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## 'I want every healthcare worker to believe again in the power of proximity'



### Thinking over again

There are work experiences that open your eyes. Moments of discovery. Situations where something new presents itself. Something you couldn't even imagine before. Also moments that make you think back with some embarrassment to the way you used to work as a healthcare worker.

*'Those two years changed my thinking as a healthcare worker.'*

2012. I had the opportunity to work in a mobile FACT team in Ghent for two years. This kind of 'Flexible Assertive Community Treatment' team supports people who, next to their mental vulnerability, also have problems with for example, housing, work, social contacts and finances. The support takes place in people's homes.

Before that, I have worked as a psychologist in a residential psychiatric centre for 25 years. Those two years in the FACT team have changed my thinking as a healthcare worker.

### Man in crisis

I am at a man's home. He is confused and feeling very bad. He refuses my suggestion to be admitted to a psychiatric hospital. Family and friends had previously asked for help.

I feel that I cannot leave him alone in his home. Help is needed here and that help is me at that moment. I cannot leave. There are no colleagues to whom I can hand over the care. It is him and me.

As a healthcare worker, I experience great insecurity. The place where I want to ensure his safety, the psychiatric hospital, is rejected by him. He does not want to go to a place that hands him over to the control by others. The people and habits I can fall back upon in a psychiatric hospital, are suddenly far away and unreachable. I feel alone.

## **I am confused**

Not that I am feeling homesick for the psychiatric centre at that point. I know the limitations. I know the drawbacks. I know the easy habit of pressing the alarm button, to make sure that colleagues from different units come running to support you, often involving some form of coercion.

***'The man is in an unsafe situation and I feel I have to act, but I don't know how.'***

I know the pain people experience when they are coerced. I know the lasting damage it can cause. *"But there is simply no alternative. This is a necessary evil."* – that is the thought one was sharing with colleagues. Sharing this thought seemed to somehow relieve us of our responsibility.

Here at home, with the man in crisis, apparently I'm falling back on ideas and reflexes specific to that other place: the ward of a psychiatric centre. The man is in an unsafe situation and I feel I have to act, but I don't know how. I am confused.

## **Feeling safe**

But from this helplessness, something opens up inside me. I make a decision. The situation that I'm in, I no longer just consider as a situation.

***'I sit back down and keep listening. I let go of the idea of control.'***

**I resolve myself to turn off my built-in crisis clock, which is the limited time one normally takes to listen before deciding to intervene. This type of alarm clock that's unconsciously shared in a hospital ward team, has only made me insecure in this situation.**

**I give unconditional space to the idea that my presence makes him feel safe, and that my earlier solution to my sense of insecurity just made him feel unsafe. I sit back down and keep listening. I let go of the idea of control. I step into the perspective of a time unknown to me, his time.**

**My decision gives me peace of mind...**

## **Listening**

**I stay in conversation and, above all, I try to listen. Really long listening. I discover that at the very end of this long listening, there is a moment when someone has been able to express oneself. Only at that moment, there is an opening to contribute something myself, as a healthcare worker. Often only at that moment, the search for some kind of concrete solutions or first agreements can start.**

***'I often see healthcare workers not taking or getting that time to listen.'***

**I often see healthcare workers not taking or getting that time to listen. The strange thing is that as a result, we also stop believing in the effect of long listening and we don't get around to the stage of making some first agreements together.**

**I wish every healthcare worker the experience of long listening. I grant every healthcare worker the pleasant surprise of what really long conversations can mean. I want every healthcare worker to believe again in the power of proximity, real listening and dialogue, building real contact and connection. Such an experience makes us realise what the value and beauty of our work can really be.**

## **The system bothers**

And what about the shame you feel when you think back to the way you used to work? This is not entirely justified. After all, your responsibility is limited, because you function in a system that asks you to work from the crisis clock linked to the system, and not from the time of the person you're supporting.

It is no accident that psychiatric hospitals end up with a way of working in which coercion is a big part. It is the organisation's clock that is relentlessly and mercilessly ticking. **Getting into the time of the other requires a clock in which you constantly turn off alarm clocks. It requires maintaining a countercurrent that you develop from a constant awareness of power structures.**

**It takes courage to question this kind of system time. It takes courage to get into the other person's time.**