

Encounters involving warmth

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What do we mean when we describe someone as a warm person? How do we know when we experience someone's warmth towards us? What are the behavioural gestures, large or small, that are characteristic of warm individuals and helpers?

I was recently exploring these questions with a friend, a mental health nurse, in particular in the context of our work and professional environments. We found ourselves reflecting on how much we personally value the quality of warmth and, for that reason, consciously try to express and embody it in our relating with patients.

We also found ourselves in agreement that this value is, sadly, far from universally shared in mental healthcare settings. In fact, in our experience, demonstrating human warmth towards people in mental distress seems quite often to be well down the hierarchy of valued attributes in such places where you might most hope and expect to find it.

It would take far more than a short column to explore the complex interplay of factors (organisational, cultural and political) that has led to the current state of affairs: a state where cultivating the detached objectivity of the medical model is seen as more important than demonstrating human warmth. (Whether they are mutually exclusive is another interesting question.)

Interpersonal and intrapersonal factors clearly also come into it. It wasn't long before we were discussing clinical encounters with people who challenged our capacity to feel warm towards them, and how this in turn affected our own abilities to experience and express

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care and concern. The overly hostile, such as the young woman who aggressively accused one of us recently of 'not giving a shit'... the client who undermines our sense of professional competence and worth by telling us we are useless and no help... Then there are the clients who demand more from us than we can give, who never seem satisfied by our efforts to help, or who simply, for whatever reason, drain our energies. We may, at least initially, feel little warmth towards them too.

Nevertheless, despite the frequent challenge of embodying this attitudinal quality of warmth and the nature of our work and organisational setting, for both of us warmth still remains of extraordinary importance. It is, we agreed, important to explore its various characteristics and properties, and to examine the conditions that impede as well as facilitate it. Academic study and research may help towards this, as would supervision. However, in the end, while undoubtedly potentially useful, it isn't essential to read books on body language or to learn about mirror neurons, we agreed. In my friend's words, warmth is primarily about acknowledging and focusing on the humanity of the other person, whatever their experiences and outward

behaviours, and whatever else may be required in the helping role.

The term 'non-possessive warmth' was an early forerunner of Carl Rogers' 'unconditional positive regard' – a phrase and concept with which most therapists will be familiar. Alongside words such as 'acceptance', 'respect' and 'prizing', another word that conveys some of the qualities of warmth is 'tenderness', about which person-centred therapist Brian Thorne has written so powerfully.¹

However, as much as we might affirm the positive qualities of warmth, or tenderness, and regard them as having transforming, healing and nurturing properties, even beyond the client's individual experience, we must not forget that some clients may not feel able to trust these attitudes and expressions in therapists or mental health professionals. They may be regarded with suspicion, as threatening, or even dangerous.

Less extreme are those instances when individuals (friends or clients) in their acute distress ask us *not* to be nice to them. A line from Gibran often comes to my mind in these instances, when he writes of what it feels 'to know the pain of too much tenderness'.²

When we emerge into bright sunshine after being in the darkness for a time, we have to shield our eyes in pain. Yet the sun remains essential for life and growth. So, for me, the therapeutic task is one of empathically accompanying our clients as they emerge into the sunshine and warmth, which involves being sensitive to their fears and impulses to retreat back into the darkness. ■

References

1. Thorne B. The quality of tenderness (revised text). Norwich: Norwich Centre; 2004.
2. Gibran K. The prophet. London: Pan Books Ltd; 1991 (p17).