated, at a time when further regulation and control are sought through accreditation and professional bodies.

As coach-mentoring becomes more ubiquitous, the ongoing digital revolution and the rise of social networking are transforming the extent and conduct of our relationships in a smaller, flatter 21st century world. These connections and overlapping relationships become more possible, more international, more virtual - and less visible as technology evolves. Issues of privacy and the ethics of client-practitioner relationships are receiving increased attention in professional literature and the
media, meaning HRD and practitioners “must find ways of mediating the tensions and challenges inherent in client and therapy work” (Gabriel, 2008). DRs are unavoidable because “networks may keep their heads down, but they do not go away” (Stern, 2004). Since “when we meet with an individual we are meeting their networks” (Lang, 1993), assumptions by participants that they know everyone a client knows (and vice versa) are less valuable and accurate than ever; social networks show a clustering tendency, so the more we know, the less we know.

Some HRD Implications - Practice or Hot Practice?
The terms ‘coach-mentoring’ and ‘practitioner’ imply homogeneity - similar practice replicating similar experiences in very similar relationships. This belies the reality, (Bresser, 2008) of practitioners working in diverse, complex operating contexts and the potency of a highly flexible, individual developmental intervention. The range and rich experiences that can make coach-mentoring practice so attractive also create tensions, challenges and potential risk.

The rapid growth of coach-mentoring, wide variation in qualifications and low take up of supervision\(^\text{31}\) raise the concern that “well-meaning but poorly trained and inexperienced coaches may do more harm than good...[and] form inappropriate relationships with their clients which lack professionalism” (Bluckert, 2006). The inevitable complexity of therapy endorses the importance of striving to form and facilitate effective ethical relationships and role boundaries, they have yet to receive the same in-depth attention in coach-mentoring.

DRs represent a dilemma and wicked problem, where moral principles of autonomy, non-malfeasance, beneficence, justice and fidelity are central (Zur, 2000). Axiological questions and difficult, irreconcilable choices and paradoxes of conflict and order are generated. DR experiences (see Figures 2 & 3) strongly match findings that specific practitioner stressors are role uncertainty, interpersonal conflict, unrealistic performance targets, poor communication and lack of time (Jones & Spooner, 2007) – amplified by the practitioners feeling unable to negotiate.

“*It’s like opening a can of worms - not Pandora’s box.*”

(Sara, Practitioner)

Highly dynamic, satisficing, avoiding the DR dilemma or reverting to standard responses may not be an acceptable option; it is not always possible to anticipate what will become problematic later. The high price of unresolved dilemmas includes the associated emotional labour and disaffection, the lost opportunity and hidden costs. DRs can mitigate the effectiveness of therapeutic relationships and unresolved dilemmas drive the majority of (sometimes malicious) complaints to professional associations (Gabriel, 2005). Culturally and professionally, an increased focus on regulation may be at the dangerous expense of ignoring the fundamental component of ethics – “virtue...critical thinking, soulfulness and care. The moral life is not simply

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\(^{31}\) According to the 2006 CIPD report *Coaching Supervision: Maximising the Potential of Coaching* it is “increasingly recognised as valuable by coaches and organisers of coaching, but it’s still not practised by most coaches...only 44% actually do so.” Among those who organised coaching services while 86% believe coaches should have supervision, only 23% report that they provide it.
a matter of rigidly following rules...[it’s]...a matter of trying to determine the kind of people we should be and of attending to the development of character within ourselves and our communities” (Zur, 2000).

Mindful of the wider issues about coaching knowledge, the trend towards “oversimplification of the phenomenon and over-precision of prescriptions” (Jones & Wallace, 2005) could affect DRs. Reliance on standards and codes alone can stifle professional development and personal responsibility in practitioners, reducing the opportunity for double-loop learning and praxis. Any system or strategy can be manipulated or ‘gamed’, raising the issue of when incompetent practice might become unfair and unethical. One co-researcher discussed a new professional disciplinary measure:

“It can actually isolate [people] ...who are suspected of just about anything really...Under the new measure, I wouldn’t have felt able to go to my [Director], because if I had been reported, he would have been one of the people who would have to sit in judgement...[workers] are being encouraged to join the union, because otherwise they will have no official support if this measure is ever invoked against them...we are not regarded as employees...Standards and codes of conduct are...necessary and helpful on one hand, there is some argument there that of course they can't outline every situation for you and can kind of impinge on you accessing your own moral code or taking personal responsibility. You just have to look at broader society that we live in, to see endless examples of that. We are not short of regulations, rules and codes...and yet that can become a means of absolving people, of either individual or collective responsibility.”

(Anne, Practitioner)

When it comes to development and knowledge, “the desire to guide, control and monitor is becoming increasingly difficult to fulfil” (Kessels, 2007) - and who will watch the watchman? In DRs, effective practice will rely heavily on clear processes of ethical decision-making and critical thinking, along with practical coach-mentoring considerations; the central question is: “how can we tempt each other towards knowledge productivity?” (Kessels, 2007).

Considering proxy literature from allied areas of talking therapy and emerging data from coach-mentoring, it is argued that some ways of working and operating contexts, including DRs, present complex terrain and represent a form of ‘hot practice’ for practitioners.

As a form of classification, the notion of hot practice is not intended to suggest a hierarchy; it externalises an acknowledgement that some situations, like DRs, are more complex, requiring extra care, additional resource and the application of

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32 For example, see Strean, Jones & Wallace, 2005

33 Adapted from the engineering term “hot work”, used for risk-raising activities carried out in direct contact or in close proximity to flammable or combustible substances. A control procedure is deemed necessary in these working contexts, to reduce the associated risks to an acceptable level. Safety Office: Policy and Guidance (P7/00A; July 2000) Hot Work Procedures. (Accessed February 10 2009) Available from: http://www.nottingham.ac.uk/safety/docs/hotwork.doc
adapted practices. Recognising DRs as hot practice suggests they warrant closer monitoring, scrutiny, evaluation and tracking bearing in mind low disclosure levels (Gabriel, 2005) - and it invites HRD to foster creative practice and personal responsibility, while ensuring that clients are protected from harm and exploitation.

Naming can help practitioners and HRD to consider the implications of degrees of difficulty and demarcating ‘hot practice’ and to investigate evaluate what DRs might entail, who might be most appropriate to conduct them - and how HRD might best manage expectations and reduce any associated risk to an acceptable level.

Flexibility is a key practitioner attribute “based on continuous step-by-step tuning to the context” (Jones & Wallace, 2005). To maximise their potential usefulness to clients, flexibility may extend beyond how practitioners work, to who they work with and “learning to cope with relative uncontrollability, incomprehensibility, contradictory values and novelty as part of everyday coaching life” (Jones & Wallace, 2005).

Dilemma management may not mesh with the drive for a quick fix, the related metrics of corporate performance and outsourcing. Commissioners may need to incentivise third party providers to care about quality and safety. A narrative approach could re-focus from mistakes to learning by bringing core commitment to non-pathologising practices, ongoing skill development and an inherent interest in power relations. Learning may be gained from other experiences of managing flexibility and ethical competence (e.g. elite sports coaches; NHS National Patient Safety Agency).

Knowledge productivity can be facilitated by encouraging and supporting organisational members to “take the initiative in handling urgent organisational questions, and to invite other relevant colleagues to participate. By creating room for initiative, organisational members will become more entrepreneurial - and in doing so, create networks of likeminded colleagues in which they can operate...they need the supportive attitude of their superiors” (de Jong & Kessels, 2007).

Four HRD Themes for Improvement - “Don’t just expect me to cope”
“Human beings make mistakes because the system,s task and processes they work in are poorly designed” (Leape, 1999).

Four HRD themes emerged to improve practitioners DR experiences: professional engagement to facilitate knowledge exchange; transparent, coherent organisational approach; informed guidance for personal practice (including tools and knowledge) and specific professional development to prepare and support them.

Practitioners “steering a tricky path” found these elements were often missing or negligible. Availability of integrated or dedicated professional development to address DRs was a concern, since it could enable practitioners to move beyond black box working. The conditions to contribute to the process of knowledge productivity provide a useful framework for developing an HRD response to DRs: facilitating knowledge as a collective social process; a safe learning environment; room for initiative; an appreciative environment and developing social skills (de Jong & Kessels, 2007).
The experience of practitioners in DRs supports the recommendation for better practitioner preparation so that “…the agency of coaches could be more profitably channelled towards greater creative risk taking, experimentation and hypothesised progression in coaching practice” (Jones & Wallace, 2005). Without a common professional background to inform DR management (c.f. teachers), issues such recruitment and selection of practitioners, and balancing competence with conscience in the corporate curriculum become key considerations. DRs raise questions about practical knowledge and what can be learned and what can be taught; the Māori principle ako expresses a useful learning relationship, integrating teaching and learning into two reciprocal sides of the same coin (Bishop et al., 2003).

A working environment with strongly developed social capital “facilitates interpersonal connections and maintain and develop social networks” (de Jong & Kessels 2007), which have a positive effect on knowledge productivity. In other words, a knowledge productive workplace actually creates DRs and the practice of DRs is congruent with the shift in how value is created and perceived in a more knowledge-based economy, where the main drivers of value are innovation and flexibility. This transition is achieved through organisations “designed to support knowledge productivity [by] identifying, gathering and interpreting relevant information, using this information to develop new skills and then applying these skills to improve and radically innovate operating procedures, products and services” (de Jong & Kessels, 2007).

DRs stand at the crossroads of a wider debate about the role of HRD for 21st century organisations, whose survival, improvement and innovation will depend on “collaborative, social actions…the domain of social capital…an organisational resource” (de Jong & Kessels, 2007). These actions can generate DRs, by breeding “interpersonal connections that offer some powerful learning opportunities” (de Jong & Kessels, 2007). It could be argued that DR participants (including the commissioner and/or referral agent) are simply shrewdly leveraging their social capital, through their network of “connections between individuals, based on trust, respect and appreciation, reciprocal appeal, integrity, transparency and shared norms and values” (de Jong & Kessels, 2007).

If healthy DRs (as an expression of a social network) contribute to increasing social capital and knowledge productivity, then HRD can realise these gains by actively facilitating connection and detecting which social networks are richer and of most organisational value. Promoting an appreciative approach to learning and developing a curious attitude can prompt individuals to connect with each other. Tangible returns on the facilitation of strong social capital (the creation of an attractive social environment) include: an increase in the amount and quality of employee utilisation of information to develop new skills and then their application of these skills to radically innovate operating procedures, products and services (de Jong & Kessels, 2007). A narrative influence may focus on how techniques that are used in DRs are invested with power relations (e.g. the referral agent) rather than devising specific new techniques or practices.
By encouraging (and effectively demonstrating) ongoing discernment and rigorous reflective learning, HRD can support practitioners to “step into an ethic of critique that involves a continual questioning of the real effects of their practice on the lives of others” (White & Denborough 2005). Recognising knowledge creation about DRs as a collective social process could reduce isolation, increase support and inform the dialogic arena.

HRD interventions need to create a safe learning environment “where participants can investigate each others’ ideas and perspectives, without feeling hindered by status, power or hierarchy” (de Jong & Kessels, 2007). Since confusion, coercion, shame and taboo have been associated with DRs (Gabriel, 2000, 2005), this secure environment is critical for reflective practitioners to share their dilemmas, fears, mistakes and failures. Externalising conversations could take place in a collaborative dynamic of curiosity about how DRs operate, to explore new ways of relating to them, taking a step forward in assessing the benefits, risks and disruption that any DR may incur.

Development offers one way to convert the dilemma and added pressure of DRs into a positive circumstance. The emergent, complex and cross-subject nature of coach-mentoring (and DRs in particular) and the diverse practitioner backgrounds suggest an open curriculum approach could be effective. HRD can ensure that DRs appear on the developmental radar and that they become an integral consideration in commissioning, developing, delivering and evaluation of coach-mentoring. Their implications can then be explored and discussed at professional and organisational levels, so that the corporate curriculum replaces the current vacuum through engagement with the issue of DRs.

DRs present an opportunity to revisit and notice what is judged normal (White & Epston, 1990) within an organisation and in relation to coach-mentoring practice – and to begin a conversation about it. During economic recession, when the wisdom of focusing short term targets is being questioned, it is timely to ask what DRs might mean for both an organisation’s bottom line and longer term sustainability. The challenge for HRD is how to facilitate the existence of DRs that function with optimal trust, transparency and integrity - and how best to prepare people to deal with complexity, dynamism and ambiguity, which is not wholly manageable by practitioners.

**Conclusion - “Steering Quite a Tricky Path”**

Drawing on recent qualitative research into the experience of non-sexual DRs in coach-mentoring, this paper aims to begin to create some kind of life verisimilitude, building a rich picture of the phenomenon, asking “we know what we do, we think we know what we think, but do we know what we do does?”

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34 Garvey & Williamson, 2002 (p39) suggest this features open content, loose content boundaries reflecting subject overlaps and relationships; loose classification (integrated and complex view of the content); loose circumstance, being need driven and uncertain evaluation that is related to circumstance and need.

35 Epston (2008) on Foucault
No “static or frozen findings” (Gergen & Gergen, 2000) have been yielded. The description “an absolute minefield” gives a useful overview of the DR experience: risk; elements of surprise, emergence and potential for harm and long term damage in a context where skills and experience don’t necessarily provide protection – yet, well-prepared, they can be safely traversed.

Debates, such as whether coach-mentoring is a profession, its relationship to other talking therapies, rules and regulations, social capital and ways of learning and working and topics like judgement, confidence, trust, intuition and care, all pertain to the subject of DRs. The vacuum, lack of dialogic arena, black box working and fog of practice prompt many questions about knowledge, ethical decision-making, development and support and the evolution of practice. These cannot be addressed or resolved here, but by drawing together current perceptions and relevant literature, the debate may progress - with DRs included.

Emergent themes included that DRs functioned as a complex adaptive system (emergent, with irreversible history and unpredictable futures, presenting an emotionally charged dilemma and posing a wicked problem for practitioners. Factors including kairos, pathos, ethos and logos influenced the largely intuitive decision making process. Practitioners and clients expressed a desire to be self-organising and self-regulating.

The vacuum surrounding DRs and absence of any dialogic arena to contribute to knowledge productivity suggest that social capital is largely unrealised. Without the dynamic interchange between implicit (tacit) and explicit (Garvey & Williamson, 2002) knowledge, practitioners adopted black box working, sometimes operating in a fog of practice, where experience did not appear to make a significant difference.

Accordingly, DRs in coach-mentoring can be considered ‘hot practice.’ To reduce risk, particular considerations and adapted ways of working may be appropriate, backed by an HRD response including: professional engagement, consistent organisational approach, specific professional development and practice guidance. An open curriculum, drawing on narrative principles, could inform HRD responses.

DRs present a curate’s egg; neither all bad nor all good, it is sometimes it is unclear which parts are good and which are bad. They call for a multivalent approach to enrich practice and reduce risk, drawing on the experiences and knowledge of allied professions. The study closely matched findings in counselling and psychotherapy - DRs are unspoken, sometimes damaging and largely unaddressed by the profession. Co-researchers found DR’s are “complex, but not unfathomable” (Wootton, 2007). With increased awareness and understanding, a framework can evolve, which can contribute to professional development and support practitioners, managers and others with HRD responsibility over issues that often arise when working in a DR context.

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36 Interview with Green
HRD has a key role to play in improving practice in DRs, creating a civilised workplace and by viewing learning about DRs as a social process, centred around knowledge productivity and the realisation of social capital - “the ability of individuals to identify, gather and interpret relevant information, using this to develop new skills and then applying these skills to improve and radically innovate operating procedures, products and services” (Keursten et al., 2006). HRD can both manage and support DR practice – potentially improving ROI, since it is “determined by the level of increase in innovation and perhaps more importantly, the ability to be innovative” (Keursten et al., 2006).

Further research
The wider call for “more knowledge-for-understanding research to gain a more sophisticated grasp of the complexities of the coaching process, that can ultimately yield more realistic, practical guidance and ultimately, greater success” (Jones & Wallace, 2005), applies to DRs. Some consensus is needed, identifying what knowledge and understanding would enable an informed practice approach, with clear guidance of what is to be done and how to achieve healthy DRs.

DRs raise meta-questions about their personal, professional and organisational price and their impact on social capital and knowledge productivity. What contributes to an effective DR encounter and why – and how can this inform practice? More needs to be learned about inherent patterns in the complex process of coaching in DRs including: decision making; their longer-term impact and the issue of damage for clients and practitioners (e.g. power issues; abuse and coercion). Who is best suited to participate in DRs – and what characteristics might support effective working in this context (e.g. function, attitudes; the role of experience, practical judgement and knowledge and general and specific skills)? How do DRs relate to the quality of experience (e.g. presentness, intuition and empathic resonance).

Effective coping and risk management strategies, with learning from existing relational models and other professions and sectors where DRs occur, could inform development of safe, healthy learning DR environments. How much innovative practice do practitioners and HRD want, in particular in DRs? How do DRs relate to emotional labour and acute or chronic stress? How can HRD encourage difficult conversations about practice issues and foster an effective dialogic arena?

One challenge is how to organise learning in an open, sensitive way that can realise the inherent potential of practitioners by releasing tacit and implicit knowledge, “especially in a highly competitive environment where predefined outcomes and targeted performances are valued” (Garvey & Williamson, 2002).

Further research can only stimulate the dialogic arena, prompting more knowledge transfer about realistic DR practice and enabling development and evolution of a range of tools and practices – none used exclusively or rigidly - so that DRs can be conducted on an open, authentic and healthy basis.
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