

Fixing to facilitating

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One of the aspects of my work that I value is its variety and particularly the fact that every person (patient) I encounter is different – indeed, unique.

In my view it should not be difficult (although too often it seems that way) to see beyond diagnostic labels to the person with their unique personality and unique set of past and present circumstances, whose experience and expression of mental and emotional disturbance and distress is also unique. This, in turn, should lead to a consideration of helping responses likely to best suit that individual. Clearly such an attitude and approach will create difficulties and challenges for helpers working in cultures and organisations where standardised helping responses and ‘pathways’ have become the norm and expectation.

While valuing the myriad differences between individuals seeking help, I also observe a feature that many have in common. This particular feature is far from universal but common enough to merit highlighting. I am referring to a patient’s belief or assumption that it is my job as a psychiatrist to ‘fix’ mental health problems.

This notion of fixing can be construed in many ways, of course, and carries with it a potential array of other assumptions. Put simply, I am referring here to the assumption that I will be able to diagnose the ‘fault’ and then ‘apply’ a remedy, or at least know someone who can. It is an assumption that I have the answer and that I know what needs to be done.

This is a powerful position to be in. It is also, if I am

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honest, one about which I often have mixed feelings.

On the one hand there is the seductive appeal of being considered an expert, and the satisfaction, esteem and status this can bring. But with this comes the sense of responsibility, pressure to perform the required task competently (for the stakes are often high), and the weighty burden of trying to meet expectations – one’s own and those of others. Furthermore, for me this medical model paradigm of helping, where the expertise is predominantly located in the helper, creates considerable dissonance with how I have come to view mental distress and how individuals might best be helped and supported.

This simple notion that the job of a psychiatrist or other mental health professional is to fix people is, I suggest, strongly embedded both within healthcare organisations and in our wider Western culture. In fact, it is held to be so self-evident that it often goes unacknowledged, unspoken and therefore unchallenged. Perhaps this is what makes it so powerful.

I wonder in what way and to what degree therapists recognise these issues in their work? I also wonder how many clients enter counselling or psychotherapy with the assumption that

the main expert in the room is the counsellor or psychotherapist, and with the expectation and hope that they, the client, will be fixed in some way? Clearly, how therapists respond to such expectations and hopes will be influenced by their philosophical orientation and therapeutic model.

I have been thinking about roles and expectations a lot lately because I am on the verge of returning to counselling practice. I have been imagining how different I might feel being with someone as their counsellor.

I am sure I will bring into the room just as great a sense of responsibility and desire to help as I do now as a psychiatrist. Undoubtedly I will also bring a certain level of knowledge, expertise and clinical experience. What I hope I will not be bringing is an internalised expectation that I can fix my client.

I anticipate that returning to work within a counselling setting will prompt me to re-examine many of my beliefs about human nature and human distress. I imagine that, without the medical lens, I will see people in a different way. Perhaps I will be more sensitive to my clients’ innate resourcefulness and strength – their capabilities as human beings who, given the right conditions, can find their own way through their difficulties, using their own wisdom and expertise.

Most of all I imagine I will experience a sense of freedom from the burden of fixing people.

I will let you know whether fantasy and reality coincide. ■