

Editorial for *A Life in the Day* Issue 8.4

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‘I reckon you have to be careful with expectations: too little and life is cold and comfortless, too much and you burn up on your way to the sun.’ Marika Cobbold wrote this in *A Rival Creation*, her novel about failed hopes, and she adds another thought to the pile I have been accumulating recently.

The Social Exclusion Report says that people working in mental health services are guilty of under-estimating the potential of service users. So how has this happened? Your guess is as good as mine, but here’s a few possible threads in the tangle.

In the pub it seems easier to chat about failures rather than success. Just try telling someone that your last train ride arrived on time! After listening to most of the content, you could be forgiven for renaming the *6 o’clock News*, the *6 o’clock Bad News*. Reporters operate like fast food waiters, individually wrapping a monotonous serving of war, criticism and crime. Contentment makes less of a story than chaos, so we rarely hear about it. Have we been prescribed cheap sunglasses that just make the whole world look dirty?

Local communities come in for a similar misrepresentation. Ask a mental health worker about the area where they work and you are likely to hear about discrimination, threats and victimisation. Press that same worker, and eventually they remember the occasions when a neighbour was friendly, an employer offered a job, a tutor freely gave discreet assistance. I have been asking groups of staff recently about whether they tell stories in staff meetings – stories of success, of good work, of recovery. It’s hard to find anyone who regularly harnesses the power of story to celebrate success.

Talking of staff meetings, the loudest groan is when people are asked to find good things to say about their boss. People who consider it their professional responsibility to identify the strengths and talents of people who use services, sometimes switch off this moral duty as soon as they enter the staff room. It’s simply not cool to say good things about our employers, and so we maintain a conspiracy of silence on that front.

Then I meet people who can’t find a good word to say about themselves. Overbearing parents, ascerbic teachers, a string of personal failures – whatever the reason, many of us run like rugby forwards to dodge the grasp of praise on our lives.

So we bring all this to the ‘therapeutic relationship’. Horrified by our own failures, terrified of the inquisition should anything go wrong, arrogantly assuming that people are safer inside services than inside communities, we try to contain our own fears by limiting the lives of others. Every group of service users I speak to seems to contain at least one person who has been told, ‘you will never work again’ or a similar

condemnation to permanent unemployment, homelessness ('you could never manage a flat'), singleness or dependency on medication.

Someone told me, 'sometimes I just have to *make* people be realistic – it's my job'. What exactly does this phrase mean? It can mean all sorts of things, such as:

- I have decided what you are capable of doing.
- I don't want to do what you want to do.
- The route to your destination is long and difficult.
- Ambitions have to be small and practical, not grand and visionary.
- It's better not to try than try and fail.

It seems to me that the world is an ambiguous place. There is enough evidence around to support the pessimistic viewpoint if you want, but also enough evidence around to support a more optimistic view. We have to make a hypothesis and guess. Here's where the notion of the *least dangerous hypothesis* comes in. If someone is in a coma, there is no way of knowing if there is an intact person inside with no means of communication, or whether the person inside is dead. Each hypothesis is equally possible. So let's choose the hypothesis that carries the least risk. If we assume the person is dead, then we switch off the machines and risk killing the person inside. If we assume the person is temporarily unable to communicate, then we care for the body, talk to the person and risk being disappointed. Both options contain risk, but the comparison of those risks suggests that one option is less dangerous than the other.

For people who use services, the *least dangerous hypothesis* contrasts a pessimistic view of the person's capacities and potential with a more optimistic view. We don't know if they are employable, capable of looking after a flat as well as the average student, or could be someone's lover, so we have to make a hypothesis – either they are or they are not. Whilst we tell ourselves that we are keeping an open mind, our actions often show that we have adopted one or other hypothesis. Which hypothesis is the least dangerous? Just ask someone who has been told that they will never...

What about our communities? They contain abusive and discriminating people as well as potential employers, neighbours and friends. The problem is that we don't know which kind of people live next door. The *least dangerous hypothesis* contrasts the risk of an unfriendly word and a struggle for acceptance with the risk that the service user will miss out on a welcoming community. We don't know what will happen, but it's safer to get out there and find out.

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This is the final contribution of my two-year stint as editor, and I am handing over the red pen to a new editorial team - Adam Pozner, Judith Hammond and Mee Ling Ng of TriNova. Adam has written the Network page since the journal started and TriNova have been working in the field of employment and mental health for the past decade. Thanks to everyone who has written articles and read them – the journal goes from strength to strength.