Uncovering emotions at Engagement Sands

In the previous article of this series, *Hidden Emotions on Triangle Island* (Bates, 2011), the following points were explored:

- Engagement Sands represents the relationship between the mental health service and its community

- Staff working in the mental health service may find the wider community an alienating and threatening place where cultural norms are unfamiliar and difficult to interpret

- This may lead to the community being stereotyped as hostile to people with mental health difficulties as staff split off their anxiety and project the negative feelings on to the community

- As these feelings may have little direct impact upon mainstream community organisations, staff power may be diverted into reinforcing the segregation of people using the mental health service in the benevolent sanctuary of specialist provision, far away from hostile and unfriendly community groups and networks.

Abstract
This is the third article in the series that uses the metaphor of Triangle Island, which explores the relationship between people who use services, the agencies that provide them, and the communities in which both live. This article will look in more detail at some of the challenges faced by staff who seek to build connections with mainstream community organisations.

Key points
- When staff from services reach out to mainstream community organisations, they may experience a range of conflicting emotions
- These feelings include a heightened sense of limitation as they exchange power inside services for influence in communities
- Traditional skills are useful inside services, but staff find themselves less proficient in working with community agencies
- It is vital to maintain hope for both individuals and communities in the face of setbacks
- Staff often experience a mixture of caution and welcome as they engage with other organisations and groups

Key words
Community, engagement, proficiency, insight

Recovery for individuals and communities

A number of groups share overlapping concerns, and many individuals belong to more than one group. We look to the disabled people's movement for a strong celebration of difference. Instead of trying to fix a faulty body or mind, the focus is on removing the disabling barriers in society and living well, even with continuing experiences of mental distress.

Advocates of recovery declare that recovery is possible for individuals. People who have used mental health services can reconnect with a life that is bigger than their symptoms, diagnoses and treatments. Small care plans can be absorbed into larger life plans. A period of acute distress can fade until it no longer occupies centre stage and absorbs all our attention. Mental health staff can be demoted to no more than a walk-on part while other things top the bill in our lives, even if those staff provide daily support.

Inclusion advocates assert that the journey of recovery is possible for communities too. Employers can learn to support, rather than fire their employees who experience distress. Neighbours can check whether the person next door has managed to get to the shops recently. Colleges can offer appropriate support to anyone who wants to learn. Faith communities and interest groups can welcome people who find it difficult to fit in. Despite these combined efforts, progress has been slow, suggesting that perhaps we need to pay more attention to the conflicting emotions that staff experience in supporting communities and individuals. While some of these emotions are beautiful and life-enhancing, others most definitely are not. As human beings we often experience ambivalence—seemingly opposing feelings that co-exist within us, rapidly replacing each other at the front of our minds.

Four pairs of these 'hard to reconcile' feelings will be discussed—agency and limitation, proficiency and humility, realism and hope, caution and welcome. Within each pair, the ambivalence cannot be resolved by simply denying the existence of one or the other—both need to be acknowledged. In each

Peter Bates
Head of Community Inclusion, National Development Team for Inclusion

case, we discuss the 'healthy' version of each pole (the first pair are agency and limitation) and then show how each can be distorted into an extreme and unhealthy version (for the first pair of feelings, this would be omnipotence and paralysis). Their implications for the relationship between the mental health services and the wider community will be explored.

Agency and limitation

Feeling a sense of personal agency is a mark of good mental health, as awareness of one's role as a potent actor in the world boosts self-esteem, optimism, motivation, performance and emotional wellbeing (Bandura, 2006). Despite the stress of overwork, burgeoning in-trays and information overload, many jobs feed this sense of agency by enabling workers to decide things, create solutions and be accountable. Alongside this lies the less discussed sense of limitation that comes from the realisation that many of the biggest influences on our lives are in fact beyond our control.

On Empowerment Bay—inside service buildings and when relating to people using mental health services—staff can feel relatively in control, upheld by the aura of professionalism, technical language and structured diagnosis. In contrast, on Engagement Sands (out in communities) they accurately perceive that they are comparatively disempowered and not in control to the same extent. Community organisations are not biddable, social and physical environments cannot be shaped by service managers, options cannot be closed down if they become inconvenient and the number of stimuli is too high to formulate into a neat cause and effect model. Rather than face up to their anxiety about the limitations that are inherent in every relationship between two human beings or two organisations—the sharp pain of realisation that one cannot really understand, manage or control the other's emotional life—it is tempting to return to the illusory safety of the service, to the predictability of Empowerment Bay.

A second, equally unsatisfactory strategy for life on Engagement Sands is to distort healthy agency into an omnipotent need to control and, when this is combined with the inclusion imperative, staff contact with community agencies is spoilt by hectoring and criticism.

A third maladaptive response is to distort an honest acknowledgement of limitations into a painful, negative feeling of inadequacy. Staff may then feel tempted to deny these negative, painful feelings, split them off and project them onto the community, so that they are left with only the virtuous part of themselves. This process occurs each

Figure 1. Triangle Island

time staff portray the community as homogeneous, uniformly prejudiced, stigmatising and hostile.

Some staff adopt the language of otherness by referring to 'the community' while vigorously applying negative stereotypes that it 'doesn't want to change'. Thus, they deny the good aspects of community as a means to hide from the bad parts of themselves, and in so doing, blind themselves to an honest appraisal of both self and others, corrupt help into hurt, desensitise themselves to the truth and avoid the hard work of honest reflection. As Angela Foster (2001) says, this denial 'helps us survive but wears us out'. The sense of freedom from obligation it may bring is false, temporary and illusory.

Uncovering hidden emotions on Engagement Sands demands that staff in mental health services accept their potent, but limited agency when facing the wider community.

Proficiency and humility

Creating communities that are worth joining and where there is a place for everyone requires commitment, real skills and a long time frame. Both the development of NHS Foundation Trusts (NHS, 2005) and the Capabilities for Inclusive Practice (Care Services Improvement Partnership and National Social Inclusion Programme, 2007) demand both individual and organisational capabilities that challenge traditional mental health services to function differently, to reach out to the communities that they serve, and to join with others of goodwill— in short, to occupy Engagement Sands.

While managers and staff often feel proficient within the protective framework of Empowerment Bay (the service setting), they may have less confidence, ability and self-belief on Engagement Sands, where they must relate to community members as partners rather than as an expert.

Anxiety about proficiency may be distorted into superiority and arrogance if mental health staff become convinced that they can always support people far more effectively than informal communities would manage.

Alongside technical proficiency, achieving the vision of true community also requires humility. The goal of social inclusion is actually very simple—we all belong, we are all valued and we all contribute. It means everyone is safe and their talents are valued and harnessed. People want each other to be there and feel poorer when someone is absent. Not all communities aspire to this, perhaps, and this simple vision of unity in diversity has not only motivated, but also defeated and humbled social reformers for centuries.
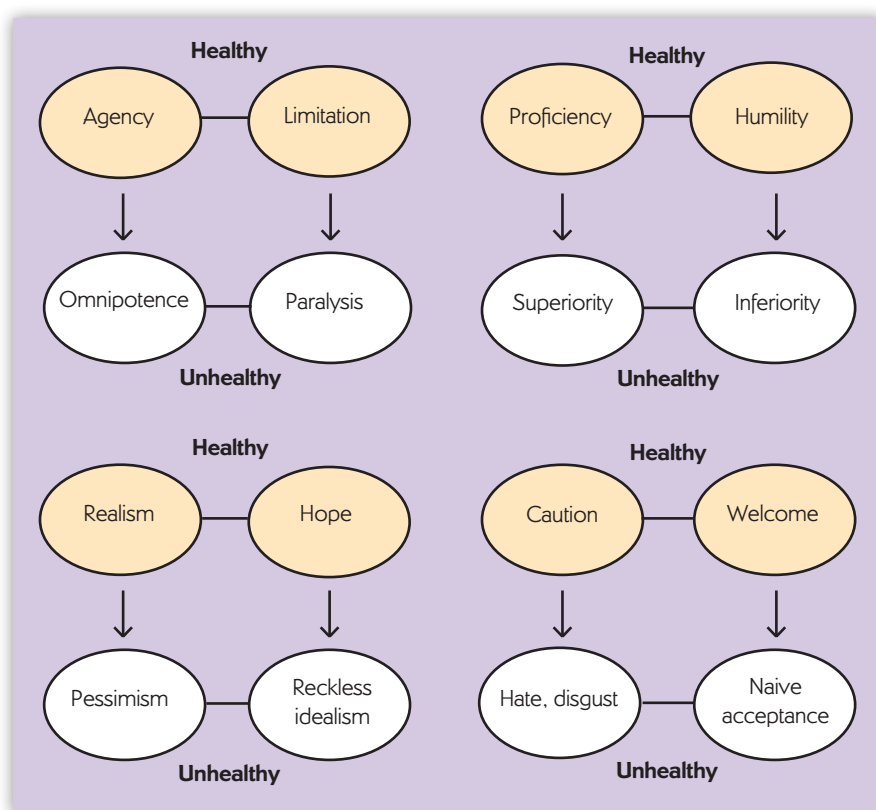

Figure 2. Four healthy tensions in our relationship with the community

Living out this vision requires mental health staff to acknowledge that they may not be the only people involved in someone's life and their voice may not be the most significant one. The attitude of humility helps to ensure staff do not neglect the informal aspects of people's lives and it prevents proficiency being distorted into superiority and rivalry between people and between organisations.

Just as superiority and abuse of power can be distorted manifestations of proficiency, so too can humility be distorted into an unhealthy sense of inferiority, humiliation or shame. Feelings of shame can damage the behaviour and attitudes of staff and their organisation's policies.

Perhaps shame shapes the mental health service's confidentiality procedures, as staff hide behind academic discussions about information-sharing protocols and the 'need to know' principle (as if 'need to be known' was not a basic human need). Many policies explicitly mention sharing information within the 'club' of statutory helping agencies, while negotiating such arrangements with community organisations—employers, educators, leisure organisations or friends—is often ignored.

In other words, information sharing protocols are written for those living at Service Rocks, rather than to help people move from the service to the community. Indeed, we have encountered a number

> ‘*feeling ‘uncomfortable’ … is easier to accept than the harshness of potent terms like fear or shame*’

of staff teams where staff put their name badges on whenever they accompany someone into a community activity, as if the name badge lessened and explained the shame staff felt at being seen to spend time in public with people using their service. As a result, inclusion work is subverted.

The social inclusion agenda demands proficiency and humility rather than superiority and shame. Social inclusion work at its most proficient makes humility visible. Staff listen to the person and the community, they explore community roles and relationships, they trust their colleagues in mainstream community organisations to start by doing the best job they can and to learn as they mature, and they trust good-hearted relatives, friends and acquaintances.

Realism and hope

Not all citizens are good-hearted, and so our realistic concern about safeguarding, health and safety has reduced the number of needless deaths, introduced seatbelts, banned smoking and kept people alive. Whether focused on promoting inclusion, resolving distress or both, teams that work well take a realistic attitude to risk and the possibility of failure. They know that the best predictor of future behaviour is past behaviour and work tirelessly to avoid repeating the worst of a person's history. They understand that people and communities can be hurt by superficial, hurried or doctrinaire approaches to inclusion, and so they take time to take care.

Hope, too, is crucial on Empowerment Bay for promoting recovery for individuals. Hope is based on a deliberate choice to pay attention to the positive evidence, to people's potential rather than their impairments. For that matter, hope is central for those living and working on Engagement Sands as they imagine how a welcoming and respectful community might operate. Some of us have built a mental habit of hopelessness and so a great deal of effort is needed to retrain.

Realism can be distorted into pessimism. Much of our society seems pessimistic—the six o'clock news sounds more like the six o'clock 'bad news'. The

English grumble about the weather. People in some mental health services endlessly recite the stories of hate crime in communities as pessimistic certainty seems easier to live with than uncertain hope.

Anyone involved in effective social inclusion work is hopeful about the potential for communities to do better. If there are no good, local stories about employers supporting their staff with serious mental health problems, they collect stories about how employers have accommodated people with a back injury or a broken relationship, and start from there. While pessimists press us to combat pervasive discrimination in communities, hopeful workers committed to social inclusion celebrate the warm reception that is given to some travellers who are moving from services to the communities of their choice. Such gentle, unremitting optimism that acknowledges rather than naively denying the reality of barriers and difficulties is an offence to the pessimists.

Inclusive services face the realities of discrimination and yet embrace a hopeful attitude that avoids naive and reckless idealism. They are an encouragement to people using mental health services to believe that recovery and participation in the community is achievable. They celebrate with employers, colleges, leisure and community organisations when they get things right for people who have mental health problems, and on the occasions that they don't work they make extra efforts to understand what to try next time. The healthy blend of realism and hope is vital for survival on Engagement Sands.

Caution and welcome

When meeting another human being, we cautiously explore physical attributes and body language, eye contact and communication to discern whether this person is friend or foe, happy or sorrowful, attractive or repulsive. This wary discernment of the person is an essential skill that is here labelled as caution. It is the skill we need our children to learn and that services have systematised into a variety of assessment processes.

In contrast is the warmth of a welcoming handshake for the newcomer (Chaplin et al, 2000), hospitality for the stranger and joy in making a new friend. Derek Wilson defines inclusion as 'getting the welcome right'.

When caution is distorted it turns into a presupposition of suspicion, fear, hate or disgust. We can learn these default attitudes very early in life: a children's playground in the south of England is surrounded by large notices proclaiming 'stranger

danger' in a chilling demonstration of this process, and similar negative assumptions can adhere to many people who appear different. Over time, society releases some people from the burden of this discrimination and new groups are targeted.

While people who experience mental health issues can be subject to deliberate discrimination driven by fear, hatred or disgust in the wider community, lesser versions of these negative emotions are perhaps more common. Just as we are predisposed to trust people whose facial appearance is similar to our own, so we may gravitate towards those whose behaviour, clothes and mannerisms suggest that we may be of the same 'tribe'. In doing so, we shift away from those who appear different.

When stepping out into the wider community, mental health workers leave behind the comfort of their own tribe with its familiar jargon, rhythms, identity badges and priorities. They enter a different world with its own priorities and a new, confusing language—people are called customers, advocacy means lawyers, care or recovery may not be the raison d'être of the organisation. It is easy to feel anxious and to respond by casting around for another exile from our own homeland with whom to form a link. Once we find them, we might reinforce our bond with them by emphasising and negatively valuing the characteristics of the community group in contrast with our own.

An alternative strategy is to harness the very anxiety that is evoked by being in a strange and unfamiliar place to improve our ability to cautiously discern how things work there. It will heighten our sensitivities, intensify the new experiences and so speed our learning about the customs in this new land. This demands that we stay with the anxiety and uncertainty rather than rush to judgement on the basis of our suspicion or fear. Mental health staff who spend time in a new culture, such as the retail or leisure industry, need to develop a sophisticated approach to community assessment that obliges them to stay with the anxiety and uncertainty rather than give up and go home.

On the opposite pole to healthy caution and its distortion into suspicion and fear lies welcome and its distortion into naive acceptance which abandons all discernment and ignores the realities of discrimination. Such a position is temporarily easy to live with, as it avoids dissonance and superficially appears optimistic, but it will ultimately collapse.

Only by addressing the emotions that are hidden behind both caution and welcome will we find a way to face the reality of life on Engagement Sands and avoid the errors that lead to segregation.

ISTOCKPHOTO

Possible ways forward

As human beings we need both the emotional safety that accrues as we spend time in familiar settings, and the challenge of new cultures. Martz (2004) showed that psychological adjustment to mental ill health can be helped by membership of a welcoming group (Martz, 2004) alongside the experience of participating in a less-tolerant setting that strengthens resilience and helps to combat negative attitudes. As this is true on Empowerment Bay, it is also true on Engagement Sands, and so staff will need a mixture of the familiar and the new as they move into more inclusive practice.

How might we help communities become more welcoming? The 'social contact hypothesis' (Allport, 1954) asserts that stigmatisation diminishes as people spend more time together. However, other factors are at play as well, since we note that if it was entirely successful, then it would mean that discrimination would be absent on Empowerment Bay, and this is clearly not the case (Thornicroft, 2006). But in general, fear is diminished when we hear and enter into the devalued person's story as our anxiety is reduced, our experience grows and we reflect on the meaning of what we see and hear (Hewstone, 2003).

In identifying and rejecting stereotypes, we may need to acknowledge that society's response is neither uniform nor static, and both individuals and groups vary in their responses. While some people may indeed experience powerful negative emotions, others will occupy different points on the spectrum, and most of us will experience a variety of responses and vary in the extent to which we have integrated

these aspects of ourselves. Successful inclusion projects labour for incremental progress within themselves and within the wider community.

Adopting a virtuous stance on these matters, as if we only experience the 'inclusion-friendly' emotions, will not do. Instead, we need to admit our own feelings and perhaps add non-morbid curiosity to the mix, whilst bravely working with the less attractive emotions. Insights are available from those who have, over a long period, explored these processes as they operate between teams and with management in the workplace (Obholtzer and Roberts, 1994).

In public, and especially with people who might have been a target for some of these responses, we can be kind to ourselves and others by using gentle language—feeling 'uncomfortable' and 'out of our comfort zone' is easier to accept than the harshness of potent terms like fear or shame. Attempts to initiate an honest conversation about your feelings with a 'different' person can seem intrusive and self-serving to the other, who may not wish to live their life as a 'therapist on demand'. Instead, we need to take some responsibility for our own internal world, and seek out insight and mentoring from informed but disinterested people.

The long view suggests that as more of us move around Triangle Island, as personalisation, recovery and socially inclusive practice open up new views for the person, service and community to grow up together, so we will have many opportunities to learn about each other, test our understanding and gain insight to deal with the less attractive parts of ourselves.

Conclusion

This article did not aim to develop a comprehensive typology of emotions and their hidden influences on Engagement Sands. Indeed, there has hardly been a mention of blame, envy, guilt and a host of other emotions (see Wolfensberger, 1972 for a discussion of some of these). In general, we are unlikely to arrive in a place where there are clean conclusions, tidy solutions, and resolution. Honesty lives alongside denial, shared understanding is mingled with excruciating awkwardness, and mess masquerades as simplicity. Despite these challenges, the goal is worth the effort, and we share Nussbaum's aspiration:

> 'What I am calling for, in effect, is something that I do not expect we shall ever fully achieve, a society that acknowledges its own humanity, and neither hides us from it nor it from us; a society of citizens who admit that they are needy and vulnerable, and who discard the grandiose demands for omnipotence and completeness that have been at the heart of so much human misery, both public and private … Such a society remains elusive because incompleteness is frightening and grandiose fictions are comforting.' (Nussbaum, 2004)

To live better on Triangle Island we need to listen to all the emotions within ourselves and others. We need to place ourselves and others under scrutiny as we try to name the almost unnameable. We need to create a space where these feelings can enter conversation, for if we can't even talk about it, then we are unlikely to find ways forward together.

The challenge is clear—an inclusion project that relies on negotiating opportunities for people to take up the role of employee, householder, leisure group member or friend will make limited progress unless it also finds a way to grapple with the emotional life of its staff, participants and community partners. **BJW**

References

Allport GW (1954) *The Nature of Prejudice*. Addison-Wesley, Reading, MA

Bandura A (2006) Toward a psychology of human agency. *Perspect Psychol Sci* **1**(2): 164–80

Bates P (2010) Living on Triangle Island. *British Journal of Wellbeing* **1**(9): 17–20

Bates P (2011) Emotional life on Triangle Island. *British Journal of Wellbeing* **2**(1): 15–9

Care Services Improvement Partnership, National Social Inclusion Programme (2007) *Capabilities for Inclusive Practice*. Department of Health, London

Chaplin WF, Phillips JB, Brown JD, Clanton NR, Stein JL (2000) Handshaking, gender, personality, and first impressions. *J Pers Soc Psychol* **79**(1) 110–7

Foster A (2001) The duty of care and the need to split *The Journal of Social Work Work Practice* **15**(1): 81–90

Hewstone M (2003) Intergroup contact: panacea for prejudice? *The Psyhologist* **16**(7): 352–5

Martz E (2004) A philosophical perspective to confront disability stigmatization and promote adaptation to disability *J Loss Trauma* **9**(2): 139–58

NHS (2005) *A Short Guide to NHS Foundation Trusts*. Department of Health, London

Nussbaum MC (2004) *Hiding from Humanity: Disgust, Shame and the Law*. Princeton University Press, Princeton NJ

Obholtzer A, Roberts VZ, eds (1994) *The Unconscious at Work: Individual and Organisational Stress in the Human Services*. Routledge, London

Thornicroft G (2006) *Shunned: Discrimination against people with mental illness*. Oxford University Press, Oxford

Wolfensberger W (1972) *The Principle of Normalization in Human Services*. G Allan Roeher Inst Kinsman, Toronto