

I am feeling powerless

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Jean is angry. She sits opposite me, bolt upright on the edge of her chair, and stares intensely into my eyes. As she talks, she begins to raise her voice. By the time she is telling me that no one has ever done anything to help her or her family, she is shouting loudly.

Although I don't experience her as angry with me specifically, I feel tense nevertheless; I really wish she would stop shouting.

Most mental health professionals are used to dealing with angry patients. Many of us will also have had numerous experiences of being shouted at over the course of our professional lives. This is more likely in some settings – for example, in mental health inpatient units. Sometimes anger is obviously linked to the nature of the person's inner disturbance – for example, paranoid ideas or extreme mood states. For others, environmental factors have a more obvious direct role. Being on the receiving end of coercion and control will precipitate and perpetuate anger in many people – and there is a good deal of both practised in mental health care settings.

I find meeting anger in others doesn't get any easier with time and experience, and sometimes it is hard not to take it personally. Even when anger is directed at me and seems personal, I try not to respond defensively. And, as all good therapists know, if we can hear, acknowledge and take seriously the anger in the other person, it often dissipates. This doesn't always happen, of course. In highly emotionally charged hospital environments,

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faced with an angry patient, it is not uncommon for staff to reach for the medicine trolley.

Jean is continuing to shout and she is now jabbing her finger in the air. I consider asking her to stop shouting, especially as she is almost certainly disturbing other meetings in neighbouring rooms. Having not met her before, though, I don't know how she is likely to respond – with more anger perhaps? I am on the verge of taking this risk when, almost as suddenly as she started shouting, she stops, seemingly exhausted and willing to relinquish control over her interaction with me.

Long after she has gone I reflect on why I felt so uncomfortable in the presence of her anger. There seemed more to it than the sheer intensity of her emotion. I analyse the interplay of factors related to her story, my own story and the context of our encounter. It is complex. It usually is.

What really disturbs me about Jean's story is that she feels let down by professional helpers – past and present. I am conscious I am one such helper: I belong to a profession and work for an organisation with which she is angry and in which she has no confidence.

The truth is, I find her anger understandable. I am the fourth consecutive psychiatrist she has seen, due to staff resignations and service reorganisations. The room where I see outpatients is cold, bare and smells. It communicates little care and attention for those who come to see me in states of fear, anxiety or despair. Furthermore, Jean has been diagnosed with a mental illness in a way that pays little attention to the very real social problems and circumstances with which she has struggled over many years.

What then is my task? Can I do more than just have a conversation about medication? Should I try to provide some sort of reparative experience? What might this involve and is this even possible, given the severe constraints on my time and the limitations of my role? Should I refer her to the team of psychologists with which I work? Jean does not strike me as the sort of person who wants to reflect on her thoughts, emotions and behaviours. For her, the problems and solutions are 'out there'. To a large extent I think she is right.

What I do know is that, when presented with this not uncommon scenario, I feel powerless. Yet Jean has come to see me to 'make her better'. Perhaps this, then, is my major source of discomfort.

I know I need to watch how my own feelings of powerlessness play themselves out. I am aware too, that in the current climate, I need to be increasingly vigilant of this. ■

Details have been changed to protect identities.