

Managing Conflict -

An irreconcilable clash

or an opportunity for growth?



In mid April, the MHACA team took part in an engaging afternoon workshop by Fiona Davis from EASA on “Managing Conflict”. The workshop was a jam-packed information session and provided us with a good overview of conflict and effective ways to manage it. Prepared by Rita Riedel (information copyright to EASA)

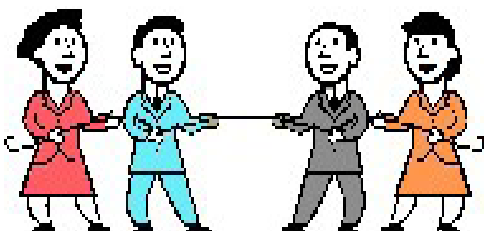
IN SUMMARY, the workshop taught us how to better manage differences and misunderstandings with others, overcome potential barriers in the communication process and generally increase our emotional intelligence.

The first thing Fiona highlighted was the name change from ‘conflict resolution’ to ‘managing conflict’. While in an ideal world all conflict would be resolved, **in reality, in many situations our best possible outcome is ‘to agree to disagree.’** We can’t always resolve conflict but we *can* learn to manage it effectively.

We were asked to reflect on how many people live on our planet and how many languages are spoken, emphasizing the point that seeing eye-to-eye with everyone is unrealistic!! Conflict is inevitable... so how can we learn to best manage it??

Key patterns of behaviour

While there are millions of different people, there are some basic belief and behaviour styles we all fall into when it comes to relating to others (also known as “The OK Corral”). Being aware



of our own behaviour, as well as that of others, can help us to address and diffuse potential conflicts. We may take on any one of these positions depending on who we are in conflict with and the stresses in our lives at the time.

1) Assertive

“I’m OK –You’re OK”

Assertive people are comfortable with their own rights and other people’s rights

Called the ‘rational adult’ position, this is where we accept each other as equal, trust and respect each other, can think and make optimum decisions, are positive and optimistic and can cooperate to achieve a mutually beneficial outcome. We can still have conflict but are ‘healthy adults’.

Resolution style: *Confronting, assertive*

2) Passive

“I’m Not OK –You’re OK”

Passive people experience assertiveness as aggression

Called the ‘adapted child’ position we readily follow others and expect others to lead us, put others’ needs ahead of our own (which don’t matter), assume others are all-knowing, comply and procrastinate, are envious, devious and withdrawn (often hidden resentment), are energised by relationships (often needy) and marginally positive.

Resolution style: *Smoothing, non-assertive*

3) Hostile-Aggressive

“I’m OK –You’re Not OK”

Aggressive people experience assertiveness as taking advantage

Called the ‘critical parent’ position, in this mode we know better than others, see others as essentially worthless and stupid, bully and domineer others, need to check everything others do, have difficulty taking advice from others, are energised by power and are largely negative.

Resolution style: *Forcing, aggressive*

4) Destructive

“I’m Not OK –You’re Not OK”

This position can be difficult as there seems little point to anything at all, even life. People may need professional help to recover.

Called the ‘rebellious child’ position we don’t like ourselves or others, are uncooperative and obstructive, tendency for self-sabotage, are highly private and secretive, have an inability to take advice from anyone, struggle with even the most simple, logical routine things, and are destructively negative.

Resolution style: *Avoiding, non-assertive*

Who’s to blame?

The four common attitudes of these positions as they relate to blame are:

1) It’s not one’s fault (the key) – blame isn’t the issue. What matters is how we go forward and sort things out: I’m OK –You’re OK – “Happy”

The following are 'stuck' positions reflecting distorted beliefs and behaviour:

2) I'm to blame:

I'm Not OK – You're OK – "Helpless"

3) You are to blame :

I'm OK – You're Not OK – "Angry"

4) We are both to blame:

I'm Not OK – You're Not OK – "Hopeless"

Conflict Facts

Peace is not the absence of conflict but the successful resolution of it.

- **Old view of conflict:** a clash between incompatible people, ideas or interests; a negative experience.
- **New view of conflict:** an opportunity for personal growth, new ways of thinking, improving relationships, using positive constructive resolution skills and to discover new creative solutions.

Fiona then talked about different levels and types of conflict. We also learned about root causes and stages of conflict, approaches and barriers to resolution, and the importance of good listening and communication skills—how conflict can be managed successfully.

In essence, conflict management requires:

- self knowledge • self-management • use of learnt skills and • a willingness to resolve the issue.

Win-Win Approach

In summary, the features of the win-win style are-

- Concentrate on the approach not the outcome
- Be hard on the problem, soft on the person
- Recognise individual differences
- Emphasise common ground
- Be open to adapting your position in the light of shared information and attitudes
- Make clear statements and clear agreements



As Einstein once said, "We cannot solve our problems with the same thinking we used when we created them." ✖

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The Cunningham Dax Collection
art, creativity and education in mental health

About the Collection

The Cunningham Dax Collection consists of over 12,000 creative works on paper, paintings, ceramics and textiles, created by people who have experienced mental illness or psychological trauma. The Collection is dedicated to the conservation and ethical exhibition of these works, and the use of art in public mental health education. Much more than an art gallery, the centre provides a multidimensional experience in the growing field of art in mental health. Increasingly diverse audiences reflect the broader community's interest in creativity and the mind.

Dr Eric Cunningham Dax [1908-2008]

During the course of the 20th century there was an increasing interest in the therapeutic and diagnostic value of creative works made by people with an experience of mental illness. At the same time there was also a growing appreciation of the artistic merit of these works by artists and the broader community.

Dr Eric Cunningham Dax was part of this development. In 1946, while superintendent of Netherne Hospital, a progressive psychiatric facility in England, Dr Dax introduced clinical art programs as a treatment component in mainstream psychiatry. In 1952, he moved to Australia and took up an appointment as Chairman of the Mental Hygiene Authority, Victoria. He developed art programs that guided patients to produce artworks that he considered 'windows of the mind'.

Dr Dax collected some of these creative works to educate mental health staff. In time, however, he recognised a broader application for the art works, their capacity to educate the public about mental illness. Dr Dax was the Director of the Collection until 1995. He passed away in February 2008 in his one-hundredth year.

For information about education, tours & programs contact -

35 Poplar Road, Parkville VIC 3052 . Ph: (03) 9342 2394

info@daxcollection.org.au

www.daxcollection.org.au

The Collection is auspiced by The Mental Health Research Institute (MHRI), an internationally renowned non-profit research institute located in Parkville.

NB. Paintings from the Cunningham Dax collection feature in the first edition of the Mental Health First Aid manual