

# The Art Of Conversation Diversity and Safeguarding

Perdeep Gill

# Conversations

- Reference understanding –not static, dynamic and complex
- One narrative - different meanings depending on the cultural reference
- People might hold different perspectives depending on who they are talking with, or communicate many strands that could be contradictory

# Challenges remain...

- Re-authoring can occur
- BUT

old narratives remain also

Depending – with whom, where, when the conversation takes place

: a person can hold many different realities about the same thing depending on interacting factors

HOPE?- what is known also remains- cognitive or emotional dissonance....or it is purposefully denied in certain situations

Emotional Alliance- unspoken, spoken joining sharing of commonality (engagement),

Externalising conversations (deconstruct)

Understanding the meaning and use of words allowing each to see where the other was coming from.

**'mapping the effects of the problem'** (White, 2007)  
through deconstruction.

- 1<sup>st</sup> narrative
- Externalising conversations
- ‘landscape of identity’
- ‘landscape of action’
- Unique outcome could be contradictory to the ‘problem’ narrative

- Facilitate a sequence within client's reference theme

Together re-view and devise a path for accepting the need for an alternative solution

# Framing/ interpreting

- Personal interpretations are open to revision, replacement by another construct in understanding an experience ...
- Using client's constructs to enable them to hypothesise/wondering about more than one reason for a problem
- - then helping them to revise their construct

# Active listening

- FIRST Listening to client's narrative
- EXPLORE, UNDERSTAND AND RESPECT the constructs on which narrative is based
- SELECT strategies and techniques that speak to the client's constructs in order to revise the construct.

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- An ability to symbolise and model individuation
- Congruence, affirmation, empathy
- Ability to join ( boundaried)
- Ability to self examine
- Amplifying
- Encourage
- Matching language
- Non verbal
- What isn't said
- Reflecting
- Summarising

# The ingredient for impactful conversations

- Working with person to make the source of the issue from their perspective and allowing them alternatives in understanding and in outcomes
- An ability to symbolise and model individuation
- Congruence, affirmation, empathy
- Ability to join (boundaried)
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# Starting and Ending a Conversation

- Planning
- Rapport /engagement
- Establishing Purpose- yours and theirs
- Specific topic- free narrative, using tools to enhance the conversation
- An Interpretative summary- meaning and implications
- Next step – actions and or further conversations

# Judgements

## Pitfalls

- Cultural relativism
- Stereotyping- pathology
- Lopsided emphasis on multiple disadvantages and structural inequalities
- Making judgements risks and strengths without a baseline understanding of cultural/religious values

# Questions To Ponder on..

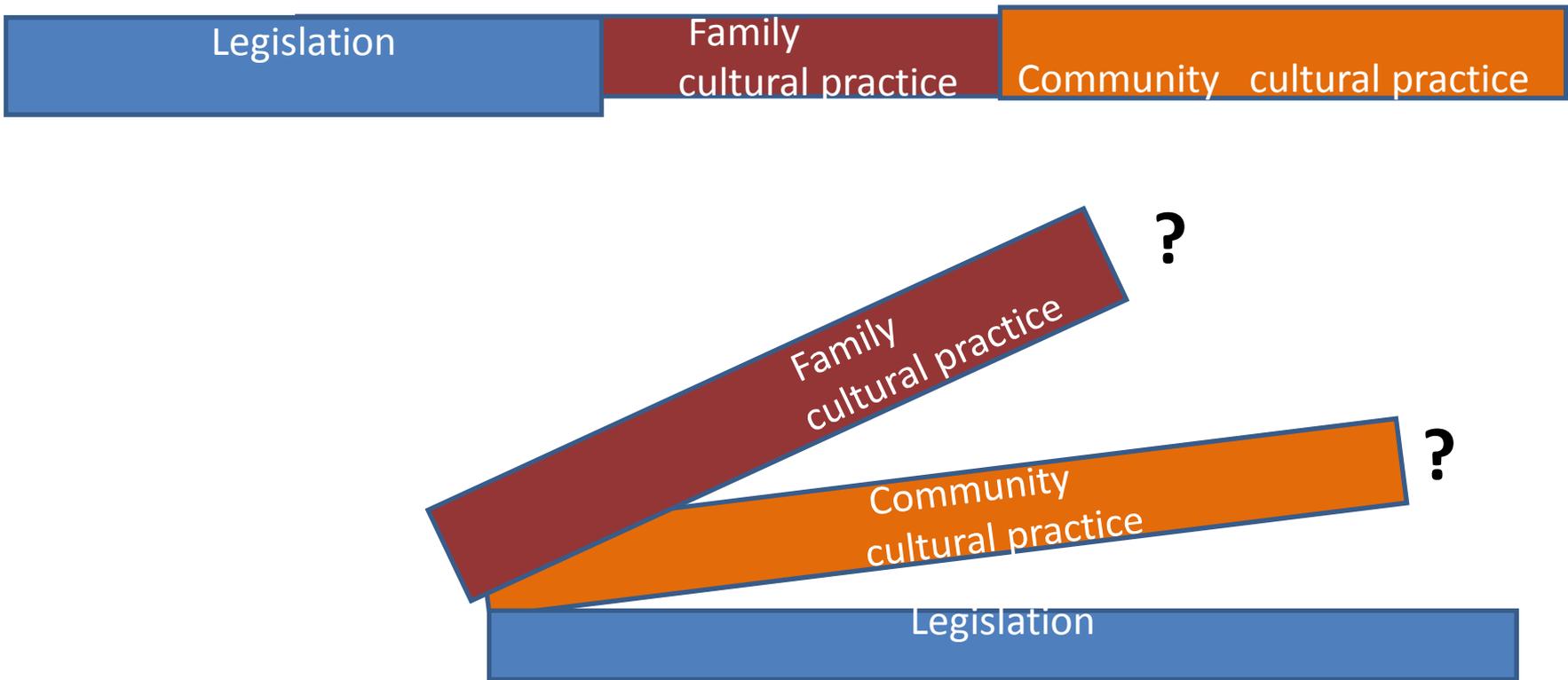
- Are 'they' resistant and if so how and why?:
  - could it be legitimate and parental dangerousness,
  - not legitimate and dangerous,
  - legitimate and not dangerous
- Resistant but it isn't picked up?
- Is there 'deviant amplification' going on?
- Are they deemed resistant because professionals don't like being challenged/questioned?
- Is it projection/counter transference of own resistance?

# Applying the guidance

- Are professionals in a detailed way- making sense of differing family patterns and lifestyles and to child rearing patterns and weaving that into assessments?
- Are professionals considering if and how religious beliefs and cultural traditions values, attitudes and behaviour impact on parenting re strengths and risks?
- Are professionals exploring, identifying and analysing if and when family cultures differ from their community culture and the meaning of this?
- Are professionals guarding against myths and stereotypes

How do we translate guidance into effective practice?

# Levels of divergence and meaning-belief or action



# Thinking and responses..

You meet a group of parents

All children of these parents have in the past been subject to different levels of social care intervention.

Parents belong to a community within which spirit possession beliefs are embedded.

A parent reveals her child aged two has an iron burn on her arm but she hasn't taken the child to the hospital but that the burn is 'bad'.

Of the 10 parents you find out that four other parents report that their children too have had iron burns and also not taken their children for medical help

# More Thinking ...what are you wondering about

Mum (ethnic origin Sierra Leone) Christian

Four children: aged- 8, 5 ,3 and a 10 month old

Lone Parent.

Mum is a refugee and was looked after as an unaccompanied asylum seeking child aged 14

History of concerns repeated referrals in regard to series of domestic violence incidents, mum lacking emotional warmth and stimulation children all have varying levels of developmental delays

Assessments and interventions: two parenting programmes, family support, parent support advisor domestic violence counselling service.

No change re concerns. But each 'help' episode leads to DV relationships end, counselling not taken up and CAMHs goes for a couple of sessions and stops

- Observed : doesn't attend to children even when prompted .
- Brings no food or nappies.
- When food is provided feeds children when repeatedly cajoled to do so. Presentation marked by blankness, no eye contact or physical warmth towards children.
- The children are positioned by them so that they are next to her; stares into space and, without any words, feed her children. Once finished leave without a word.
- The children show no sign of distress or curiosity from the moment their mothers first left them and showed no sign of acknowledgment her when they enter the room.. At times her baby can be heard crying mother does not react.
- She shares that that her 8 has no friends and cries a lot , the school is concerned about her.

- The narratives of others' childhoods multiple traumas of war, witnessing violence, sexual abuse, physical abuse, receiving limited parenting and loss
- She reveals that she is the **daughter of a second wife and thus was resented by her half brothers**. She witnessed her father being murdered, following which her family were thrown into absolute poverty. **Her brothers gang raped her when she was ten years old. She believes her disclosing the rape resulted in her mother's death. She weeps because she has to hide her history because her community will locate witchcraft in her.** Other parents comforted and wept with her and shared their similar experiences and fears. She was then anointed by the group as **"Miss Purity"**.
- Purity reflected: coped by not feeling and becoming a walking dead person. She then engages on the impact of her traumas on her children. She is able to reflect on her disengagement. She is asked to go and see her children, and to just look at them.

- Within days the children arrived full of energy rather than subdued, the older one began running to her mother when she entered the room and the baby wobbled with excitement on his mother's entrance into the room. She began to bring food for the children and faced them when feeding and talked to them.
- **Miss. Purity** brought to the group that she felt a pulling to cut off but knew when it was happening so began to think about what was triggering it.

- By the end of the group sessions school reported her oldest daughter was no longer so distressed, beginning to settle and engage with learning and had made a friend.
- **Miss. Purity** dared herself to think she is more than an object of sexual abuse. That she can be a mother, she can be anything she wants. **Miss Purity** wants to work in finance. She is looking at NVQs as a first step to a future of hope.

## **Resistance because the interventions were not focused in the right places**

It was the facilitation of emotional connection with past that became the pathway to freeing up: feeling, reflecting, thinking and beginning to meet the needs of her children in the present.

- Group process and interactions facilitated the practice of emotional warmth, different type of relationship interactions

# In our analysis consider:

- The interplay and weight of multiple facets: **correlation** between **beliefs**, environmental, situational family dynamics, impact of migration, attachment relationships, community and parental history and how these impact on *family climates* and **potential for abuse**.
- What are the **cultural influences on the emotional, cognitive and social** response to and processing of abuse
- Why a **cultural belief** may lead to **abuse in one family** but not another of the same community?

# Mental illness

- Concerns mother was not protective in regard to her husband's mental illness. She need awareness of the impact of her husband's.
- Mother's response: impassive expression and lack of engagement.
- I brought up many Charismatic Christians mental illness was viewed as a doorway for demonic activity and asked her for thoughts. Mother relaxed, became animated in demeanour and tone as she agreed with that viewpoint.

- Mother's frame of reference and in making sense of the world was deeply embedded in her religious beliefs: detailed thought through theological position which paralleled, in process, the medical and professional thinking; expect the location of causation and treatment differed
- She thought his propensity to suffer mental ill health began at conception. His mother had sought help from a witch doctor in order to conceive him. She located that contact as evil resulting in mental ill health and that her husband's use of drugs was yet another pathway for demonic activity.
- Trans-generational causation was not genetic but that the biological makeup may have an imprint of demonic activity that is then passed down through generations and that depending on the individual it can be "asleep" and pose no direct risk or awakened and present as mental illness.

Treatment , she thought, could only be cured through deliverance. However, any doubt in the sufferer would lead to deliverance failing

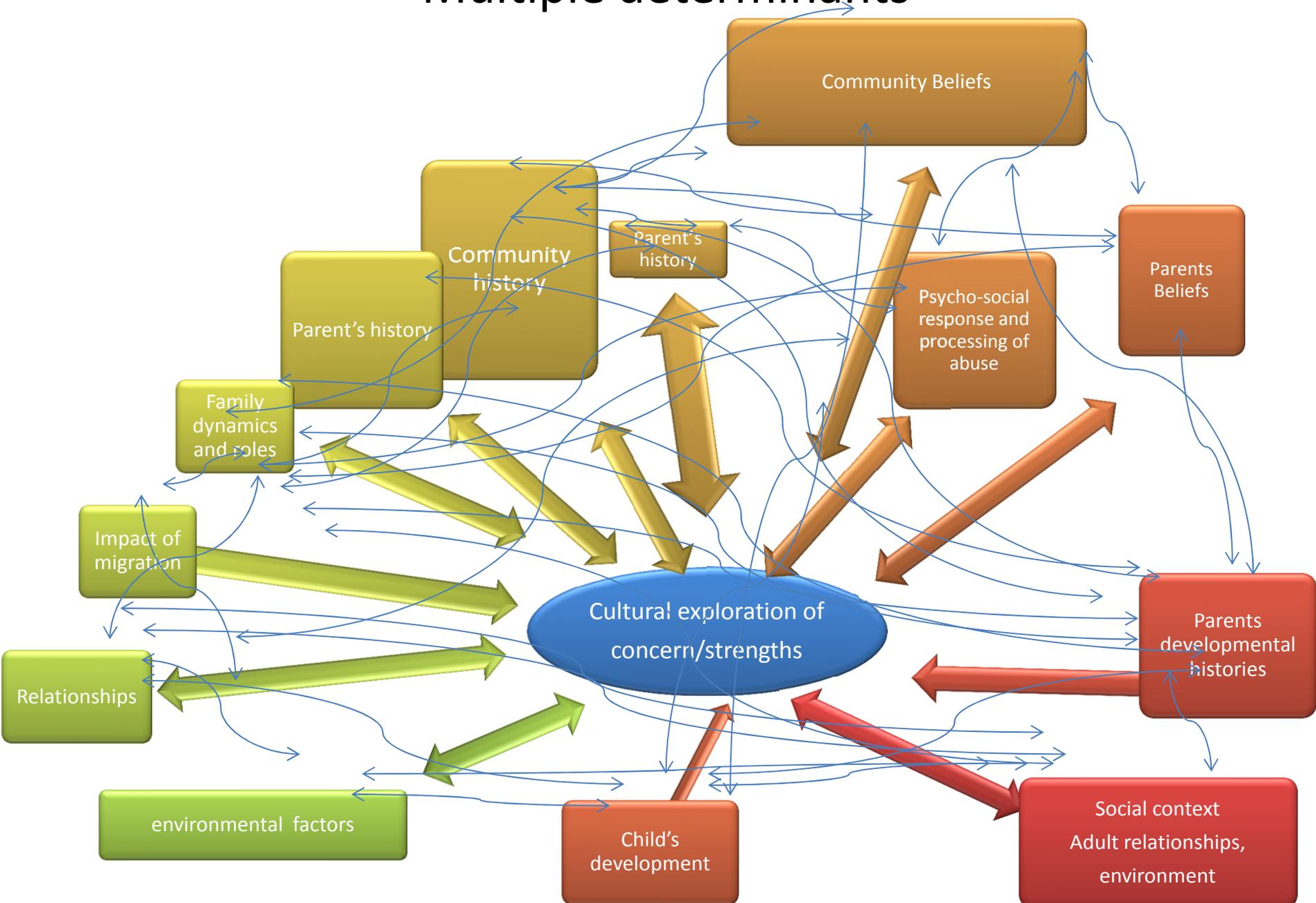
Secular medicine offered only a means of curbing demonic symptoms.

The problem was her husband was resistant to deliverance

- Sought to bridge her belief system to seeking help from secular organisations.
- Mother- began to wonder if treatment of schizophrenia could be a way of binding of evil and if deliverance will come later or after death because an individual has shown by taking medication and engaging with agencies their willingness to overcome their struggle. She began to consider that her Christian duty to save the wretched could be by guiding them to use other help alongside spirituality.
- Looked at her view: Christian duty to rescue- greatest motivator in staying in the relationship
- I offered that then led abuse of her children. She was distressed as she recognised that whilst trying to save her husband she had lost sight that her children.

- Mother came to accept that her Christian duty was to first protect her children.
- She did add that she had tried to protect them through ensuring they were part of the deliverance services and thus would be protected from evil spirits being imparted to them.
- Now she felt anguish- insight she had lost sight of their other safety needs: physical safety.

# Multiple determinants



When it is appropriate to intervene in situations, and where cultural practice should be respected- risks and resilience

- Authoritarian parenting style
- Attachment relationship: secure
- Belief in physical chastisement, honour, religious morality, spirit possession
- Parent's intention is best interest of child