

Mental distress - who has the power?

“Power is essential to how we make sense of the experience of distress and when considering how to be helpful as service providers.” Steven Coles, September 2013



In Powys there is an ongoing debate around who has power about even the simplest things when someone is in contact with services because of mental distress. Freda wrote recently about the issue in her post [Smoking and snacking? Saving lives or life-saving?](#)

When I was at the Nottingham conference, [Psychiatry beyond the current paradigm](#), in September, I went to a really interesting workshop with Clinical Psychologist Steven Coles, who spoke about “Power Dynamics: Marginalised Voices, Strengthened Voices”. Some of the language and concepts were quite challenging to me as a layperson, but I’m going to do my best to describe the workshop with links to [Steven’s presentation](#) and [hand-outs](#). (Apologies in advance to Steven for any oversimplifications!) The workshop content was, though, very relevant to the on-going debate about the medicalisation of mental distress, and I really want to share some of the discussion and resources. Steven’s Twitter page header sums up the situation succinctly: [“A Questioning Clinical Psychologist. Interested in why dominant ideas in mental health persist, despite sustained criticism.”](#)

What the workshop was about

The blurb said: “This workshop will use theory, examples, exercises and debate to discuss the dynamics of power in mental health services. Power is central to understanding emotional distress and suffering, and the responses of mental health services. Power can restrict and be repressive, though all of us need power to live in the world. Within mental health services some voices dominate and others are quietened. The workshop will consider: what power is; how power is used in services; how some viewpoints marginalise alternative perspectives; and consider case material of how quietened voices could become louder.”

Power in everyday life

Steven encouraged us to talk first about how we experience power in our everyday lives. We considered this in pairs, and almost every area of life was relevant...So, for example, who tells us what to do at work, which newspaper to read, what we wear

day-to-day....? Who says where we can or cannot park or what speed we drive our cars... if we drive or ride a bike or walk, when we get up in the mornings and what we eat..? Is it us, or someone else?

Looking at different sorts of power

[Psychologist David Smail](#) developed a way of looking at the different powers that operate in a person's life. Some of these powers can be negative, whilst others can be positive. He separated them out into two areas:

Proximal powers – these are the powers that are close to home and which we are more likely to have control over, such as beliefs, memories, feelings, abilities (part of the person) and family, work, friends, housing (part of our environment and social life).

Distal powers – these are powers that are generally out of our control, such as economics, politics, and media/culture.

Mapping power

The feeling of helplessness or lack of control or power can play a big part in our lives whether we are distressed or not. “The flow of power is central to the experience of distress. Whilst at times services might be limited in their ability to alter this flow, mapping aspects of power can help people to clarify and understand their predicament. Furthermore, it is more likely to highlight realistic areas for change than an inward focus.”

Steven showed us [a model for mapping power developed by David Smail and Teresa Hagan](#) in 1997. The chart is split into four areas – material resources, home & family life, personal resources and social life. Each area is split again, and individuals can then chart how much power they feel they have in any specific area. Once this is logged, they could look and see if there is anything that can be done to change the balance of power, if this is felt to be a good thing. So... as an example, under home & family life – spouse/partner... An individual may have an abusive partner... so what could be done to change or move away from this relationship where power is wielded in an abusive way by one of the partners?

Power dynamics in mental health services

Then Steven spoke about the way in which power can work in the relationship between a service provider and someone experiencing mental distress. He shared a case study – and we looked at how an individual who is distressed is diagnosed with schizophrenia by services. The young man does not believe he has an illness, but is told by his psychiatrist he needs to take medication for a minimum of two years and possibly the rest of his life. His relationships with his family, and other professionals, were discussed, and we looked at whose viewpoints and whose voices dominated. It was clear that the services' view of the man's situation dominated to an incredible degree, to the extent that the man's control over how he tried to resolve the distress was almost completely removed. Then we looked at how the man's marginalised voice could be heard and a more democratic discussion take place amongst the professionals and the family.

Power in numbers

People coming together in groups with a common interest can work much more successfully to overcome powers imposed on them. Steven gave several examples, including the [Hearing Voices Network](#) and the [Critical Psychiatry Network](#). Since the workshop a local example has sprung to mind - individual patients have come together at [Powys Patients' Council](#) and can report many breakthroughs, the most recent success being changing the policy around mobile phone use on the ward at Bronllys Hospital.

Read [Steven's presentation](#) for further information about the workshop – including his slides on Ideas Way Forward and “Tricky” Issues.

Some of my feelings at the end of Steven's session:

- That professionals need to look very hard at the power they wield, and why.
- That the situation can be very complex... for example, a) a nurse may wish to support an individual in his aims (for example, not taking medication but seeking counselling) but feel overpowered by the wishes of the higher-ranking psychiatrist; b) the family members may concur with the psychiatrist that the man has an illness and needs medication in order to “recover” as they find it difficult to deal with his unusual behaviours.
- Individuals currently have very little power... much power instead resides with professionals, pharmaceutical companies and the government who make laws which state how people who behave in certain ways should be treated and/or detained against their will.
- Individuals do, sometimes, have other options if they can access peer support groups and talk to others going through similar experiences. This increases their power, and subsequently their ability to change their lives going forward.
- All in all an extremely thought-provoking session, and [I am keen now to read more on the subject.](#)

Steven Coles is a Clinical Psychologist working in Adult Mental Health Services in Nottingham. [Clinical psychologists aim to reduce psychological distress and to enhance and promote psychological well-being.](#) Steven is co-editor of “Madness Contested: Power and Practice” and a key contributor to the Division of Clinical Psychology's* position statement: [“Classification of behaviour and experience in relation to functional psychiatric diagnoses: Time for a paradigm shift,” \(British Psychological Society, 2013\).](#) The statement calls for a paradigm shift away from an outdated disease model, towards one which gives much more weight to service user experience and psychosocial approaches.

*The professional organisation for clinical psychologists in the UK.



Written by Jackie Newey, [Powys Mental Health Information Service](#), Powys Association of Voluntary Organisations.
Read more on the Powys Mental Health Blog [here](#).