Mutuality in Responsibility and Decision Making

Every person involved in a communication process affects and is affected by every other person involved. Rogers (1970, p. 97) called this phenomenon "reciprocity." Reciprocal relationships are the basis of nursing practice. Having the potential to affect and be affected by the client offers the nurse the potential to assist the client to change behaviors in the direction of improved health. Reciprocity can be a powerful tool in problem-solving and decision-making situations that determine the nature and direction of change.

The concept of reciprocity is similar to that of mutuality. Reciprocity "is characterized as an interpersonal exchange, customarily expected to be symmetrical or equivalent" (Mendias, 1997, p. 435). By contrast, is characterized by having the same relationship toward another person and sharing things in common (Agnes, 2005). Mutuality appears as a concept in Peplau's (1952), Watson's (1996, 2012), and Leddy's (2004) conceptual models in terms of mutual gain in a nurse-client relationship. Leddy expanded the use of the term "mutual" in terms of shared and connected processes humans have with environments.

Developing these ideas of mutual exchange and gain, Marck (1990, pp. 49, 57) discussed the concept of therapeutic reciprocity as follows:

> "one phenomenon of caring, (which) allows both the nurse and the client to benefit from their relationship in a mutually empowering manner.... Therapeutic reciprocity is a mutual, collaborative, probabilistic, instructive, and empowering exchange of feelings, thoughts, and behaviors between the nurse and client for the purpose of enhancing the human outcomes of the relationship for all parties concerned."

All of the previously specified roles represent elements of presence, empathy, respect, and genuineness. Communication in these role relationships evolves from diagnostic interactions to therapeutic interactions, including education and support, as the client moves toward achievement of optimal health. The absolute element of all these roles is mutuality in responsibility and decision making, if both the nurse and the client are expected to grow and experience satisfaction from the caring experience.

Communication and Anxiety

Nurses facilitate client change. The nature of change includes alternatives of cognitive repatterning (using new information to increase understanding), affective adjustment (using the relationship to become aware of, accept, and express feelings), and synthesis of cognitions and feelings in interpersonal repatterning (using the relationship to learn to interact with others in the social system). The direction of change can be toward health enhancement or deterioration. Obviously, the nurse and the client want to direct change toward enhanced health or a peaceful death.

Every social system has role behaviors for constituents to follow. The way a person communicates is greatly affected by his or her perceived role in the system. Roles "are structures that are imposed on behavior" (Berlo, 1960, p. 153). Three aspects of roles must be understood in trying to positively affect the other person in a relationship.

1. **Role prescription:** The formal, explicit statement of what behaviors should be performed by persons in a given role.
2. **Role description:** A report of the behaviors that are performed by persons in a given role.