

About solidarity, courage and professional talks

carina håkansson

summary

This article is about how children and young people are met by professional 'helpers' and how language and the words we use influence and have consequences for both the individual and the professional organisation and its culture.

Language has a profound significance for our coming into being and our way of understanding the world. A considerable part of my professional responsibility is to create a culture, together with others, where we are given the possibility to talk to, and not about, each other; where the other does not become an object for observation but a human being who, just as myself, is both influenced by and influences what happens between us.

I take a clear stance against the use of psychiatric diagnosis, and instead I consider how we in our professional work might use reliable experience and knowledge from different sources, not least that which is called life. This is not easily captured either in techniques, simplified formulations or general manuals. Both personally and professionally, we should always be prepared to ask ourselves, "What am I doing and what is my task?"

We can never know, never own the truth about what is experienced, sensed or felt by anybody else. However we can aspire to understand sufficiently how the world around us takes shape and who I am, and who the other is in it. Our professional work should aspire to create different contexts that explore different 'truths' and perspectives, both in the structure and the culture.

Over many years as a psychotherapist I have been increasingly engaged in the way children and young people are being met by professional 'helpers'. Manuals, tables, evidence based decisions – whatever that means – and not least psychiatric diagnoses have become matters of course in characterising both language and treatment.

For 20 years I have been working with several people at The Family Care Foundation in Gothenburg. Some of us are called clients (children, young people and adults) others are called family homes (a kind of foster home) and yet others are professional helpers (therapists, an administrator and an accountant). Our vision is to create a good space for people to be in, to combine so called ordinary life with therapeutic thinking and being. Over the years the practical work has generated new knowledge and a new understanding, which we, in different ways, try to apply in our different rooms.

Last spring I was in conversation with eight other people. One of them was a boy, aged fifteen, who for two years had been at a special institution for 'young people with certain deficiencies'. Now he was sitting in a room at my workplace together with his parents, his social worker, a child psychologist and treatment assistants from the institution. It was the first time he met my colleague and me. We started by talking about ourselves and about the place where we work. He sat looking down at the floor. After a while I turned to him and asked if there was anything more he wanted to know right now.

At that time the child psychologist says, "Maybe I can start to talk about Sten." While saying this he takes a sheaf of papers from his briefcase and immediately starts reading from Sten's assessments. There is a succession of psychiatric diagnoses together with expressions like 'disturbance', 'dysfunction', 'abnormality', 'displaying of' and 'not responding to'.

Staff from the institution nod approval and say that they recognise what is written, but they also want to add some observations from the ward. I feel a pain in my stomach; this cannot be a way to talk with a young person and his parents. How would I feel if I had been Sten? If I had been his mother or father? So I interrupt the psychologist saying, "I wonder how I would feel if I was Sten, sitting here with seven other people, two of whom were totally unknown to me, and if I was being talked about in the way that is happening right now?"

There is silence in the room and I feel the pounding of my heart. Maybe there will not be any more conversation today, maybe I just made that impossible? Then Sten looks up and says that he would like us to tell a little more about how we go about things here.

There is an innate knowledge about what human life is about. This innate knowledge is the basis for our existence; that we see one another and take both ourselves and the other seriously; that the just newborn child knows that there is a waiting breast and the new mother knows what her child needs.

Patricia Tudor-Sandahl writes in her book *Om barnet inom oss* [About the child within us]:

The ability of the mother to give her child this necessary start in life is not depending on if she has studied the 'right' theories of education or is informed of the latest findings in psychology. It is a matter of her own inner approach coming from her own inner security... However, more and more we learn to turn to the 'experts'. We search for answers from people on the outside about how to relate to our children and to each other. Instead of trusting our own inner sensitivity we seek 'technical' solutions and 'right' answers to relationship problems. (Tudor-Sandahl, 1991)

knowledge about life itself

In the book *Man kan inte så noga veta* [You cannot know for sure] Tom Andersen writes:

The art of knowledge that is mentioned here is what I call relational and bodily knowledge. A great deal of what arrests us in relationship to other people, both when the relationship is called to do treatment or to do research, is of this nature, namely the part of the world that we 'experience on our bodies' and do not grasp with the thought, partly because our formulations in language fall short. When we have given name to what we sense, we easily believe that what we have given name to is there. But, is it? We ought to neither say yes, nor no. We ought to say that we do not know. (Kjellberg, 2001)

Most of us know what is important for us. Most of us know early in life what will do us good and what we need. Even if we do not have the ability to verbalise, our bodies have the ability to 'understand' as well as to react, to talk to us. This bodily knowledge; this trust in what is felt in the body we need to protect and allow for, also as professional helpers. How do we set about including this knowledge in our professional

work? How do we find the courage to stand up for what we know inside our bodies?

What needs to be there around each one of us in order for that to be possible? How do we create contexts for knowledge that we sense on the body, but, that is not to be captured by simple models or technical manuals?

The meeting between the little child and the first helper, the mother, evolves from a knowledge about life itself. We could call it love, the care about the other and about oneself. We come into being through each other.

In our work as professional helpers it seems as if we every now and then 'forget' these principles of life, these prerequisites of life itself. This is most evident in work with children and young people. It happens when, as we meet in the therapy room, at the school health care meeting or in the network gathering, the child becomes an object; someone who is an object of observation disconnected and separated from his or her context; someone who is not included and not allowed to take part; someone who is not like the others.

describing an individual is describing a relationship

Over and over again through almost twenty-five years as a professional helper I have met people who have told me, in various ways, about the importance of being one among others. To be 'ordinary' and to be encountered as an 'ordinary' human being. Since there are no ordinary people and no one who is not ordinary; I think the word ordinary means being one among others. To long for, to be afraid, to be tired, to be a bit crazy in love, to be furious, to be spiteful ... all of this and more things that are included in being a human.

Some time ago I visited a family home where Stina, one of 'my' youngsters, lives. She gave me a piece of paper that she had received in the mail the same day. Her hand was trembling when she gave it to me and she wondered: "Is this what is described there really me?"

We sat at the kitchen table and as I was reading, my hand began trembling as well.

report/statement

I, the undersigned have from [date] regularly seen described person at (the name of the institution excluded here) for counselling and psychiatric assessment. From earlier assessments/files the following is understood/gathered:

- Several prenatal stigmata (high palate, bilateral epicanthus, bent little fingers, bilateral sandal gap). Early considerable increase in weight.
- Heredity for serious mental disease, including schizophrenia.
- 1994 described person obtains DAMP diagnosis
- Outbursts of aggression during early school years.
- Schooling fairly well functioning after transition to special school.
- At 11 years of age treatment according to Care of Young People Act (LVU) on basis of deficient social environment, is then described as considerably deviant. Suspected sexual assault at age 11.
- Contact with child and adolescent psychiatry since 01 due to aggression and suicidal utterances.
- 2001 and 2004 assessed ability considerably below average, bordering on slight mental retardation (IQ 70)
- 2004 described person obtains the diagnoses atypical autism + DAMP + negative episode during childhood.
- 2005 described person obtains without further specification the diagnoses DAMP, atypical autism and learning disability.
- Summer 2005 inpatient care due to voice hallucinosis and destructive behaviour partly compulsory institutional care by Act on Compulsory Psychiatric Care (LPT). Then responding well on neuroleptic medication.

In all, the undersigned evaluates that described person has an untreated trauma which in combination with autism and low endowments results in psychiatric deficits such as depression and states similar to psychosis.

The above report was written by a senior medical doctor and psychiatric specialist who had met Stina on a few occasions.

"Is that really me?" she again wondered when I had read the paper through. How to answer? What did I say? "Clearly, it is not you and I wish with all my heart that no human being would be described in that manner."

I said something like that and then I asked if she wanted me to tell what I thought about her. As I was asking the question I understood that it needed to be reformulated. My description of her had to include a description of me, and of the relationship between us. And not the least, also include the context and the stories that surround us and influence both of us.

Lee Smolin, professor of physics, reflects:

It seems there are two kinds of things in the world. There are objects like rocks and can openers that simply are, that may be explained completely by a list of their properties. And then there are things that can only be comprehended as processes, that can only be explained by telling stories. For things of this second kind a simple description never suffices. A story is the only adequate description of them because entities like people and cultures are not really things, they are processes unfolding in time. (Smolin, 2000).

When we refrain in our work from using manuals, tables, and other 'technical stuff', I and the other and those around together create a shared work space with its different stories. What goes into that space? What knowledge and experience is conveyed? How does this happen? Not to use psychiatric diagnoses, technical models and concepts in the professional work has consequences, not only for those called clients but also for me as a professional helper. Together with the other, instead of watching and observing, I need to create a space for feelings, thoughts, reflections and shared creativity, a context that influences and touches both of us.

To be touched by the other, to expose yourself in the meeting, in many ways is synonymous with solidarity, being there together with the other on the same conditions. To expose yourself is also a matter of doing the non-familiar, to try something new and be there in the not yet known.

In his book, *Child Focused Practice: A Collaborative Systemic Approach*, Jim Wilson relates how he in his work tries to find ways to approach a child or somebody else in the family. Sometimes it can be necessary to risk your own sense of security and comfort. He writes,

That which is spoken about or enacted by the child and other family members is not the only account of the situation. No matter how fixed these descriptions have become, the therapist should help to bring other words, actions, and more expanded accounts to life in order to make a wider repertoire available to the child and adults in dealing with their difficulties. (Wilson, 1998).

It is necessary to base my work on something, both for the one I meet and for myself. The practical work, theories, experiences and visions of other people, all help to sustain the question of what is happening here and now, and to remember who the other is, who I am, and how the context influences and touches both of us. How do we manage when our beliefs in the professional room are too diverse? When our opinions clash with what we feel in our bodies; who has the power then and how is that made clear?

I believe in the importance of 'not knowing' and I see doubt as a prerequisite both for creativity and development. It is a state where we, for our own part, but also together with the other, are given an opportunity to look into what is happening right now. The Swedish philosopher Alf Ahlberg wrote:

You do not capture the coherence of life in the causal net of the exact sciences; you could just as well try to capture the light of the sun and the fragrance of the flowers with your hand. (Quoted in Sandin, 1998)

creating a culture together with others

My work as a professional helper implies being in a state of 'both and'. Together with the other I have to be where there can be explanations and giving words to things, but also where words are missing and understanding is not possible. It is impossible to understand the existing abysmal differences in living conditions. However, I need to take an attitude to that, because they are there. Neither can I understand all the people I meet in my work with their various life stories. I need to bear that I cannot understand, without too much of complicating or simplifying. Try to be there, together with the other and those around us, and together with other people strive towards creating contexts that are there for us human beings and for what we bring; where creativity and movement are allowed and where technique and distanced faultlessness are not a requirement for survival.

Movement and creativity require a distinct structure; that we who are in a context know fairly well what to expect from each other, and what responsibility each one of us has. The frames of our work, the room and the structure are important. However, we need to remind ourselves that this is not true once and for all, but something that is created and recreated from the beliefs we have about ourselves and about the other in the context where we both are situated. Mary Midgley expresses:

The conceptual framework, is indeed its skeleton, but skeletons do not go about nude. Concepts are embodied in myths and fantasies, in images, ideologies and half-beliefs, in hopes and fears, in shame, pride and vanity. Like the great philosophers in the past who helped to shape our traditions, we need to start by taking notice of these. (Midgley, 2003)

Being in the world and in my professional work requires me, at any given moment, to ask the question: What am I doing here and what is my task? What is it that I have to take on responsibility for in relation to myself and to the other?

The professional work, just as life itself implies a swinging between lack and satisfaction. To be in a both/and situation entails being in order, being secure, being structured as well as being in chaos, ignorance and vulnerability. In earnestness and in roaring laughter. As a sort of preparation for this, we need to be sufficiently aware of where we are, both in ourselves and together with others. It is unrelenting work, a ceaseless way of being that we have to do, both together and separately.

Tom Andersen writes: 'The project of life is always to find out how we from this moment will come to the next.' (Kjellberg, 2001). In order to understand something and create a meaning in what is happening right now, it has to be put in relation to something that has happened before. Something that I can recognise and make understandable, for myself and the other.

I hope and trust that we soon will come to the end of the road with reference to the extreme focusing of recent years on effectiveness, evidence base, manuals and models. I hope that we are a sufficient number of people who have had enough of that kind of knowledge and that a good number of us have the courage to express that. That we remind each other and ourselves about the reasons we had way back to choose the kind of work we do. You cannot make me believe it was for any other reason than a desire to contribute something that we thought could be of use for the other. We need to talk much more about solidarity than we do. The Swedish novelist Henning Mankell writes:

Solidarity is indignation. But, not only. Indignation might be able to tear down a wall, but can hardly build an alternative society. Because, solidarity is ultimately a matter of reason. A sensible person thinks that in

solidarity is also a self-interest. If I want a better future for my children I am sensible if I think that the requirement for that naturally enough is that it concerns other children, all children. (Ordfront, 7-8, 2007)

Solidarity and safeguarding the other is the foundation for professional caring as well as participation and recognition. Instead of separation and discrimination I wish for us to approach what we as human beings have in common, that we ask ourselves what we need in order to be able, at best, to be there together with the other. And then, to the best of our ability, adapt our structures and organisations accordingly. To create contexts for us human beings and what we bring with us, both what is difficult, and what is easy.

References

- Håkansson, C. (2007) *Att rymma både och – om vanlighet, mod och professionella samtal*. Marelid, Stockholm.
- Kjellberg, E. (2001) *Man kan inte så noga veta*. Marelid, Stockholm.
- Midgley, M. (2003) *The Myths We Live By*. Routledge, London.
- Sandin, B. (1998) *Den zebbrandiga pudelkärnan*. Dualis, Ludvika.
- Smolin, L. (2000) *Three roads to quantum gravity*. Basic Books, New York.
- Tudor-Sandahl, P. (1991) *Om barnet inom oss*. Almqvist & Wiksell, Solna.
- Wilson, J. (1998) *Child Focused Practise – A Collaborative Systemic Approach*. Karnac, London.

Carina Håkansson is a licensed psychotherapist and has been manager for Family Care Foundation (Familjevårdsstiftelsen) in Gothenburg for 20 years. She has written several articles and two books.

Email: carina@familjevårdsstiftelsen.se

Translation from Swedish: Kerstin Hopstadius and Cecilia Brodin.

