

User empowerment happens through good relationship skills, not dogma says **Rogan Wolf**

From the heart

Years ago I had a conversation with a mental health trainer, that has stayed with me. I was on a course where all the workers present seemed depressed and unsure of the value of their role (so what's new ?) and at the same time they seemed completely hooked on a very medical model of mental health. This was at a time when psychiatry itself seemed to be moving at last towards a more complex, less purely biological approach. I couldn't understand what seemed to me a surrender by the care workers of their own knowledge and conviction, and it depressed me.

'It's obvious', said the trainer. 'Mental health workers function in a grey and painful area, where feelings are strong and often out of hand, the self exposed and in confusion. It's a difficult and emotionally pressured place. Not surprising then, that many of them turn away from the pain and complexity of their day-to-day-reality and borrow someone else's simplistic black and white. I call it the "strong model syndrome." It may not be true, but at least it's strong.' A fundamentalist answer, in other words. A dogma. Somewhere to hide.

Good mental health work at ground level is chiefly about relationship. True relationship relies on the opening up and deployment of self in a state of disciplined and skillful emotional vulnerability. What are the core skills of helping ? – "Warmth, Genuineness and Accurate Empathy" say Truax and Carkhuff,¹ American researchers. This means respecting people absolutely and refusing to put them in boxes, refusing to detach yourself in some purely mental construct. It's what a service user recruitment panel is looking for from professional staff. It's what all the service users I ever speak to say is the most important thing in a care worker – that sense of linking with someone who's really there for you, who's

working from the heart and not from the book. It's what connects person to person. A healthy community relies on this faculty. It's reality.

But reality is so difficult, as the trainer pointed out, so grey and tumultuous. The poet TS Eliot agrees : "Humankind cannot bear very much reality." ²

Which brings us to user consultation. What I'm scared of is that the user agenda is being pursued too often in the spirit of a 'commercial strong model,' a materialist dogma which denies too easily the need for good relationship skills. It becomes just a matter of managers and agenda items, of customers and customer-concerns, the whole operation reduced to numbers, hollow gestures, haste, denial and carelessness.

Too much of the language of user consultation denies the reality of mental ill-health and the experience of those who suffer from it ; in doing so, it denies as well the need for relationship skills to help people find their true voice and to listen properly when they do so. And this not only puts service users at serious risk from their own services, but it makes the ground level worker's position more exposed than ever.

User empowerment will not be achieved without an active and creative partnership with ground level care workers – the knowledge those workers have and the refined listening and communication skills they need to practice . The better the morale and self-belief of ground level care workers, the more users will benefit. Staff morale is a user issue.

For more information, the document 'Morale in Care Organisations – Proposals on Staff Support and Participation' can be viewed at www.charts.force9.co.uk

1. Truax and Carkhuff (1967) adapted by C Sutton (1979)
Psychology for Social Workers and Counsellors, London, Routledge.
2. T.S.Eliot (1943) 'Burnt Norton', *Four Quartets*, London : Faber.

Consultation is a skill

When a panel of service users is helping to recruit staff, they are chiefly assessing the candidates' relationship skills - in interviews for managers no less than for clinical staff. In both these roles now, relationship skills must be seen as a core necessity, and should be spelled out as such in the Person Specification. And there is surely no better way of examining for those skills than by putting candidates before the very people they are applying to work with.

But what do we mean by "relationship skills ?" They have been defined as warmth, genuineness and the ability to empathise accurately. The word "accurate" stands out. Relationship skills do seem to rely on your ability to place yourself accurately in the experience - separate from yours but equally central - of the person you're addressing.

But where do we see these skills being used ? They appear (for example) when people need supporting through change and loss and other crises ; or need help in addressing and resolving conflict ; group leaders find they come in handy in complex social situations, such as the beginning or endings of meetings, where deftness and sensitivity can help allay anxieties and concentrate energies. Leading any group needs a high degree of insight and relationship expertise - expertise that's pouring into every classroom in the land each school-day, to a greater or lesser degree. It is even the case that some organisations see relationship skills as being an essential part of good management practice.

In other words, relationship skills are not just some magical elixir to be prescribed to the sick (if they're lucky). Relationship skills are what make us people and get things done. They are the basic currency of a sane society. A day devoid of relationship skills would be the world's last day. We can't survive without them.

Traditionally, social workers, occupational therapists, counsellors, community psychiatric nurses, set a great deal of store by relationship skills. They are trained to be experts in them. Relationship skills are their main tool of delivery.

And yet for years, while (some, too many) elderly psychiatrists ruled the roost in the traditional ward round, acting as if regard for the person *behind* the symptoms had no place in clinical practice, and relationship skills were irrelevant, members of all these other professions for whom care and relationship are paramount, sat mute in the circle, overwhelmed and negated by the power and charisma of medical dogma.

And now I have reached my point. The same is happening in user consultation. The core human skills, the *hyphen* skills, are being swept aside in favour of dogma. As if relationship skills are the sole preserve of a few ground-level practitioners to whom you refer people with special needs. This time it's an over-simplified management dogma that sweeps all before it, replacing the over-simplified medical one.

According to this management dogma, all you need to do to consult properly is to invite, cajole, lure, one or two people from the street who've received your services, into your hurried, harassed management meetings, and treat them as if they are hurried, harassed and over-worked managers just like you.

Relationship skills are needed in user consultation, because it's a process that involves people, feelings, confusion, hurt, vulnerability. User consultation urgently requires high, unhurried, human skill. Otherwise it will do harm and a real opportunity for creative benefit will have been lost.

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