Peer Collaboration: A Model to Support Counsellor Self-Care

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ABSTRACT

In the context of a larger case study on how continuous learning in the workplace could be achieved through the implementation of peer collaboration, the process of how counsellors engaged in self-care within a large health care organization became clearer. This article is based on data derived from a qualitative analysis of nine transcribed audiotaped meetings of the Counselling Trio, a group of three grief counsellors in a large urban health region. By describing the formation of the peer collaboration groups, the processes that led to the Counselling Trio's successful collaboration, and the impact of the experience on the three participants, we attempt to illustrate how peer collaboration can be used as a forum for self-care among grief counsellors. We conclude with a critical reflection on the potential of peer collaboration as a vehicle for organizational support of counsellor self-care.

RÉSUMÉ

Dans le contexte d'une plus vaste étude de cas sur la façon de réaliser l'apprentissage continu dans le milieu de travail en appliquant une collaboration entre pairs, le processus expliquant comment les conseillers s'engagent dans l'autotraitement au sein d'une vaste organisation de soins de santé est devenu plus clair. Cet article est basé sur des données dérivées d'une analyse qualitative de neuf transcriptions audio de rencontres du Counselling Trio, un groupe de conseillers de personnes en deuil dans une vaste région urbaine de soins de santé. En décrivant la formation des groupes de collaboration entre pairs, les processus qui ont mené à une collaboration réussie entre les membres du Counselling Trio, et les effets de l'expérience sur les trois participants, nous tentons d'illustrer comment la collaboration entre pairs peut être utilisée comme forum d'autotraitement parmi des conseillers de personnes en deuil. Nous concluons par une réflexion critique sur le potentiel de la collaboration entre pairs comme véhicule du soutien organisationnel de l'autotraitement des conseillers.

To enhance its vision of generating a workplace culture of learning and inquiry that contributes to quality care, a large urban Canadian health region established a research partnership with the Professional Education Research Centre at its local university. The aim was to discover how peer collaboration could support continuous learning in the workplace. Subsequently a collective case study (Berg, 2001) was implemented involving six peer collaboration groups totaling 18 female participants. Each group provided one instrumental case (Stake, 2003) that when combined with the other five served a supportive role in studying peer collaboration in continuous professional education. One group included four prenatal educators; the second included three nurses; the third group comprised two psychologists and a chaplain; the fourth comprised a physician and a palliative care nurse; the fifth group included pediatric nurses; while the final group was

composed of home care nurses. At their first meeting, each group chose its own name. This article will describe how the Counselling Trio redefined continuous learning and used the meetings to address their need for self-care. They became the focus of this article because paradoxically, like Bateson's (1979) notion of "out of the corner of our eye," the process of how counsellors engaged in self-care was revealed when the initial focus was on another phenomenon, the nature of continuous learning in the workplace.

The Counselling Trio, who worked with the dying and the bereaved, comprised two psychologists, Julie and Mary, and a female chaplain, Beatrice. By describing the formation of the peer collaboration groups, the processes that led to the Counselling Trio's successful collaboration, and the impact of the experience on the three participants, we attempt to illustrate how peer collaboration can be used as a forum for self-care among grief counsellors. We conclude with a critical reflection on the potential of peer collaboration as a vehicle for organizational support of cousellor self-care.

THEORETICAL FRAMEWORK

Emotional Labour and Self-Care

Literature on the nature of emotions in organizations offers evidence that intense emotional engagement in the workplace can create stress (Hochschild, 2003; Pearlman & Saakvitne, 1995). In her study of service providers that included waitresses, flight attendants, and fast food workers, Hochschild defined emotional labour as the management of feelings to create a publicly observable facial and body display. She concluded that when there is a disjuncture between displayed emotions and private feelings, identity confusion and stress are an outcome. When the private and public faces are not at ease with each other, authenticity is questioned and individuals began to ask themselves, "Who am I really?" (Fineman, 2000).

Helping professionals face similar challenges. Meyerson (1998), in her study of social workers in acute and chronic care settings, found that workers exposed to a highly medical culture are encouraged to suppress and control their emotions. She wondered how social workers traversed the slippery ground of managing their feelings while attending to their clients.

Additionally, helping professionals are often guided by standards of practice that dictate how they should act, regardless of how they feel, which can lead to "performing" emotions (Hochschild, 2003). For example, in the process of establishing a relationship with a client, professionals require feelings of empathy and non-judgement along with an expectation of conduct related to these feelings. Finally, Hochschild noted that organizations often have spoken or unspoken "emotional display rules." For the counselling profession, adherence to such rules may translate into not displaying or expressing pain and grief in response to what is witnessed or heard because, within some organizational contexts, such a display could be considered inappropriate.

Worden (2002) noted that in addition to the demands associated with emotional labour, grief counselling presents a special challenge to mental health workers for several reasons. First, it is often difficult for counsellors to feel helpful in

the face of intense grief. Second, working with the bereaved and the dying may bring personal losses into acute awareness, or increase counsellor apprehension over pending losses. Additionally, counsellor concern about whether something is "done" correctly also contributes to the uncertainty and ambiguity of the work. Finally, for grief counsellors, a key aspect of effective practice is establishing a relationship (Servaty-Seib, 2004) that involves "producing compassion on demand," whether or not one wants to care at a particular time, place, or level of connection (Frost, Dutton, Worline, & Wilson, 2000).

In light of the complexities of doing emotional labour, counsellor self-care, defined as the integration of one's mental, emotional, physical, and spiritual well-being (Faunce, 1990), becomes an important aspect of the counsellor's work experience. Additionally, counsellor self-care has an ethical dimension in that, for example, the Canadian Psychological Association Code of Ethics states that therapists should "engage in self-care activities to avoid conditions (e.g., burnout, addictions) that could result in impaired judgement and interfere with their ability to benefit and not harm others" (Canadian Psychological Association [CPA], 2000, 11.12). However, a counsellor's cognitive understanding of the importance of self-care does not necessarily translate into self-care behaviours.

Soderhamn (2000) observed that the notion of self-care has been historically conceptualized "within a traditional man-environment totality paradigm" (p. 183) that defined self-care as a goal-directed activity whose aim was to maintain, restore, and improve health and well-being. This traditional conceptualization of self-care, argued Soderhamn, was bound together by relations of causality where the ability for self-care translates into the activity of self-care. In reality, however, self-care activity is not a guaranteed outcome of the knowledge or ability to engage in self-care activities. O'Connor (2002) found that while health care professionals recognized the importance of self-care for their patients' lives, in their own lives the practice of self-care is largely absent. For female counsellors this reluctance to engage in self-care may be due to societal pressures to care for others since it is perceived to be the "duty" and the "natural inclination of women." If they deviate from this norm by caring for themselves, women are then accused of being selfish (Webster, 1991). O'Connor offers a more encompassing argument that points to the cultural unacceptability of males and females engaging in self-care in a society that values "self-control, reliance, and autonomy" (p. 74). Counselling organizations have historically supported their employees through individual supervision and clinical consultation based on the belief that all therapists have an ethical and personal responsibility to engage in regular clinical consultation (Pearlman & Saakvitne, 1995). Mentorship and peer collaboration offer alternative models for counsellor support.

Mentorship and Peer Collaboration

In some organizations, employees have been supported by a mentorship model that traditionally represents an unequal relationship whereby the protégé learns and admires the mentor. Relative to protégés, mentors are seen as more influential, more experienced, and possessing higher status in the workplace. Parker and Kram (1993) observed that the mentorship model has unique challenges for women, and that it is

"more tricky" for women than for men to build mentoring relationships (p. 42). Both junior and senior women often reported feeling dissatisfied with mentor relationships, with junior women labelling senior women as "competitive" or "unreceptive," and senior women complaining of being overburdened or feeling discounted. These disconnections between women in organizations, Parker and Kram suggested, may be because mentoring, with its implication of authority and superior knowledge, was traditionally seen as the legitimate domain of men, both within the family and in the workplace. Another possibility is that, because senior women are constantly struggling for legitimacy, the potential failure of a protégé in a woman-woman mentorship relationship makes it a more risky endeavour. An additional speculation is that junior women may seek out male mentors who have access to power and resources that senior woman cannot access because of the glass ceiling.

Peer collaboration differs from mentorship in that the essence of peer collaboration is an equal, nonhierarchical relationship in which each participant is seen as offering a significant contribution to the group. Participants in a peer collaboration group are seen as equal in status and complementary, but different in terms of temperament, style, skills, and knowledge.

Peer collaboration offers an alternative to mentorship. Collaboration is routinely defined as working together toward a common goal (Salteil, 1998). In its most basic form, peer collaboration, as defined in this study, entails two, three, or four professionals coming together to discuss practice. It aims to enhance intentional practice by stimulating critical thinking because, through dialogue, the powers of reflection are enhanced and what previously was implicit often becomes explicit (Barlow, Rogers, & Coleman, 2004; Leahy & Corcoran, 1996). Research on peer collaboration emphasizes that its effectiveness is largely related to an intense relationship built on mutual goals and based on participants making use of each other's talents to do what they could not accomplish at all or as well by themselves (Saltiel). At the heart of the process are the relationships established in the peer collaboration experience, with intellectual and personal growth evolving from these relationships (Clarke & Watson, 1998; Saltiel). The collaborative process assumes that reciprocity fosters personal responsibility, self-determination, mutual respect, and problem-solving abilities (Miller & Stiver, 1997). Because collaborative partnerships can lead to the creation of insights distinct from the knowledge each person brings, peer collaboration can potentially create a stable and supportive learning context in a rapidly changing workplace, making it a compelling continuous learning opportunity. Indeed, a single word—synergy—summarizes the power of collaborative partnership. The assumptions of non-hierarchical peer collaboration are that everyone has something to teach and learn, its effectiveness is related to an intense relationship centred on mutual goals, and participants capitalize on each other's talents to do what could not have been done at all or as well. In peer collaboration, conversations serve as the key mechanism for learning.

RESEARCH METHOD

A 12-member research team comprised four university faculty from medicine, nursing, social work, and education; seven nursing employees from the health

region who were members of the Workplace Learning team; and one graduate student project manager. Of this group, three faculty members and five health region employees served as small group facilitators for the peer groups. The goal of the larger study was to explore how peer collaboration functions as a context for promoting continuous learning in the workplace.

The self-referred participants were recruited via e-mail notification system flyers sent to staff and patient care managers in the health region. Three groups came forward as "pre-formed units," and the remaining participants contacted the graduate student researcher and were assigned to groups based on their geographical locations and areas of interest. From the 18 female participants representing nurses, counsellors, nutritionists, physicians, and clergy, six peer collaboration groups were formed. At their initial meeting, each group selected a name.

Although this study set out to discover how peer collaboration could support continuous learning in the workplace, data were generated that demonstrated how three counsellors used peer collaboration to support self-care endeavours. For the parameters of this article, we chose to consider the Counselling Trio in depth for several reasons. First, we believed that to best demonstrate the quality and signature of interprofessional peer collaboration in action, it was necessary to use a narrow and microscopic lens that focused on the particulars rather than on generalizations across groups. Additionally, the Counselling Trio was unique because its members defined self-care as being an important aspect of continuous learning, and, as such, their approach was non-task-driven, inward looking, and focused on the professional self in relation to colleagues, clients, and self. Finally, the data generated from their meetings promised to offer valuable insights into "how" the three participants created and sustained a supportive, peer-centred self-care environment.

Data Collection and Analysis

As was the case with all groups in the study, the Counselling Trio met for 1.5 hours, six times over a five-month period. All meetings were audiotaped. After each meeting, the group tape was collected and transcribed by a member of the research team. Additionally, each group, including the Counselling Trio, was assigned one or two facilitators from the research team who analyzed their group's transcriptions and met with them on three occasions. The first meeting was designed to explain the process of peer collaboration, answer questions about the study, and describe the peer collaboration process. The facilitator underscored the non-evaluative nature of the project and noted that discussions within the groups would not be shared with individuals outside the research team. The participants' role was deliberately framed in an open-ended manner: they were simply told to meet every two or three weeks to talk about their work and reflect on their practice.

The second meeting with the facilitator, midway through the project, had a threefold purpose: to respond to the group's concerns or questions about the project, to engage them in an initial evaluative discussion of the project, and to share initial findings derived from the ongoing analysis of their audiotaped meetings. At the final meeting with the facilitator, participants were asked to consider benefits and barriers to their participation in the peer collaboration project. As a

key aspect of content analysis, the researchers read the Counselling Trio's transcripts and simultaneously listened to the tapes.

RESULTS: A CENTRAL THEME OF "CREATING SPACE"

The generated themes, representing content, form, and impact of peer collaboration, are woven into the texture of the following discussion. Content, defined as what the Counselling Trio discussed, focused primarily on self-care in the face of overwhelming workloads. Form considered the "how" and referred to "characteristic patterns of relationship and forms of association" (Hargreaves, 1994, p. 166). Impact reflected changes in attitudes, skills, and knowledge among participants. Form was detected through the nuances of the conversations such as pauses, turn-taking, repairs, interruptions, speaking all together, and laughter (Goffman, 1981; Silverman, 2003). In the analysis, we attempted to identify sequences of related talk, examine how speakers took on certain roles or identities through their talk, looked for particular outcomes in the talk, and worked backward to trace the trajectory that produced the outcome (Silverman). Findings of the study suggest that the two central aspects of form were creating a space for self-care both in and outside the workplace and developing a trust in the organization and one another. Trust embodied believing there was not one correct way to do peer collaboration and that the group was free to define their own agendas that supported self-care in a safe environment.

Defining the Space

As an outcome of the content analysis, the central theme that emerged was Creating Space. Participants noted that they needed to create a space to be themselves; a space for Julie to take a leave of absence; and a space for self-care in their work environment, their personal lives, and their clients' lives. Beatrice mentioned that, for her, self-care included creating an open space in her day so she could notice life unfolding. A central aspect of Creating Space was defining their space that embodied boundary creation. For example, at their first meeting with the research team member, the Counselling Trio chose a group name, negotiated meeting dates, and agreed to meet in Mary's office over their lunch hour. Additionally they focused on developing what they called ground rules for respectful communication and very quickly began talking about what they hoped to get out of the experience.

Another facet of their meeting involved redefining learning, and, as Mary termed it, "making the group our own." She perceived their meetings as "a way of learning [and] an opportunity for support." Beatrice's comment that "so many times I'm bursting to talk about the good stuff and the struggles" opened the door for this redefinition.

Being intentional was a third feature that characterized their initial meeting. The three agreed that talking about their experiences in a structured and intentional way would meet their needs and the requirements of the project. Therefore, their goals for peer collaboration were to become more intentional in talk at meetings as they explored issues of self-care and workload management. They agreed that being conscious about group structure was also important because it would check their tendency to "meander" and therefore support their goal of reflection on self-

care. As Mary pointed out, even though working with clients might involve some shifts and digressions, "when you are working consciously, you know your goals and where you are going."

A final element of defining their space was "being themselves." When, at their first meeting without the researcher/facilitator, Mary began by summarizing their purpose, "We're here to talk about our work, or whatever," the "whatever" served as a reminder that they had unlimited options in terms of defining their space. The group soon moved to an intentional discussion of the challenge of "performing emotions" (Hochschild, 2003) of care, compassion, empathy, and kindness. Beatrice wondered where they could be "angry in public, awful on the highway, and honk the horn in impatience." By asking "Where do we get to be who we need to be? When is it safe to vent and release, to kick back and relax?" Mary reinforced Beatrice's observation and moved the group toward agreeing that they would attempt to "create a space" at the meetings where it is safe to "be who we are."

The metaphor of creating space re-emerged often in their discussions as the need "to make space in my calendar for the meetings" and "to give myself space to have some down time, to not see patients back to back, day in and day out." This remained a key theme in their work together.

Using the Space

In choosing to use the meetings to talk about the impact of their work rather than about specific client cases, the trio's approach to peer collaboration can be described as emergent, non-task-driven, and inward looking. The women engaged in "rapport talk" (Tannen, 1990)—discourse that served a connective rather than informational function.

Nevertheless, they were intentional about their use of the space. They recognized that how they entered the space was important in terms of validating the group experience. Mary, Julie, and Beatrice noted how much they valued their time together and generally came to the meetings ready to work. However, they prepared in different ways. Anticipating the meetings, Beatrice noted down in her journal the day-to-day matters she wished to discuss. Julie also kept track of what she would bring to the group. She regarded their meetings as "an invitation to check in—to talk about what's been bothering me, at the back of my mind, what's weighing me down." Mary, on the other hand, was less deliberate than her partners: "I just show up, but I have things in my hip pocket."

How the group "kept things going" is another element of using their space. At its initial two meetings without the facilitator present, talk was centred on workload, professional identity, and self-care. Questions such as "Who can I be?" and "Who must I be?" as a grief counsellor were discussed. The three struggled with the professional boundary between being a "chronic caregiver" and a "friend," and with the professional imperative that they never speak ill of their clients.

During the course of their meetings, each member brought a problem narrative to the group. Trusting the group enough to expose individual vulnerabilities within their conversations together was, in essence, their way of "keeping things going." The following two examples illustrate how Mary, Julie, and Beatrice used

peer collaboration to approach the issue of self-care. In the first one, "Helping Julie Leave," they made significant shifts in their attitudes toward how they view their relationship with their clients. These attitude shifts served to invite them into action related to self-care. The second example, "Arming Beatrice," demonstrates how they used the group as a way to care for one another.

Helping Julie leave. Initially, the Counselling Trio considered their daunting workloads to be a primary barrier to self-care. Such case loads left them struggling with their professional choices as, for example, when Beatrice wondered if she should have focused so much energy on a suicidal woman, thereby neglecting other referrals? During their early meetings, Mary and Beatrice talked about their full schedules, with clients booked several months in advance. Mary worried aloud about what would happen if she became ill: "I'd still have to go to work because all these people depend on me."

As they continued to meet, the Counselling Trio realized that being more self-aware leads to more intentional choices about how they manage their workload. Self-knowledge, therefore, became a means of limiting negative impact on themselves and their clients.

In the course of their conversations, they also began to recognize that their heavy workloads were not necessarily their fault, but rather the result of the "impossible demands" that the institution had placed on them. Beatrice acknowledged, "I will be a mess if I think I can control it all. And that also means I don't have to be responsible for it all."

Julie introduced the notion of choice when she observed that, as counsellors, they had been invited to take on more than they had time or energy for, thus imposing and internalizing expectations upon themselves. As they considered how to control their workloads, they moved on to a discussion of how to create the balance that they saw as crucial to self-care. Beatrice said, "We must give ourselves permission to struggle with [finding] a balance between self and others. . . . We need to think about doing things differently." Though they would never escape the guilt of "never doing it quite right," the others agreed.

The shift in attitude was most evident, however, when the group considered how to help Julie take a leave of absence. Until that point, the conversations about self-care were largely academic because, although the group held a cognitive understanding of the barriers to self-care and how to engage in it, there was little evidence of behaviour change until Julie announced, at their second meeting, that she was taking some time off from work. "The reality is that my personal life is overwhelming. It's more than I can handle," she confessed. "I bit off more than I can chew with the marriage, the stepchildren, the house renos, the pregnancy. I'm trying to make sure my life becomes a little bit more like a calmer ocean than the turbulent sea that it is now."

When Julie expressed distress about taking a leave and stated that she felt like a failure for leaving her clients, Beatrice and Mary responded by reassuring her that her clients would be "fine" without her. Faced with the cognitive dissonance of believing they are indispensable to their clients and stating to Julie that the clients will be fine, Beatrice and Mary were forced to consider their own clients in

a different way—from being dependent to being resilient. When Julie described her clients' response to her leaving—congratulating her and offering her support "rather than saying, 'Oh God, you're leaving me!'"—Beatrice observed, "That tells me that a lot of our pressures are self-imposed." Then their talk shifted to client resiliency with statements such as "We're not the only people in their lives" and "They found me; they'll find somebody else."

At the next meeting, Beatrice shared an article on the "ministry of absence," which described how clients, in the absence of a helper, do important work. The group's discussion of the article served multiple functions. First, it continued to support Julie as she struggled with her guilt and sense of failure. Second, it opened up possibilities for Mary and Beatrice to reconsider their relationships with their clients. And finally, it invited the three to consider their own resiliency.

After discussing the article, Mary reflected on feeling indispensable to clients. "There is a strong sense of responsibility for our work that gets expanded into thinking 'What will happen without us?'" Even though counsellors are "key players in all this," Beatrice concludes that "people have strengths and they are resilient. They will develop new resources."

This shift from feeling indispensable and subsequently overwhelmed to considering the strength and resiliency of their clients allowed the women to reflect on self-care strategies. At the next meeting, group members shared what they had done. Beatrice had begun structuring daily and weekly "times off," and given herself permission to enjoy weekends, and Mary was scheduling clients differently—"not seeing so many in a day … not seeing them back to back. I won't do that anymore."

Arming Beatrice. The group also used their meetings as a forum for self-care. At their fourth meeting, Beatrice brought forward an incident that involved a demeaning and personally painful encounter with a colleague that left her feeling hurt and diminished. She expressed her reluctance to challenge her antagonist, noting that others also avoided direct confrontations with this coworker. The meeting centred on supporting Beatrice and then exploring options as to how she could better negotiate these troubled waters. As a result, Beatrice departed with what she described as "a coat of armor" that would serve her well in future encounters with this particular colleague.

In this example, the trio engaged in "trouble talk" that Jefferson (1988) called the ritual of exchange of woes in the interests of solidarity. As the women created an alliance, their support of Beatrice necessarily entailed opposition to and exclusion of the individual who is the source of her distress. Possibly because of the intensity of her distress, Beatrice was given "completion rights" (Tannen, 1994), such that the entire meeting focused on her initial question, "How do I keep myself safe in this environment?" Solidarity became evident when Julie took joint ownership of Beatrice's problem. Recognizing that the incident had occurred in their department and that "nobody else would tolerate it quite so long," she asserted the trio's need to challenge such practices. Such a declaration freed Beatrice to consider other options of keeping herself safe, ones that went beyond directly challenging her colleague. Using the concept of a metaphorical shield, the group further discussed how Beatrice could keep herself safe without compromising her integrity.

Reflecting on the Space

The Counselling Trio engaged in an ongoing evaluation of the peer collaboration process. Julie appreciated having "this time to search out things" and acknowledged the group's support when she considered taking her leave of absence. "To talk about it with another person, to connect with their version of the struggle affirms that we need to keep attending to this and make it part of our work," she concluded.

During their evaluative meeting with the facilitator, Mary, Beatrice, and Julie unanimously espoused the self-care benefits of peer collaboration groups. Combining their professional knowledge of group dynamics and their need for a safe place for personal sharing, the three women had created a unique space for themselves: "a self-care place, where we just sit and talk"; where there was honest sharing, even "in areas that we're not sure about"; where there was "confidentiality and trust." They didn't have "to worry about [clients'] or anyone else's needs"; they didn't necessarily "need to find the answers," but each knew that the group had her "best interests at heart." This safe place "soothes my soul at some levels," reported Beatrice. At the same time, she found it "regenerating." Julie also praised the peer group's "reinforcing … very energizing" qualities.

DISCUSSION

While engaging in discussions about self-care, the Counselling Trio were, from a professional standpoint, meeting their obligation to clients since engaging in self-care is a dimension of ethical practice. They repeatedly considered barriers to self-care. For example, although they had the ability to engage in self-care pursuits such as meditating, exercising, or taking time alone and indeed often taught their patients self-care, they grappled with the reality that their knowledge about the subject did not readily translate into self-care activity. While they sought to understand the personal and institutional barriers to self-care, the Counselling Trio did not directly identify cultural constraints on self-care nor did they consider the meaning of living and working in a society that values self-control, autonomy, and self-reliance. However, their conversations revealed how they suffered personally by working in a professional context that holds the assumption that we can train people to provide emotional support to the dying and bereaved without experiencing personal suffering.

Although generalizability of the results of this study is limited, the group's conversation about the impact of peer collaboration offered glimpses into how it can be used to enhance self-care among grief counsellors. It suggests that trust can be developed by a commitment to meet regularly in a private location for a specified period of one to two hours. Creating a safe place was an essential aspect of trust building, which then offered a forum for discussion that served to re-energize and, as Beatrice noted, to "soothe the soul." Negotiation of mutually agreed upon meeting goals was a central aspect of "making the group our own," while intentional use of the created space demonstrated a commitment to each other. The intentional use of space required a readiness to participate and bring to the meetings issues that were congruent with group goals.

Wenger's (1996) contention that conversation is an important source of workplace learning is reflected in this study. As stories of challenging situations are recounted, tacit and experiential knowledge is transferred. Thus, within the social constructivist paradigm, conversation and dialogue become the avenues along which individuals engage in meaning-making and creation of knowledge (Pereles, Lockyer, & Fidler, 2002). The social constructivist paradigm directly challenges traditionally held assumptions "that learning is an individual process, that it has a beginning and an end, that it is best separated from the rest of our activities, and that teaching is required for learning to occur" (Wenger, p. 21). Regarded in this way, peer collaboration conversations serve as the key mechanism for learning.

Additionally, talk is the primary activity of women's friendships where support, comfort, encouragement, and celebration are fostered, and is a space where women "learn to be themselves" (Coates, 1996, p. 44). Miller and Stiver (1997) noted that a woman's sense of connection to others is the central organizing feature of her development, and talk is the means by which personal identities are constructed, maintained, and validated. Carter (2002) advocated a work environment where "women find voice in connection with other women. Women need opportunities to make meaning of their common experiences as women in the workplace" (p. 84).

Nonetheless, researchers suggest prudence in terms of blanketing all women's conversations as supportive and growth-enhancing (Friedan, 2002). Markiewicz, Devine, and Kausilas (2000) highlighted the importance of considering the organizational context in understanding women-to-women conversations. In an organization where work is gendered and women are oppressed, for example, talk amongst them may be non-caring and evocative of feelings of frustration, anger, and hurt. For example, if these women align themselves with the oppressing group, their talk may be detrimental to developing a positive collective identity that values women and their work.

Peer collaboration, however, cannot be viewed without cautions. As group members move toward solidarity, they must negotiate the troubled waters of feeling controlled by the group and deal with the double bind of honouring their similarities, thereby masking their differences, or vice versa. Thus, the group's challenge is to develop strategies enabling it to negotiate the tensions created by this double bind. Also, peer groups must also be vigilant of the tendency to gossip and speak disparagingly about others (Tannen, 1994). Although such talk may initially be a vehicle for rapport building, it can soon disintegrate into unproductive negativity.

Finally, Tannen's (1994) findings about gendered conversations recommend reservations about the effectiveness of peer collaboration in mixed-gender groups. She noted that the differing linguistic strategies of men and women could lead to misunderstandings. Because men and women learn their styles of talking in gender-separate groups, they develop different norms for establishing and displaying conversational involvement. This, Tannen points out, can be interpreted by either gender as a failure of empathy.

SUMMARY

From the Counselling Trio, we observed that an important aspect of successful collaboration is the creation of a space to meet, to be "real," to feel safe, and

to trust. It must also have organizational support (Evans, 1994). Health care organizations that support peer collaboration are ones that value participation and interdependence, look for ways to maintain and enhance well-being, honour the importance of feelings in the workplace, and recognize the emotional toll on employees who daily come face to face with death and value participation and interdependence. Peer collaboration ideally occurs within an organizational context that considers peer meetings to be an important and recognized professional development endeavour (Evans). This means that psychological, physical, and work time and space must be created for peer meetings.

This study suggests that peer collaboration may be a vehicle for learning and self-care among helping professionals. As a joint production where responsibility for outcomes are equally shared, it can serve to honour the presence and importance of emotions in the workplace, in that it offers a respite from "performing emotions" and a place for counsellors to explore the dissonance that can occur between performed emotions and those that are kept secret from the clients and colleagues. It has the potential to enhance self-worth, due to the group members' sense of mutual empowerment and the opportunity to participate in development of others.

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