

Taking patients to the cinema

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Health workers are on their way out of their neutral, white coats. Therapists are using themselves as fellow human beings.

“Traditionally health workers would be condemned for taking a psychiatric patient to a movie in their spare time. But I could do that now if I’d thought carefully through the question: Is this in the better interests of the patient?”

Inger Beate Larsen suggests a direction in which the role of therapists is undergoing changes, from a neutral and impersonal position to that of a helpful fellow human being.

Larsen is an associate professor at the University of Agder’s Department of Psychosocial Health. She has counselled Ellen Ånestad Moen in her master’s degree dissertation on the theme and the two have teamed up in writing an article on the subject in the journal *Tidsskrift for psykisk helsearbeid*.

Security in friendship

Moen has interviewed workers in the mental health care field, posing the question: How can you use yourselves in your work?

In her dissertation Moen is open for her own personal experiences regarding what has been helpful.

“Lots of times I choose friends rather than professionals as discussion partners they offer a different form of security. I’m very fortunate to have this opportunity – not everyone does.”

“That’s why I’d like to see this security in professional relationships. There should be more of it,” writes Moen.

Never talk about yourself

But can the assurance we fell in a friendship be transferred to the relationship between nurse and patient? This is still far from certain.

Inger Beate Larsen was a psychiatric nurse for many years before adapting the role of advisor to the master’s degree candidate. In her day, student nurses were taught to refrain from speaking of themselves to their patients – nothing about their family life, their partners or children.

Health workers are still reluctant to tell colleagues about occasions where they have opened up for patients, as if it were breaking a taboo.

“The rarely speak up about this. They risk being viewed as overly hyperemotional,” says Ellen Ånestad Moen.

Honest and real

Both patients and health workers can benefit from encounters as fellow human beings.

The health worker can take advantage of his or her own experiences to come through to patients, and that includes relating them. One of them put it this way to Moen:

“I think we should be honest and authentic. It’s noticeable when somebody plays a game, has clad themselves in the role of the helper.”

Position of power

Of course the role of helper is not just assumed. It’s real enough. The health worker is paid to help and the patient is the one in need of help. They are not on even footing.

Power positions emerge in such settings, for instance the work routines in a psychiatric clinic.

In a locked ward it’s the health worker who has the keys and the patient is locked in and out.

“The power relationship can be evident in the way the layout of the building, for instance the personnel room and meeting room which are off limits to the patients,” says Larsen.

Sometimes the health worker perceives more opportunities and has a better overview than the patient does.

“We see the solutions that the patient avoids. Following the patient’s tempo while maintaining an image of equality can be challenging,” adds Moen.

Relinquishing control

The health worker is in control. It’s often the health worker who gives and the patient who receives. Being condemned to a life on the receiving end is a tough fate.

“Being prevented from contributing anything is counterproductive in an assistance situation,” write Moen and Larsen.

This is why the health worker should be strong and confident enough to occasionally relinquish control.

Larsen suggests this enables patients to contribute to the relationship and offer something of themselves.

Merits of the patient

“The patient also has special experience with his or her affliction. This is knowledge that can boost his or her stance in a personal relationship with the health worker,” says Moen.

Moen thinks this asset can also be bolstered if the patient is allowed to decide which health worker he or she wants to personally have contact with.

“I’ve never seen a single study showing that impersonal or aloof therapists are of any advantage,” stresses Larsen.

Comprehending needs

Yet she emphasizes that the patient's needs must be in the driver's seat, not the health worker's.

"Interpreting the patients' needs can be difficult if we meet them as friends," comments Moen.

"In a friendship both will try to understand the needs of the other. The patient might then try to adapt to what he or she interprets to be the health worker's wishes."

Setting limits






Moen points out that impediments in establishing contacts with other people is what makes life hard for the patient.

"So then the question is: How much does the health worker want to enter a relationship with the patient? We have a limit, where we go home from work as private individuals," she says.

When she interviewed health workers she experienced that it was liberating for them to relate experiences about personal contact with patients.

"Many of them wanted to use this more. They were proud to be participants in the study. This was something they had a thirst for," says Moen.

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