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Résumé de l'article

Le rôle des émotions dans l'intervention axée sur le rétablissement en santé mentale demeure peu connu. En réfléchissant à mes recherches dans ce domaine, j'explore les diverses compréhensions et les niveaux de confort avec les émotions dans la pratique du travail social en santé mentale. Les résultats de mes recherches sur la pratique de la santé mentale axée sur le rétablissement montrent que des tentatives inégales de création de liens et de relations entre intervenant et usager entraînent des occasions manquées de connexion, de compréhension et de soutien au processus de rétablissement. Je discute des défis et des tensions auxquels sont confrontés les intervenants en santé mentale dans le cadre d'un paradigme de soins de la nouvelle gestion publique et de réduction des risques et les façons dont la prise en compte des émotions pourrait aider à critiquer ou à démanteler le statu quo. Ces réflexions suggèrent des voies pour résister à ces tensions et mettent en valeur l'importance de réaliser pleinement le potentiel des émotions en tant que source de connaissances dans la construction d'interventions axées sur le rétablissement en santé mentale.

Relationship-building in recovery-oriented mental health practice: valuing the role of emotions

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ABSTRACT:

Despite increased interest in relationships and emotions in social work, not enough is known about the role of emotions in recovery-oriented mental health care settings. Reflecting on my graduate research, I explore the inconsistent understandings and comfort levels with emotions in mental health social work practice. I make connections with findings which show that uneven attempts at relationship-building lead to missed opportunities for connection, understanding, and supporting recovery. I discuss the tensions faced by mental health practitioners implementing recovery-oriented interventions within a new public management and risk reduction paradigm of care and the ways that attending to emotions might help critique or dismantle the status quo. These reflections suggest pathways to resist these tensions through realizing the potential of emotions as a source of knowledge in constructing recovery-oriented mental health care interventions.

KEYWORDS:

Relationships, relational social work, emotions, mental health, risk management

INTRODUCTION

Emotions and relationships have been referred to as the defining characteristic of social work (Ingram & Smith, 2018; Ingram, 2013; Trevithick, 2003). Individuals, families, and communities experience emotions before, during, and after the social work encounter, as do social workers. This is part of the situated experience of social work intervention, which can be understood as a dynamic, artful accomplishment (de Montigny, 2007). Through reflexivity, self-awareness, and use of self (Berila, 2016; Baskin, 2016; Fook, 2002; Ruch, 2018a; Schon, 1987), social workers can develop skills to attend to emotions and relationships in their practice. In this way, the reflexive practitioner (Schon, 1987) is anchored in the shared lived experience of the social work encounter, requiring a relational approach to gain an understanding of peoples' inner life experiences.

More recently authors and practitioners have questioned the what and the how of relational approaches to practice in the contemporary context of social work practice (O'Connor, 2020); a context characterized as bureaucratic and technocratic (Reamer, 2015) under the auspice of New Public Management (NPM) ideology. In current social work practice, NPM has led to a marked increase in cost reduction strategies, in the name of improving the efficiency of public health and social services agencies, such as limiting the length and variety of interventions and administrative tasks including filling forms and meeting statistical requirements (de Gaulejac, 2010), as well as a

mentality of risk reduction, setting firm professional boundaries, maintaining an expert role, and individualizing life experiences, all of which reduce the availability of social workers to dedicate themselves to understanding, developing, and sustaining relationships with individuals, families, and communities (Baskin, 2016). The axiological impact of the new social role of health care and social services under NPM on the social worker-service user relationship is a "shift from nurturing and supportive to contractual and service-oriented" (Ruch, 2018b: 30) wherein practice focuses on technical and rational competencies and reducing risks rather than on values, emotions, and connection.

In this paper, I mobilize the results of my graduate work in mental health (Khoury & Rodriguez, 2015; Khoury, 2019; Khoury & Ruelland, 2020). However, various personal and professional spheres have shaped meaning for me and have helped me reflect critically on the role of emotions in mental health social work practice and the potential spaces for emancipatory practice. As such, the reflections in this article are influenced by and draw upon my experiences from all three sources of social work knowledge: my research, my experience as a psychiatric social worker, and my experience teaching mental health social work courses at the university level. With a background in organizational psychology and social work, I have long been interested in professional social work practice, specifically as it pertains to decision-making processes, meaningful work, and organizational culture within the Québec public health and social services infrastructure. Initially frustrated, and curious, about how to practice using a reflexive, anti-oppressive lens in a psychiatric setting during Québec's 2003 healthcare reforms, I began to reflect, as a practitioner, on how the nature of mental health social work was changing in the shifting organizational and societal context. I was interested in better understanding how the 2005 Mental Health Action Plan, hereafter MHAP, (MSSS, 2005) and the newly created healthcare authorities, the *Centres de santé et service sociaux* (CSSS) impacted mental health social work practice. In 2015, with the advent of another MHAP and another healthcare reform that led to more centralization and larger organizational structures with the creation of the *Centres intégrés de santé et services sociaux* (CISSS), existing tensions for mental health social workers attempting to develop recovery-oriented practices within the overriding organizational directive of efficiency and productivity were exacerbated. As a researcher my work aims to understand the meaning of recovery and recovery-oriented practice by exploring actions and interactions between service users and practitioners – in other words, the human aspects of organizations. Practitioners, service users, and employees are impacted by organizational culture, values, and norms, and the assumptions upon which these are based. Although these elements are shaped by both policy, societal changes, and current practice approaches, they are also continuously being shaped by the relationship between individuals and organizations (Sott, Bender, Furstenau et al., 2020). However, an often overlooked aspect of the 'human' in organizations is the role of emotion. There is a general acceptance in the literature that emotions shape people's behaviour (Barsade & O'Neill, 2016). In the context of a managerial health and social services paradigm, is there space for social workers in a mental health team to co-construct relational practices, to talk about their emotions and the emotions of service users? Although mental health recovery models encompass relational supports in a person-first perspective, in practice the affective and emotional skills required to build and nurture collaborative relationships are elusive and even ignored within a rational, individualistic understanding of mental health care. In mental health social work practice, are emotions recognized and used as a source of knowledge in relationship building?

This paper will delve deeper into these new questions and explore the role and place of emotions in the development of relationships between service users and practitioners in the current results-oriented and managerial context in the field of mental health. Emotions are signals, feelings in our bodies, singular experiences and collective connection. Essential to meaning making, they are often hidden and are typically placed in opposition to rationality. If social work is to continue to position

itself as a relational, humanistic endeavour, then valuing emotions is vital to fully understanding the process of mental health interventions that lead to desired service user outcomes. Beginning with an overview of contemporary mental health service organization in Québec, I will discuss the current literature on emotions as it relates to social work practice. Leaning on my learnings from the three sources of social work knowledge and weaving in reflections from my graduate research results, I will also share the ways in which concepts of relationship, equanimity, and caring can be mobilized to reinforce reflexivity and begin to develop counter-hegemonic postures in an NPM era. Finally, I will conclude with potential directions for creating an affective shift to center emotions in mental health social work pedagogy and practice.

1. Mental health recovery: the tension between a social process and performance outcomes

In 2005, mental health policy in Québec emerged with a directive to develop recovery-oriented community mental health teams (MSSS, 2005). Mental health recovery includes finding control over one's life, full participation in society and in treatment, tackling stigma and discrimination, and recognizing the singular experience of suffering that allows for the possibility to explore and transform one's relationship with oneself and with others at a rhythm and pace that is not predefined (Leamy, Bird, Le Boutillier et al., 2011; Provencher, 2002; Winsper, Crawford-Docherty, Weich et al., 2020). There has been significant work done to circumscribe recovery from the perspectives of service users through narrative interviews that spotlight their unique experiences and life trajectories (Ridgway, 2001; Mead & Copeland, 2000). The conclusions indicate that there is a type of therapeutic relationship, characterised by mutual support, empowerment, and partnership, that can foster and support mental health recovery. Support and partnership are critical ingredients to a mental health recovery journey and Ridgway (2001) concluded that the relational position of partnership is an essential location for practitioners to facilitate recovery.

The recovery approach is not without its critics (Coleman, 2004; Hopper, 2007; Morrow & Weisser, 2012; Pilgrim, 2008; Poole, 2011) who point out that it is difficult to operationalize within traditional organizational structures especially as it seems distanced from its emancipatory, activist roots[1]. This is echoed by some who are concerned that recovery practice alongside NPM reform and a reductionist biomedical hegemony could lead to services and practices that simply pay lip service to a concept that was initially transformative (Jacobson, 2004; Morrow & Weiser, 2012; Howell & Voronka, 2012). Morrow & Weisser (2012) specifically contest the professionalization of mental health recovery, with practitioners becoming experts in recovery and thus maintaining historic, potentially oppressive power relations. An exploratory study of social worker perceptions of recovery in Québec indicates that context, such as work organization and agency structures, are key factors for facilitating or impeding recovery-oriented practice (Khoury & Rodriguez, 2015).

The current context of NPM and managerialism has also affected the role of hospitals and healthcare, including mental health care, and consequently, the role of social workers within those services (Couturier, Aubry & Gagnon, 2016). New Public Management (NPM) ideology, influenced by political and economic paradigms that call for a restricted role of the State, increased

1 The initial emancipatory, activist struggles related to mental health recovery began in the 1970s and 80s when current and former mental health service users raised their voices and took up space to denounce the long-held conception that psychiatric illness was equivalent to a downward spiral in health, hope, and capacity. The movement reclaimed their right and ability to live a full life in the community after severe mental health problems and also aimed to hold public psychiatric institutions accountable for this. This movement hoped for a transformation in psychiatric care including questioning traditional power relationships and acknowledging service users' experiential knowledge. For more details, see Chamberlin, 1979; Deegan, 1988; Hopper, 2007.

efficiency through the parsimonious use resources and and a reformulation of the role of the citizen as an individual customer (sic), have had a significant impact on day-to-day social work practice (Larivière, 2005; Fortier, 2010). The central assumption of NPM is that private-sector, business-like strategies will enhance the efficiency and effectiveness of public organizations (Hood, 1990). This has led to increased pressure on social workers and other practitioners to live up to the efficacy and efficiency promised by NPM through the development and use of performance measures to hold them accountable and improve their results. This is done through a system of regulation in which increased quantitative reporting of tasks or workload surpasses questions of quality. For example, NPM driven policy and organizational directives have included limits on home visits for first line mental health workers and new quotas for daily client meetings and yearly file closures in order to meet the requirements for budget renewal (Khoury, 2012). At the same time, process-oriented recovery approaches were being integrated into Québec's mental health landscape (MSSS, 2005). The message conveyed to workers placed them in a double bind. On the one hand, there was a continued focus on relationships, community, quality of care and recovery, which social workers reported as connected to their professional value base (Khoury and Rodriguez, 2015), along with a focus on performance outcomes and and quantitative results. Although the impact of NPM on the quality of public services and service user outcomes unclear (Lapuente & Van de Walle, 2020; Munro, 2004), the negative impact of this ideology on social workers is well documented (de Gaulejac, 2010; Grenier, Bourque et St-Amour, 2016).

In sum, the current mental health practice climate is guided by policies that are recovery-oriented, thus requiring time for relationship-building, but within the dominant managerial and NPM paradigm they also strive to be cost-efficient, and focused on performance outcomes (Khoury and Rodriguez, 2015; MSSS, 2005). Process-focus and outcome-focus are not necessarily competing goals, especially when we consider the importance of capturing social work impact through transformative service user outcomes. Outcomes can help us to capture that impact but cannot be fully understood without also considering the intervention process. However, a third paradigm in our system, risk management, is also influencing this process and fuelling practice tensions.

2. Risk management and control mechanisms in mental health practice

Risk management has become a central focus in many healthcare and social service organizations, and social workers have had to adapt their practice accordingly (Ruch, 2018a). A straightforward definition of risk management in social work is the identification of potential problems and risks that might occur, with the goal of minimizing or avoiding harm to service users and other workers or citizens (Barsky, 2015). It is associated with a teleological approach to ethical decision making in social work, that is, it is focused on mitigating consequences and ensuring protection of service users and others (Reamer, 2013). The focus on risk management is also related to NPM ideology emphasizing accountability, audit culture, and performance based on predetermined criteria at the expense of relationships, emotions, and context. As such, the least risky intervention is increasingly synonymous with the most efficient intervention. Ruch (2018b) maintains that a central challenge faced by social workers in practice is to defend the "complexity of human behaviour in the face of powerful pressures to oversimplify it" (: 23). Social work scholarship has acknowledged the often-contradictory responsibilities of social workers in certain fields such as mental health due to the juggling act between care and control (Rollins, 2020). Social workers and other professionals, often faced with complex and anxiety-provoking situations, regularly rely on the safety and security of medico-legal tools to decrease complexity and increase predictability in their practice (Ruch, 2018).

Hardy (2017) and Reamer (2013) point out that a risk focus in social work practice might lead practitioners to fear being blamed for faulty actions or worry that their interventions may be considered less valuable by their organization because they are not easily quantifiable or measurable. This strong primal emotion of fear may influence intervention decision-making processes in which practitioners emphasize individualized pathology rather than considering context and social environment. However, recently there has been a move to decrease fear-based intervention construction and the use of coercive methods by incorporating approaches that are predicated on use of self and reflexivity (Trevithick, 2018) and relationship-building. The instinctive response to fear or worry, namely risk aversion, can be mitigated (Spears & McNealy, 2018) when it is identified and regulated. Hardy (2017) suggests that social workers' concerns about the probability of harm occurring is often greater than the situation warrants. He links risk aversion to emotions – the ways in which worry, fear, anxiety, stress can lead to risk-averse practice. His study also points to organizational cultures wherein the fear of being blamed exacerbates these emotions for practitioners. Hardy (2017) concludes by leaning on rational assessment tools as a way to provide checks and balances to emotionally demanding work. However, I believe that this ignores the powerful role of critical introspection, which requires acknowledging and integrating emotional experiences in order to create effective and affective relationships, which are necessary to successful service user outcomes in social work practice.

3. Emotions in social work

Central to a relational approach in social work is understanding the role of emotions and big feelings in shaping human responses to life situations. However, while the role of emotions in social work is well accepted in the literature, its position in professional practice is unclear and even threatened (O'Connor, 2020). Relationship-based social work practice challenges prevailing trends that emphasize reductionist understandings of human behaviour as rational and predictable (Baskin, 2016; Ruch, 2005). It refers to the idea that despite any upheavals or changes to policy, practice, and procedures, the fundamentals of practice will always begin and end with the human encounter (Howe, 1998). As such, the practitioner must be comfortable with the anxiety and malaise that emotions and unconscious relational components unique to each person might produce (Ingram, 2013). Respecting difference, learning together, innovating in practice, and prioritizing connection are all part of the "essence of what it means to relate" (Bryan, Hingley-Jones & Ruch, 2016: 229). The discourse around relationships and emotions in social work is also nourished by Indigenous perspectives regarding interactions and helping. According to Wilson (2008) in Strega & Brown (2015), relationships are "at the heart of what it means to be Indigenous" (: 80). Indigenous theorists such as Tuhiwai Smith (1999, as cited in Strega & Brown, 2015) explain that relationship-building begins by knowing and explaining one's positionality and location to create accountability and build trust. Baskin (2016) also discusses the centrality of relationships within Indigenous ways of helping. Indigenous approaches to well-being are anchored in relationships and in a sense of interconnection with others, land, and culture (Health Canada and Assembly of First Nations, 2015). The contributions of Indigenous knowledge systems in relationship-building can also be explored through the African concept of *Ubuntu* (translation: I am because you are), which holds that every being's 'self' is rooted in their interconnections with others. *Ubuntu* has been conceptualised in contemporary social work literature to focus on present social relations; on respectful relationships with others; on accountability to past generations; and on a commitment to a post-anthropocentric relationship to the Earth and to other beings (Van Breda, 2019). Like Baskin (2016) and Strega & Brown (2015), Mugumbate & Chereni (2019) argue that Indigenous knowledge systems, such as *Ubuntu*, offer deep-rooted alternatives that are not constrained by a

rational-emotional dualism. These are powerful learnings to consider. They offer a springboard to reflect on the ways in which Western social work models based on individualistic values and a professionalism that espouses professional distance might hamper the capacity to attend to emotions and build profound relationships.

The relationship itself is a space to provide care, make meaning, express empathy, and address inequity. It is also a space that is vulnerable to shame, conflict, abuse, and to exacerbating unequal power dynamics (Rollins, 2020). Ingram and Smith (2018) point to mid-20th century psychosocial models that highlight how emotions can be held and contained through relationships. In this way, emotions are re-centred in the social work encounter as a pathway to open dialogue (Dewees, 2002) by acknowledging emotional distress and creating emotionally safe environments. A systematic literature review (O'Connor, 2020) on emotions and social work revealed that emotions are both a relational practice in and of themselves and a resource in the meaning-making process. The meaning-making process can be achieved through emotional acknowledgement among social workers and other service providers as they discuss their own fears, worries, and compassion (O'Connor, 2020; Khoury, 2019; Stanhope, 2012) which then reduces tension, creates a sense of team spirit, and helps workers problem-solve. Social workers also work with individuals, families, and communities that need to not only discuss difficulties, but their feelings about those difficulties – worry, shame, fear- as well. They also have many strengths and resources and the social worker–service user relationship can be a space to discuss the accompanying emotions of joy, pride, and optimism.

When emotions are not acknowledged, recognized or managed, there is an impact on emotional culture which in turn influences decision-making, relationships, and even performance (Barsade & O'Neill, 2016). Emotional culture is "the shared affective values, norms, artifacts, and assumptions that govern which emotions people have and express at work and which ones they are better off suppressing" (Barsade & O'Neill, 2016: 58). It is a concept that offers one explanation for the tensions that arise when anti-oppressive social work principles, such as applying frameworks to understand the source of oppressions, being attuned to power relations, and developing a capacity for critical self-reflection (Lee, MacDonald, Fontaine et al., 2017) confront organizational cultures that operate in an affective vacuum. Without deliberate attention to emotions, and all the focus on values and norms operating under neoliberal and managerial reforms, daily social work practice can become subjugated to the latter, leading to practice behaviours that are potentially indifferent to context, subjective experiences, and emotions.

4. Relationship-building in mental health practice

Mental health social workers find themselves in privileged spaces to develop relationships and promote dialogue with services users. These spaces can be an office or primary care setting. They can also be informal mobile spaces, such as cab rides, walking down the street, having a coffee. These spaces offer the possibility to develop relationships that are dialogical in nature, that include an element of sharing and trust, and provide opportunities for social workers and service users to learn, grow, and journey together. However, other variables exist in mental health field settings such as the hierarchy of care, the service offer and mandate as well as the practice approaches, internal team culture and the intensity of follow up. For example, in my doctoral research, a 7 month long ethnographic study with a specialized community mental health treatment program known as Assertive Community Treatment (ACT), practitioners described themselves as constantly "in action" and reflection on emotions, values, experience, and practice decisions occurred *in situ* (Khoury, 2019). As such, they often had to take a stance, make a decision, and interpret their emotions as

well as those of service users within the midst of situated interaction[2]. This is of particular interest in reflecting on relationships, mental health practice, and emotions because it illustrates the point that social worker emotions are connected, both spatially and temporally, to their colleagues and services users through their relationships. The meaning of emotions as part of situated actions or interactions refers to the emotional experience that is part of the inner world of the social worker or service user (for example, feeling nervous or joyful) but also to the accompanying 'action' among interlocuters. In my doctoral work, I was particularly interested in these 'actions'. Using an ethnomethodological perspective (Garfinkel, 1967), I studied concrete mental health practices in the situations in which they emerged to better understand the social order of an ACT team and document the practical knowledge that was produced. However, my subsequent reflections on this framework have brought up some missing links. Although this perspective emphasizes intersubjectivity, what is missing is attention to interactions and professional situations as catalysts for emotions and relationship-building. In social work terms, we cannot separate context from emotions and emotions from context. Thus, these everyday ordinary social work interactions, including their accompanying emotions, produce situated knowledge in social work that may not be fully leveraged unless we begin to attend to the emotions.

The above-mentioned study explored the meaning and implementation of recovery-oriented practice in an ACT team in Montréal, Québec (see Khoury, 2019 and Khoury & Ruelland, 2020 for details on this study) from the perspective of the 12 practitioners on the team and 6 service users. A striking feature of the social dynamics in the ACT team was the trusting relationships that were built and fostered between practitioners and some service users. This relationship-building was observed when the conception of the service user was that of a collaborative and introspective individual, capable of achieving positive outcomes. However, when practitioners had low expectations, characterized by a lack of hope or trust for positive outcomes for service users, they conceptualized service users from a deficit-based perspective. This deficit-based perspective was ascribed to service users experiencing complex social problems such as homelessness, family isolation, or substance use. This conceptualization of the service user led to a disqualification of their potential and their perspective, resulting in maintenance style interventions rather than relational interventions. As noted by this practitioner "the people that don't recover here don't have any introspection. The don't have insight. These are people that we stabilize. They don't recover" (Robert, practitioner).

The example of Joel, a 27-year-old man who had lived on the streets for 10 years, illustrates this. Joel indicated to his main practitioner that he wanted to move due to the street noise and a general sense of malaise in his new dwelling. When this was discussed in a team meeting, without Joel, one of the social workers suggested that he will continue to lack trust and resist their attempts to create a relationship if the team does not respond positively to his desires and projects. However, the team ultimately decided that if they allow him to move once, his "cognitive difficulties" will cause him to want to keep moving and it will be too difficult to ensure he remains in follow up. The team decided that he belonged to the group of service users for whom maintaining spatial stability as well as harm and risk reduction, are the current treatment goals. A deeper reflection and study of emotions in examples such as Joel's suggest that discourses and actions by practitioners are influenced by subjective understandings of the situated interaction. When service users' behaviours are understood and accepted by practitioners as complex, affective, and contextualised actions, there is an increased comfort with feelings and emotionally charged interactions (Ruch, 2018).

2 A situated interaction focuses not only on the central actors in a relationship (eg. Social worker and service user) but also on the importance of broader organisational and social context in the creation of the relationship.

In this study, the recognition of this complexity did emerge. It led to the construction of interventions that were more focused on well-being, connection, compassion, and the individual's goals and interests. This type of relationship helps practitioners understand, respect, and recognize service users' fears, anxieties, joys or desires, and incorporates this empathetic attention to emotions into the construction of interventions. This is illustrated by a relationship that I observed between *Liz,* a service user, and her primary practitioner, a social worker named *Christine. Liz* went into a detox program due to heroine use. When she was dismissed from that program and sent back to Montréal, she described feeling apprehensive about returning to Montréal. Responding to this apprehension, and possibly to their own sense of companionate love[3], her social worker and a nurse colleague met her at the bus station at 9 p.m. and brought her to a room they had arranged to rent for her on a short-term basis:

> *One of the best success stories is with Liz... accompanying her has always been very touching for me, as she put herself in great risk, it's unbelievable… she was so thin, and holes all up her arms. It was terrible and now to see her in school, taking her medication, her methadone, living downtown, she has money and she doesn't use substances… I didn't believe it was possible. No one thought it was possible. But it's because we were always there with her. Even when she was in a terrible state, she could always come see us. She knew we were there… the relationship she developed with us probably counts for a lot. It is about giving her the chance to live certain experiences; setting her up with a* [substance use treatment program] *didn't work. She came back to the hospital and from there we tried other things… I think our role is to give them the chance to live something else that in the end was always there.*

Liz acknowledged the support she received stating:

> *I think they responded well to my needs. Sometimes, I was surprised. They offered me things that are expensive and I didn't think that they would take so much care of me.*

Another graduate research study explored the meaning of recovery-oriented practice with first line mental health social workers (Khoury and Rodriguez, 2015). The results, based on qualitative interviews with 11 social workers, suggest that they see themselves as recovery-oriented when their feelings towards service users is one of hope and confidence in a positive future for service users. Some participants explained that they developed these attitudes through collaboration, self-awareness, and through their perceived sense of professional autonomy and creativity. Weinberg & Taylor (2017) explain that social workers use discretion to deal with daily complexity. They describe "rogue" social workers, that is, practitioners who break the rules to manage the contradictions and tensions in their practice. This was something I encountered in my practice, as well as in my research. Social workers use their emotional knowledge, their intuition, to make decisions regarding practice tensions. For example, in this study with first line mental health social workers, participants deplored the way their daily work organization had shifted away from community connections to an increase in one-on-one, office-based meetings with service users. Some social workers, particularly those with more experience, described an intentional claiming of more autonomy and flexibility in practice to act quickly to respond to service users' complex and changing needs. One worker explained that if needed, he would do home visits, even though his administrative team had recently begun to consider these as 'wasteful' and 'inefficient' interventions (Khoury, 2012). Another worker explained: "There is a sort of revolt [among workers] where [we] say, we work with distress and suffering and pain, we cannot provide numbers the way you want us to…". The social workers in this study felt that the pressure to respond to quantitative performance outcome measures reduced

3 Companionate love is described by Barsade & O'Neill (2016) as "the degree of affection, caring and compassion that [individuals] feel and express toward one another".

the scope of their interventions. Although this study didn't investigate emotions directly, some participants reported feeling frustrated, angry, and even confused with the organizational changes stating that the changes ignored the human aspect of their work and that they could not 'do' social work properly: "I understand that there is a certain minimum performance to give, it's completely normal. But from there to focus only on that, I can't take it anymore. That's not why I went to social work. Helping people is not about performance".

In contrast, my doctoral research with the ACT team demonstrated the potential of informal, community-based settings for creating relationships. Accompanying service users in attending to the needs of daily life, or normal events such as going to a café, is a privileged space for situated interactions in which practitioners have the opportunity to create dialogue, build relationships, and understand the singular experiences of service users. However, a fully developed, trusting relationship involves emotional reciprocity and mutuality (Baskin, 2009). Unidirectional, professionalized encounters are often void of reciprocity and are thus easily reduced to being a service offer rather than a relationship. Within this service offer, practitioners are constantly using interactions with service users to assess the level of risk to themselves or to others. An adequate risk assessment requires that appropriate time be allocated to the evaluation and is also influenced by the setting in which it takes place as well as the relationship between the practitioner and the services user (Barker, 2004). The inherent imbalance of power between social workers and service users in a risk management culture, and the effect of the subjective perception of risk, can have a major impact on relationship-building. These can lead to social workers' emotional distancing from feeling equally burdened by dominant paradigms that categorize, discriminate, and stigmatize. Baskin (2009, 2016) cautions that a separation from service users as fellow humans on this journey of life who have similar needs, desires, rights, and interests will impede deep relationships and reduce access to emotions in a situated interaction.

5. Pathways to counter-hegemonic postures in an NPM era

By mobilizing the concepts of relationships, equanimity, and caring among professionals, I will discuss pathways to developing counter-hegemonic postures in an NPM era.

5.1 Recognizing relationships as dynamic resources and as mechanisms of control

The relationships and social networks that are developed within mental health teams are not only created within the confines of the four walls of the social worker's office. They are also created and developed on the street, in the bus, in cars, in apartments, in short, in informal settings in the community. Mental health social workers juggle the tension between ensuring medication compliance, housing stability and/or symptom reduction while building trust, confidence, care. One social worker I met through my research explained that she believed that the way to relieve this tension is through "acceptance and facility with madness". This means that mental health workers must learn to manage their fear, unconscious bias, and uncertainties to support, help, and work with people living with important mental health problems. Delving into her past experiences as a child and the values that were passed on to her, she shared that as a young child her father welcomed marginalized and vulnerable people into their home for meals. She told me, "I am not afraid of madness, so I have access to it" and can then be "strategic in negotiations with the service user so that the outcomes are to the service user's advantage". Her attitude influenced the rest of the team in their efforts to be more comfortable with risk taking and holding space for different ways of living and different conceptions of a life of quality in the community.

The tension lies in the location of these interactions being both a unique opportunity to access the singular experiences of the service user as well as obstacles to integration and authentic inclusion in the community. However, although practitioners might feel empathy, compassion, and even affection for some service users, clear professional boundaries contribute to the establishment of unidirectional social networks between practitioners and service users (Khoury, 2019). As one ACT team social worker explained,

> *We want a patient to socialize, but if I continue to have coffee with this person, their socialization will never be complete. I need to try to integrate them into community resources that can take over.*

The seeds to creating a social network with and for service users are usually planted in a substitute social network, a proxy, which is the mental health team itself. The challenge is to ensure that the seed does not remain in the soil of the proxy social network, but rather that, if desired by the service user, it flowers and pollinates other soil belonging to the individual's chosen social network and connections. The quality of the interactions and subsequent relationship building in my research on recovery-oriented practice in mental health (Khoury and Rodriguez, 2015; Khoury, 2019; Khoury and Ruelland, 2020) became apparent in the ways in which practitioners paid attention to, listened, and communicated with service users while engaging in shared activities.

5.2 Developing emotional equanimity to face the complexity of mental health practice

Baskin (2016) calls for equanimity, or an attitude of composure, in the social worker-service user relationship as a radical, ethical response to dominant ideologies of hierarchy, separation, expertise, and rigid boundaries. Equanimity is a state in which a person remains grounded, calm, and even-tempered in the midst of conflict or crisis. It is an attitude that can help diminish feelings such as blame, fear, failure, or guilt. With practice, it can lead to a tendency to respond to challenges and mistakes in a neutral way (Desbordes, Gard, Hoge et al., 2015). Equanimity relies on sharing and on critical reflexivity, meaning "taking a critical stance toward power, knowledge, and self" (Strega & Brown, 2015: 10). This reflexivity might elicit many emotions and discomfort, which require permission to dialogue in non-linear, "messy, confessional, and tentative" (Strega & Brown, 2015: 11) ways. It can also emphasize ethical reasoning (as opposed to simply following rules and procedures), "uncomfortable reflexivity" (Pillow, 2003 in Strega & Brown, 2015), and open dialogue to attenuate social workers' fear of risk and feelings of anxiety regarding increasing complexity in their practice as well as address issues of power and agency. Through reflexivity, self-awareness, and use of self (Berila, 2016; Fook, 2002; Ruch, 2018; Schon, 1987), social workers are trained to pay attention to their work as both a social relationship and a social practice to gain an understanding of their own and others' experiences and emotions.

There seems to be an understanding of professional accountability that is tied up with organizational and professional constructions of emotions (O'Connor, 2020) wherein highly emotional interactions or situations that elicit a strong emotional response from practitioners are discouraged. I have heard many social worker colleagues and current social work students say that they feel helpless or powerless to effect change in the face of the complexity of the mental health difficulties and social problems faced by service users. This, coupled with a fear of failure, may be an unconscious defensive strategy leading to an overreliance on procedures rather than relationship. The individualisation of the service users' experience as a personal deficit fails to see it as a common struggle (*ubuntu)* and skirts the potential to transform it into a collective struggle. Opportunities to collaborate, organize and build community capacity (Baskin, 2016) are possibly missed. These conceptions are tied to the legacy of traditional psychiatric structures and societal perspectives on mental illness,

but are also highly subjective: based on feelings, personal values, and emotions, which echo the findings of Hardy (2017) that reactivity to emotions in social work practice can override objective analysis, leading to risk-averse practice. Equanimity, or decreased emotional reactivity, is a state of mind that can be integrated into social work professional development to support well-being, reduce stress, and fear of blame, and create space to accept responsibility for ethical conduct and successful outcomes. Sewell (2020) discusses the importance of emotional regulation training for social work students. She ties this to holistic learning in social work education where strategies such as mindfulness and embodied learning are used to help future social workers recognize and work through their own emotions while recognizing and attending to the emotions of the people with whom they are working.

5.3 Focusing on caring and talking through big emotions

Through my experiences as a psychiatric social worker and a researcher, I have witnessed the control and surveillance that some practitioners feel are necessary to carry out their roles and interact with service users. Increasingly rigid rules through NPM protocols and a continued hegemony of biomedical practices in psychiatry can lead to a culture in which coercion is understood as a necessity to ensure collaboration (Khoury, 2019). Discursive processes, specifically a culture of emotional dialogue among practitioners, seem to help reduce these negative aspects of risk management. Emotion talk can be understood as acknowledging fear, joy, and compassion, which has been shown to decrease tension and increase capacity for analysis and problem solving. Stanhope's (2012) study demonstrated that this can be done by creating shared narratives with service users, paying attention to their needs, desires, and interests, and making a deep human connection so that service users feel seen. Barsade and O'Neill's (2014) study on affection in long term care facilities found that the demonstration of companionate love, for example, nurses showing kindness toward one another, or a worker hugging another resident, increased resident feelings of affection, security, and well-being. A culture of companionate love also impacted employees, reducing absenteeism, increasing teamwork and work satisfaction. Creating a safe space to express and process emotions can be a protective factor when engaging in risk management or techno-rational interactions. This can also be achieved through training and supervision focused on use of self, emotional intelligence, and reflexivity (Smith, Nursten & McMahon, 2004; Trevithick, 2018).

CONCLUSION: STRATEGIES FOR PAYING ATTENTION TO EMOTIONS AS A SOURCE OF KNOWLEDGE IN RELATIONSHIP-BUILDING

Recovery-oriented mental health social workers can support service users and accompany them as they work towards positive transformations for leading fuller lives in their community. According to Bayer et al. (2018) this requires "paying attention to the emotions behind the presenting issues and the context within which they emanate and are to be worked with" (: 230). A recovery-oriented practice posture intimates a critical, person-first stance and values that include paying attention to the emotions of all interlocutors. This requires understanding one's own inner emotional world, paying attention to the emotions and feelings of others as well as the context within which they are being produced, experienced, and contained. A concrete way to develop this critical introspection and become aware of emotions is through anti-oppressive contemplative practices. These practices, which include deep reflection, present moment awareness, and interconnection have been shown to be strategic tools fostering equanimity, self-knowledge, compassion, interconnection, creativity, and emotional insight (Barbezat & Bush, 2014; Wang, Perlman & Temme, 2020; Wong, 2013). These practices challenge the rational-emotional dualism that has taken over our education and

practice fields, shaped by the heritage of modernist Western thinking. Batada (2018) has discussed how contemplative activities have helped her public health students tolerate contradictions and value differences through the development of skills to "navigate privilege and power as it relates to the everyday work of addressing health disparities" (: 72). She uses guided visualization to discuss the concept of interconnectedness, the intersection of identities and how they may multiply the burden of disability. She also uses loving-kindness meditation to explore compassion and solidarity to help students connect with their experiences working with community organizations and become critically conscious of their own role in promoting health parity. These practices are focused on inner self work, but also on critiquing the status quo. Through these practices increased insight can foster an awareness of privilege and oppression and develop the resources to create change through community and collective efforts (Berila, 2014). Since 2020, I have been developing and integrating contemplative practices (ie. exercises that attend to critical introspection, identity construction, present moment attentiveness through mindfulness, art, poetry, and movement) into my pedagogy and research with the explicit intent to support future social workers in interrupting and interrogating oppression. With two doctoral students I have developed a contemplative practices toolkit for a social justice and anti-oppressive pedagogy. These classroom exercises or assignments range from learning to be keenly aware of one's body movements and how one 'takes up space' using a walking meditation, to reflexive exercises on identity construction and unearthing implicit bias. The exercises also include practices that focus on emotions, connecting students to not just their minds, but to their bodies and hearts as well. This is important because it supports students and practitioners, with deep learning, managing emotional stress, and learning to care for, and love themselves and others. More provocatively, these practices also respond to concerns that simply discussing or even witnessing injustice is insufficient to develop resistances or interruptions to those injustices (Barrat, 2014; Batada, 2018). Anti-oppressive contemplative practice can provide strategic tools for social workers, as well as future social workers, to cultivate awareness, recognize and honour emotions, and elicit responses of empathy, solidarity and social change.

My reflections and experiences suggest that practitioners' individual characteristics, relational styles, and capacities to act creatively – or not – are significant for practice. Practitioners who manage to practise in ways that acknowledge their emotions, those of service users, and have a significant relational and therapeutic impact for those service users. While the emotions of both practitioners and the individuals they interact with are at the heart of relational social work, recognizing emotions as a source of knowledge (Jaggar, 1989) requires recognition of both personal interpretations of emotions and professional and organizational opportunities to understand them (O'Connor, 2020). These explorations that have emerged from a combination of my research, teaching and practical experience suggest the need for further research on the nature of the helping relationship in mental health teams but also on the role of emotions in mental health practice. Emotions are part of recovery-oriented mental health practice, yet they are not always perceived as professional. If the art of social work practice resides in the social worker-service user relationship, and professional and personal identities filter practitioners' emotional responses (O'Connor, 2020), then the importance of emotions as a source of knowledge within the situated interaction and as a buffer to rational-managerial ideologies needs to be valued and better understood.

RÉSUMÉ :

Le rôle des émotions dans l'intervention axée sur le rétablissement en santé mentale demeure peu connu. En réfléchissant à mes recherches dans ce domaine, j'explore les diverses compréhensions et les niveaux de confort avec les émotions dans la pratique du travail social en santé mentale. Les résultats de mes recherches sur la pratique de la santé mentale axée sur le rétablissement montrent

que des tentatives inégales de création de liens et de relations entre intervenant et usager entraînent des occasions manquées de connexion, de compréhension et de soutien au processus de rétablissement. Je discute des défis et des tensions auxquels sont confrontés les intervenants en santé mentale dans le cadre d'un paradigme de soins de la nouvelle gestion publique et de réduction des risques et les façons dont la prise en compte des émotions pourrait aider à critiquer ou à démanteler le statu quo. Ces réflexions suggèrent des voies pour résister à ces tensions et mettent en valeur l'importance de réaliser pleinement le potentiel des émotions en tant que source de connaissances dans la construction d'interventions axées sur le rétablissement en santé mentale.

MOTS- CLÉS :

Lien, travail social relationnel, émotions, santé mentale, gestion des risques

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