

Chapter SIX



Developing alongsideness with Sally and Clare
while solving problems.

In Chapter Five I explored my educational relationships with families in *primary prevention*. This process seems to be founded on a ‘way of being’ as much as knowledge I impart. I learnt that in creating and sustaining connections I need to live values that are respectful and foster self-determination. I became aware that my personal beliefs could interfere with these values and prejudice my work. Respect includes acceptance of people’s perspectives or at least understanding them.

In Chapter Six further variations and meanings of alongside relationships emerge in my work with families trying to solve problems. Problem-solving I call *secondary prevention* because my intention is to increase parent’s ability to solve problems and to encourage them in their search for enhanced relationships. When families need help to understand their relationships my expertise is more actively called upon. My values remain important as we work together and I balance being alongside with being professional. Through case-study I will demonstrate the Crucial Cs (Lew&Bettner,1996) as a learning tool for Clare’s and my own understanding of relationships. Clare’s search for happier times with her boys parallels my reflections about how I can support her enquiry.

First, I tell Sally's story. I will describe how values captured on video, are identifiable both in the family's relationships and in alongside health visiting. Reflecting on my work with Sally and Clare, I learn the value of 'holding' parents in crisis, in the way they do for children. Timing and pace are important to the processes of learning.

Sally's story

I looked at three videos made with Sally and her family as they grappled with the problem of baby Kelly's wakefulness at night (Videos One-Three, 6.11.96, 19.2.97, 2.6.97). The videos were made in response to Jack Whitehead's suggestion that I might learn about my relationships if I was to see myself working with families. The first video of the Drop-In clinic intended to observe primary prevention. I made a second about problem-solving with Sally and in a third, for research purposes, I asked about the way we worked together. As I watched the videos with BARG and the HVRG (meeting notes, 3.2.97, 24.4.97) I was prompted to think about how I am with people and the observable values in action on film. Similarities between relationship qualities of positive parenting, alongside health visiting and collaborative researching were described by observers of these videos (journal, 3.2.97; Bath presentation: Video Eight, 21.2.01; UWE presentation, 27.3.01).

Although my method of managing childhood sleep problems has been modified since 1997, when I was still using recently published techniques (Pound, 1989), my methods of communication and many of the skills remain similar. It is not my intention here to describe changing techniques for managing children's sleep problems but to begin to understand how I relate with people as I work. This account began before I started collecting research data. It was written from memory and checked with Sally when I produced an account for BARG (presentation, 3.2.97) about working in partnership (journal, 5.2.97). Here is the story. Names have been changed but Sally gave me permission to use the videos for research purposes, unfortunately inaccessible here, and the photographs below.

Autumn 1996. Kelly is Sally and Peter's second child. A healthy baby she thrived on breast feeds she demanded day and night. From birth she was peaceful and slept for long periods in the day, but awake and sociable through the night. In the early months I told Sally that in my experience babies often had their day-night 'clocks' around the wrong way, but these usually turned around by about twelve weeks of age (Ferber, 1985:32, Pound; 1989:16). In Kelly's case this did not happen and she continued to be more awake in the night than the day and refused to be put into her cot. I had only seen this persistent day-night reversal a couple of times before but felt confident it would change by itself, or at least we could help it change as she got older.

When a young baby wakes frequently in the night and parents are tired, I suggest they take the baby into their bed, as long as neither is a smoker. Recently published cot death research had suggested a link between babies sleeping with a smoker and unexpected infant death (Fleming et al.1995). Peter was a smoker and offered to sleep in another room for the time being. I was aware of additional strain this might place on their relationship because Peter regularly worked away. Sally struggled to find ways of getting sleep herself while she waited for Kelly to sleep at night or become mature enough to respond to the technique called 'checking' (Pound,1989). She had used 'checking' to help Jacob, her older child learn to sleep. The technique had not worked at first because Sally believed she tried it before he was ready. She was determined to wait until Kelly's sleep rhythm matured, probably after six months, the age when 'checking' worked with Jacob.

Kelly lay awake in her mother's bed leaving Sally fearful of going to sleep herself. In the day, when the baby slept, two-and-a-half year old Jacob was awake and energetic. Sally appeared in the first video in the Drop-In Clinic at the surgery (Video One,6.11.96. See photo below). She spoke of her exhaustion. I see myself sitting on the floor looking at her, listening to her story. It is the same story I have heard each week. I commiserated and made no suggestions because we had explored the possibilities on previous occasions. I see myself identify a hopeful sign in what she has said:

Robyn: There you are, she has showed you she can do it.

Then, with a laughing glance to another mother,

Robyn: I try to be optimistic here. (We all laugh.)

Sally: Don't tell me! She's going to be 12 weeks on Saturday.

Robyn: Is she? Ahhh. Did I actually promise that her clock would turn around?

(Trying an innocent look.)

Sally: Yes, you did.

Robyn: I did, didn't I?

Sally: Yes.

Robyn: Was I actually fool enough to say when?

Sally: Ohhh, by twelve weeks (matching my coy innocence)

Robyn: Oh, did I? (Both playing the game)

Sally: (Looking at Kelly) Only a few days to go and then you're going to the orphanage

Robyn: Or I s'pose I'll have to have her. (Video One,6.11.96)

Watching the video I wondered if by laughing it would seem that I was not taking Sally's distress seriously. Seminar audiences did not get this impression and when interviewed Sally did not recall feeling unheard (presentations, Bath,21.2.01; UWE,27.3.01; third video,2.6.97). I will explore use of humour later. Looking at this video, a colleague in the HVRG introduced me to the term 'holding' to describe what she saw (HVRG notes,24.4.97, Winnicot,1990). In this case it describes a process when the problem appears emotionally too big for Sally to cope alone, and immediate solutions are hard to find. By providing a safe space to express feelings,

by 'being there' and listening without necessarily giving advice, I let Sally voice her problem in her own words. She shared her problem with me. Giving it to me to 'hold' made it more bearable, until she was able to take control and move on again (HVRG,16.12.97; Pound et al,2001b) I will speak more about holding in Chapter Seven.

Video One, 6.11.96

Months later I asked Sally about this time. I believe she is describing holding when she says:



A nightmare. It was hard ...I wanted to tell you like I told you every single week. You were a shoulder to cry on because everybody else looks at you in a bored humdrum way. You wouldn't say, 'I've heard this a hundred times but I can listen to it again'. It's a big thing for me because of not having a mum...It's having someone to support you. I knew I could come and tell you. You couldn't make it better. You could give suggestions and you could say, 'there's light at the end of the tunnel'. (Video Three, 2.6.97)

About another occasion when Kelly was five months old Sally said:

I remember the time when I came to the doctor with an ear infection. I was really down and tired, done in really. I was having palpitations and feeling sorry for myself and I just wanted someone to make it better. He said, 'that baby doesn't need feeding, she's going to be all right so put her in her bed, shut the door and come away'. Which wasn't the answer I wanted because she wouldn't sleep, I couldn't leave her and I was feeling down. I came to the Drop-In. I wanted to burst out crying and say, 'I feel really awful', but the room was full and you were really busy. I wanted everyone to disappear and you just to talk to me. I remember you making eye contact with me and I think you guessed things weren't right.

I had to go to nursery to collect Jacob. I blurted it out. You interrupted somebody and made an appointment to see me at home so we could plan how to do it ('checking') earlier. I came out of there feeling sick and lousy and down. When I got home I burst into tears. (Video Three,2.6.97)

I believe this shows that I was not able to provide the holding she needed because I was too busy.

Now, to continue the story. By the way of a summary I revisited the lengthy story Sally told on the third video about the home visit that followed (edited):

Robyn: So we had previously decided that she probably would be ready to sleep through the night by six months, because of what happened to Jacob. But because you weren't well and feeling really desperate, we needed to do something. The first instinct was, OK well lets just try it early.

Sally: Yes, I was so down and willing to try anything, then I thought, 'No, it isn't going to work'

Robyn: You were scared I was going to tell you to do stuff you knew you couldn't do.

Sally: Yes, I thought you were going to say, 'Look, this is ridiculous, put her in her bed and leave her to cry and that's it'.

Robyn: You felt able to tell me that as soon as I came in the door.

Sally: Yes, 'I can't do it'. So you said, 'Right, OK, you don't want to do that, let's think of something else we can do to make it better than it is now. We can't make it perfect but we can make it better, find something to work towards'. You came up with ideas I could think about.

Robyn: As a stepping stone ...

Sally: Yes, I did those things (Described to BARG,3.2.97) for about a month.

Robyn: And then it was lovely because her sleep pattern changed around.

Sally: Yes, she started doing a block of six hours sleep about a week before we had our date to do checking.

Robyn: It was wonderful how you survived those months.

Sally: It was a nightmare... (Video Three, 2.6.97)

I was pleased with my responsiveness to Sally's wishes and my creativity in suggesting temporary measures to keep her going (field notes,28.1.97). It was a written account of these measures, and Video One that I used to explore my being 'client-led' and 'working in partnership' with BARG (presentation notes,3.2.97). Sally was intrigued how BARG members might respond to Video One and her story and wanted to be a 'fly-on-the-wall', so I gave her a tape recording of the conversation. During my presentation I showed confusion as I tried to understand what being client-led meant. I tried the idea that I was working to create equality in my relationships, and said I gave little advice. One BARG member pointed out that although I worked to break down professional barriers, I still had expert knowledge which parents asked for. Equality did not adequately describe our relationship even though I had valued Sally's skills as expert in her circumstances and used my own expertise (BARG meeting,3.2.97). On hearing the tape Sally said, 'But you **do** give advice. That's why we come!' (journal,5.2.97). A BARG member asked about parallels between 'child-centredness' and 'client-ledness'. This led me to think about the similarities between authoritative parenting and the health visiting relationships I was exploring, which I later would describe as 'alongsideness' (journal,3.2.97).

Planning a sleep programme.

Sally agreed to video-recording our planning a sleep programme and asked Peter to be there. He spoke from behind the camera (Video Two,19.2.97). The process took over an hour because of the detail we explored and the children's presence. I used a behaviourist approach that I found works for babies (Pound,1989). Now, I am influenced by Dilys Daws' psychotherapeutic approach (Daws,1989) which helps parents distinguish their own feelings from the baby's needs. I use the Crucial Cs. Responding to the baby is balanced with parents helping the child to cope with intense emotions - a type of holding. Using these ideas in early discussions with parents I now seem to avoid the necessity of using 'checking' as often as I did in 1997. I am not clear how effective a different approach might have been in this case because I agree with Sally that they probably would not have been ready to do it earlier.

Looking at the second video (Video Two,19.2.97- below), the respectful care we showed each other is obvious (Chapter Four:96). We listened carefully to each other's views and to the children. I was like an orchestrator pulling together suggestions and questions we all three made. Sally's knowledge of her child, and Peters' of the family dynamics, were essential to the process. They looked to me for ideas and guidance. In the end it was Sally who decided what she would do because she had to act on the plan. Watching, I became aware that the sleep-planning process was made easier by the mellow family climate. Time given to including the children's interests meant they did not feel left out or demand extra attention. This climate was how Sally usually was with her children whenever I saw them (Bath presentation,21.2.01).

Sally and Peter had created a tiny democracy in which everyone felt a strong sense of belonging and significance. No one seemed to need to demand extra because everyone was treated with warm regard and respect. From a childhood of daily interactions in which they experienced close connections and respectful consideration, I believed the children would embody democracy as useful practice for their future relationships. This was an illustration of the connection and aloneness I was attempting to mirror in my health visiting (Videos One, Two) and researching relationships (Video Three) with all families. As I watch, I am aware that the video does not show my previous knowledge of the family. Although not vital to this story, I am aware that I had this knowledge in mind at certain points during the negotiations.

Video Two, 19.2.97



On the telephone two days later Sally said, 'I am so pleased with her. She's a star.' Kelly was sleeping nearly all night (journal,21.2.97). When I interviewed Sally three months later she said she had not been to the Drop-In since because the problem was solved (Video Three,2.6.97). I asked how she saw the work we'd done. Quite simply she said:

Sally: The only thing I can think of is you've done your job. I had a problem. Kelly wouldn't sleep. I came to you and you sorted it. We sorted it together. You did everything that I expected a health visitor to do. There was nothing else I would expect. I expect a health visitor to answer my problems about childcare, or give me ideas, like when Jacob was wetting his pants and I was getting furious with him. I thought, 'What do I do? I know, I'll go and see Robyn'. You said, 'There's no need to get cross with him. Make it his problem. Say to him, "OK you're wet. Take your wet things off. Go and put them in the wash. You know where the dry things are."' And it worked! That's what I did, after all that time shouting at him and getting angry with him that made no difference. That's what I expect. Robyn will know.

Robyn: Who decides what we need to do?

*Sally: Me I suppose. Well, it's my problem. The sleep thing was my problem.
(Video Three,2.6.97)*

Sally's reminder of our conversation about who really owned the problem and how this clarified who needs to act, shows how I was beginning to use knowledge from the parenting programmes in my daily work (Dinkmeyer&McKay,1989:62). Watching Video Three I was struck by the unplanned symmetry of the image we created on film. This video was made for the research enquiry more than health visiting. The seminar audience pointed to the more reciprocal relationship in Video Three (below), different because of our purpose (Bath Presentation - Video Eight,21.2.01). We were sitting together, instead of me on the

floor, and appeared to mirror each other's posture. I was not aware I was doing this but recall concentrating my energy into listening rather than asking questions.

Video Three, 2.6.97



Sally's response to this account

After watching Video Eight of the presentation at Bath University (21.2.01) Sally said she wished she could have been there herself, About this account she said:

It was just so long ago. They are eight and five now ...

Did I really say that about her being an orphan! But yes, that is how it happened.

It brought back all those sleepless nights (conversation,15.10.01).

I move now to look at how the Crucial Cs (Lew&Bettner,1996) are useful for helping solve problems and in understanding relationships such as those I found with Sally and Peter.

Clare's story

Autumn 1996. In response to the midwife's comment that Clare had many questions about the twins she was expecting, I visited before the babies were due. I found her anxious about her future with twins but, with her extended family, was making plans for when Alan went back to work. The early months after Alex and Mack's birth were exhausting for their parents. The babies were not particularly demanding, however, constant caring for them, and a variety of ailments, meant Clare's level of anxiety remained high. Her mother, sister and others helped on an informal rota most days and I visited for longer than usual. I tried to take Clare's many questions seriously and to answer in a way that showed that her instincts were good. I was aware that sometimes there were no definite answers and Clare was left having to decide

between options for herself. For example, whether to wake both babies to feed them together in the night or allow them to feed on demand risking being up more often. Clare and Alan wavered between both options until the babies gradually settled into a pattern of their own.

This is the conflict I struggle with constantly. When parents ask, do I give them a direct answer or help them to find their own solutions? The questionnaire to all parents showed I don't always get this right and some parents were frustrated by my not providing a straight answer. This is a problem because there can be many equally good possibilities and the solution I would choose might not be appropriate for the family. Early in the research I was aware it could be disempowering and create dependence if I always provided the answer. Since this time I have read Pearson (1991) and find it helpful to recognise that parents need different amounts of advice at different stages of the first year.

I have learnt that in the early months mothers may need straight answers in order to be able to cope enough to recover and begin to regain control again. This describes one aspect of alongsidness in that I now give practical support, encouragement and information as it is asked for in the early weeks and move towards supporting parent's own solution-finding as they have the capacity to do it. Even with several close relatives who offered help regularly Clare sought my opinion on how to do things. This appears to characterise Belenky's notion of 'received' knowledge (Belenky et al,1986:35; Chapter Five). I recognise how easy it is as a health visitor to assume expertise and be the one who knows. My instinct to try not to automatically provide answers, but trust parents to work things out for themselves was probably more appropriate after the urgency of the early months.

Clare tended to experience events as emergencies and made many calls to the GP and hospital. I recognised it was important to maintain contact to avoid serious postnatal depression. Clare's Edinburgh Postnatal Depression score (Cox et al,1987.) was moderate at 12 after twelve weeks, in line with the anxiety she displayed. This EPND questionnaire offers indication of more than usual anxiety or depression and is useful both for indicating a need for continued support and conversation about it with the family. Following discussions with Clare and the GP we agreed both the continued support of her family and myself was appropriate. As the boys grew, Clare became more confident about the practicalities but continued to be very tired. She rarely complained about Alan's long hours at his building work speaking of her gratitude for his help when he was around. Nine months later her EPND score was still 13. She returned to work part-time and her mother and sister kept daily contact. My visits decreased in frequency. The boys needed hospital and GP appointments for a variety of health problems and with Clare's difficulty getting to the Drop-In, I rarely saw them after their first birthday. Occasionally Clare

telephoned to discuss a difficulty (child health notes). After eighteen months we planned to do the boys' developmental assessments at home. I kept detailed field notes of what happened.

Clare's search for a way of being with her boys

Summer 1998. At the door Clare looked fraught, 'Thank goodness you've come. I've been waiting for you' (field notes,8.7.98) She said it a second time to indicate its importance. 'I'm at the end of my tether with them'. Her eyes filled with tears. I was aware of the boys watching. They looked wide-eyed and anxious too. I put my bags down and put my arms around her so she could sob. The twins moving about again caught her attention. 'See, they're at it again. This is what its like.' She spoke about their attention seeking, especially when she was on the telephone. 'I have to watch them all the time, they're into everything'.

There had been several medical emergencies. Asthma and a febrile convulsion were amongst many calls for the doctor. Mack's corrective surgery, for a congenital abnormality, had become infected. Alex had burnt his hand on the oven door. Clare spoke about the boys doing unpredictable things and continuing defiantly even when she threatened. I saw that Clare's threats were fierce and she spoke about frequent smacks throughout the day. I had not offered an opinion about smacking since deciding to do so was unhelpful (Chapter Five). The subject had never arisen and it did not seem appropriate to focus on it now. It worried Clare that she smacked so much but she did not know what else to do. She spoke of how awful life was, how tired she was and that although her partner, mother and sister were 'wonderful', and helped a lot, she felt they did not really understand (field notes,8.7.98).

I suggested we did the developmental check first so we could get down to the real problem, the boys' behaviour. Developmentally there were no big concerns. Clare's main worry that they would not play quietly with their toys supported my observation that they flitted between activities with short attention spans. I said I was exploring a way of understanding why children behave the way they do, and why **we** respond the way we do, which she might find useful. Clare was so desperate, said she, she would try anything. She put the boys to bed for a sleep and we began.

The Crucial Cs (Lew&Bettner,1996) immediately captured Clare's attention. She appeared motivated to find solutions and thoughtfully provided examples for each point from her life. Finding words to describe emotions proved difficult. I tried waiting until she had made her explanation and then suggested possible words. For example, she described a close supportive relationship with her mother and sister, saying it had always been like it. I asked if she felt loved. She agreed enthusiastically. This made her feel secure with them. She went on to

describe a similar feeling with Alan, even when she 'had been horrible to him'. He never seemed to mind. Clare had demonstrated she understood what it felt like to be *connected* with people. I suggested we needed to understand what was good about this relationship so she could reproduce it with the boys. She agreed.

A feature of Clare's relationship with the boys was conflict, with threats to keep them in order. They seemed to take the threats as a challenge to win. Clare appeared to understand the need for people to seek power when trying to feel *capable* and in control of their lives. During the two hours it took us to work through the Crucial Cs she showed her growing awareness of its relevance for herself and the boys. Her ideas moved through, 'I believe in smacking and I do it a lot', via 'but it doesn't stop them'. She considered, 'when I was 10 or 11 my father did it, it used to make *me* stop and think'. Later, when thinking about revenge when people feel small, she said, 'They hit me back. They hit each other'. I held up imaginary scales of justice to demonstrate the impulse not only to get even with the other person for our hurt feelings, but also to show our own importance by making the other person feel small. I like to use stories or metaphors to illustrate. I used a recent News item about Pakistan and India each letting off underground bombs to show the other how significant and powerful they were (BBC News, Summer 1998).

Clare was able to recall times when acquaintances had lost *courage* and become disabled by the need to avoid difficult situations. 'I can understand why people kill themselves', she said. I introduced the idea that the boys might give up and avoid trying difficult things if they felt discouraged. Or, depending on their personalities, they might keep fighting back and trying to win. She recognised that if *she* was feeling angry or challenged it probably mirrored the boys' feelings at that moment. Stand off situations continued until somebody 'won'. She found the energy required maintaining these battles increasingly exhausting. As they became older *she* might not win any more. I suggested, 'If you can practise different ways of communicating with them now you won't have to suddenly change because it's not working when they are older'.

I was surprised to hear the ease with which Clare summarised, 'So smacking is no good then. I shouldn't be doing it'. It had become unusual for me to talk about smacking like this. It happened here because it was central to Clare's concerns. She said, 'I wish Alan was here to hear this'.

Understanding why things happen does not offer solutions and although we had worked hard, Clare did not want to stop, 'So what do I do then?' Her main complaint was that the boys climbed on the table out of her reach when the telephone rang. They both played with the video player. Mack climbed high shelves or stood defiantly on the back of the sofa as if testing

her. Trying to find answers was hard as we looked at suggestions on a 'Crucial Cs' summary sheet (Lew&Bettner,1996:52). We explored practical suggestions but in the end it was more about how Clare *felt* about what the boys were doing than trying to completely stop them. She had felt they were doing it to get at her and she could not allow them to win for fear of how they would turn out in the future. She had a mental picture of out of control teenagers. Avoiding becoming caught up in the challenge and focusing on increasing her connection with them instead would diffuse the conflict.

Thinking about the principle of helping children to feel *capable* and more in control of aspects of their lives, I asked Clare how she could change 'no!' for 'yes' to reduce the amount of conflict. We looked for ways she could give them choices, decisions about things that concern them and encouragement, with fewer 'growlings'¹. I made the link between Alan seeming to forgive, and continue to like her, even when she behaved badly. I asked how she could do this for the boys. Clare looked optimistic. It had been an intense couple of hours. She had lots to think about. I felt tired but elated. The boys got up and needed attention so we made an appointment for the next week and I left (field notes,8.7.98).

A week later. Clare was waiting for me. The boys were in bed and the room tidied. She apologised for the chattering sounds and music tape we could hear over the intercom. Clare started by saying, 'I couldn't keep it up. It all made good sense, what you said, I can see that, but it was too hard. You can't expect me not to smack' (field notes,15.7.98).

I felt a hint of indignation that she thought the idea had come from me but said nothing. Things had gone well for the rest of the day after I'd been. She had not smacked once but had diverted them to other activities and felt pleased with herself. Her mum and sister tried to do the same the next day and reported not smacking, 'Except Mum did it once on the leg, because she had to'. Clare said she found it hard because she couldn't be there playing with them all the time. It felt, she said, as if they could see through what she was doing and became less and less divertable (field notes,15.7.98). I have noticed that parents who are struggling to cope with children's behaviour sometimes attribute them with insight or deviousness beyond their years.

Clare had gone back to smacking as if it was the way it had to be. 'It is hard', I agreed. She had made some real changes and tried different ways. I reminded her how much better she felt when it went smoothly. The situation did not escalate, no one fought back and things were calmer.

'*You can do it!*' I said, 'It will get easier as their language skills improve, but you are practising now how to communicate with them. When they are older it would be harder if you haven't

practised how to do it another way'. I suggested the conflict would continue as the boys tried to feel more powerful. *They* might win as they got older.

She looked desolate and cried. 'They sometimes win *now*. How can I do it?'

I said, 'You have. You can. There is no such thing as perfection. We are just looking for happier times.'

'Half an hour in the morning and half an hour in the afternoon when I enjoyed being with them would be wonderful', she said. Sitting together on the sofa we both recognised something had to change.

Having talked through the battle zones, Clare chose their climbing on the table as the worst. When she went to answer the telephone, the boys climbed, out of reach, and stood looking at her. Sometimes Alex bit into fruit from the bowl. The defiance made her furious. We thought about alternatives she could try. She said she had tried them all, and looked defeated. I felt on the edge of hopelessness myself. I sat and thought while Clare watched me.

'How much does it matter they get on the table?' I asked. 'If it didn't matter they probably wouldn't want to do it'. Clare nodded. 'What would be the complete opposite of what you are doing now? You could say, "Quick kids, phone's ringing everyone on the table!"'

Clare smiled, then she laughed. Putting her hands to her face she laughed and laughed rocking backwards and forwards. I waited. I felt a bit silly. It wasn't that funny. She glanced at me briefly and started laughing again. 'Next you'll have us all on the table. Wait 'til I tell Alan'.

It was a stupid suggestion I knew it, but unwittingly I had broken the cycle of hopelessness. It felt as if a huge tension had been lifted even though we hadn't yet found any solutions.

Clare was able to start looking again at the things she could do. We moved over to the table. Both of us thought of suggestions, but in the end it was Clare's idea, involving booster seats she had in the attic, which stuck. They would use the table more and try eating together. As the boys got up it became hard to talk, so I left with a time to come the next week (field notes,15.7.98).

Another week later. This time Alex was up. The booster seats were in place and the table turned around. The atmosphere was calmer and Clare more relaxed. Alex busied himself around the room while Clare described progress and difficulties.

'I've still been smacking them. Sometimes there's nothing else I can do.' (Field notes,22.7.98).

I was able to complement her solutions and the calmer atmosphere. The boys now fed themselves in their booster seats. She was able to be firm about what they did in the seats. If they messed about, they had to get down. She reported being clearer and using fewer threats. The battle zones were the same but less fraught.

¹ growlings - A New Zealand expression meaning reprimanding

I began to understand how hard it was as I watched Alex get into a determined frazzle, moving from one prohibited activity to another. He was like a determined, wordless robot. I could see why she thought he was trying to get at her. I felt tried too. I dug deep for ideas. I tried using a neutral commentary about what he was doing and to make positive comments instead of saying 'No!' The climate I was trying to create was one of permission and encouragement rather than restriction and challenge. I was trying to be 'alongside' him in a similar way to how I was with Clare. He made only fleeting eye contact and I found him hard to connect with. Clare caught on quickly and was resourceful. In fact, I thought she appeared calmer and more patient than I felt. She wanted me to know how difficult it was. It must have been obvious I found it a challenge too. I tried laughing and saying, 'See health visitors don't know either!' as I chased him around the room. Clare said she benefited from the support and felt better. She volunteered that she now knew smacking was not a good thing because she could see how 'the power thing' spoilt their relationships. She was committed but would need support for a period of time.

Visits stretched to monthly as some of the battle zones disappeared. Clare reminded me about my nonsense about everyone getting on the table and laughed about it every time we met. 'When they're eighteen I'll remind you what you said!' (Field notes, 22.7.98, 24.8.98, 9.9.98). I found myself thinking about this type of laughter and realised I did it quite a bit. This story joined other examples of nonsense, naughtiness and playfulness when I came to reflect on it (Pound, 2000).

Autumn 1998. 'I haven't smacked since I last spoke to you. Alan has and then he felt guilty about it. Mack looked so shocked when he was tapped on the hand because we don't do that any more'. I noticed the boys still showed some repetitive behaviour such as throwing the ball behind the TV so Clare had to get it out. This time she did not get cross and eventually put the ball away. The incident was over. She lifted them down if they climbed too high and removed the prohibited telephone receiver to replace it without comment. She did all this while talking to me and suggested they were doing it *because* we were talking. I agreed. At one point she picked Alex up and kissed him. I didn't remember seeing her do that before. This was so different from the first couple of times I visited when she kept pointing out what they were doing and saying, 'see what I have to put up with'.

I said I was thrilled to see her looking so relaxed. 'I feel so much better now to the day I burst into tears when you arrived. I won't leave it so long next time and get so low' (field notes, 5.10.98).

Clare's response to this account

When I showed Clare this interpretation of what had happened she said,

It was brilliant. I have shown it to my family and my friend. I was surprised how much was going on behind the scenes, when I just thought I was stuck in my four walls. You talking with Dr Gibbs and that.

When I asked what names she would like to be called by she replied:

Oh I don't mind if you use our own names. It's all true.

I assured her I would use false names for privacy. Clare did not want anything changed but reported Alan's complaint that he felt left out.

But then he was never here. You never saw him did you? (conversation,4.12.00).

Closing theory-practice gaps.

Clare's story is an example of the learning process for Clare and for me as we put new knowledge into action, found new personal understanding and narrowed our theory-practice gaps. With the Crucial Cs I saw Clare gain empathy for her boys that motivated her efforts to change her own behaviour. She needed support through the trial and error process she experienced as she worked on how to put intentions into practice. Many families decline more than one session when they find they can implement changes immediately. I feel frustrated by this because I find it hard to believe significant and lasting changes always result from a single intervention. Sometimes I am invited to return after a period of time when relationships begin to deteriorate again. I would like to have consolidated the changes on the first occasion but find it hard to secure that opportunity.

Clare gave me the opportunity to stick with the process of change until she had 'embodied' her new knowledge and could 'live' it more easily. I wonder if Belenky's notion of 'received knowledge' implies an advantage in that Clare remained open to help from someone she saw as knowledgeable? (Belenky et al,1986; Chapter Five). Paradoxically my display of inadequacy 'as I chased him around the room' could have enhanced her confidence. Timing and pace appear important in Clare's learning, as it was for Sally's and my own. In each case I needed to trust the process and be calm in the face of crises which were slow to repair. Clare's story offers an example of the conflicting caring roles called 'vigil' and 'gift' (Fox,1995) identified in the HVRG (Chapter Four:20). When the crisis was at its worst, I took greater lead in identifying the problem and making suggestions. Holding was part of this stage, as she struggled with change and experienced set-backs, I continued to offer encouragement until once again Clare could find her own solutions and understanding.

Clare now appears more able to put her intentions into practice and has asked for help only a couple of times. At a home visit to discuss the boys' entrance to school, Clare said she still found them hard work but no longer used smacks (child health notes,14.5.01). The atmosphere in the house was so different from the occasion nearly three years before when I

wondered how we could make the climate warmer. On the shelves where the boys had climbed there were now ornaments. In the questionnaire she made herself known:

I had times when Alex and Mack my twins were at a difficult age. She came and saw me. I was in tears it was so bad. Together we got around the problems.

(Questionnaire,1999:Q53)

I am learning to interpret the Crucial Cs and use it in different ways according to the points of view I find. I intend the process to heighten empathy for the feelings and emotional needs of children while also clarifying the needs of parents. Recognition that one mirrors the other is probably parents' most pivotal moment of discovery. I therefore concentrate on enhancing connections and working towards everyone's emotional needs being met. For this reason setting limits for children's behaviour, although discussed in passing with Clare, was not our main concern. Clare was trying to learn to communicate in ways which would encourage the boys to be more co-operative and boost their confidence, while giving them guidance about what they could do.

How do I balance alonsideness with control?

STEP and Crucial Cs parenting programmes suggest natural and logical consequences to children's behaviour, which make punishments unnecessary. I am intrigued how seldom I offer even these techniques to families with small children. My first intention is to strengthen connections in an 'alongside' way. I am usually invited to help because parents are in conflict with their children. This means they find punishments do not invite compliance from children but cause defiance and deterioration in relationships because connection is lost. The solution I turn to, described in Clare's story, shows a positive outcome. To offer natural and logical consequences before improving connections in the family risks 'consequences' becoming just another form of punishment. I therefore concentrate on the child's emotional needs while encouraging parents to recognise their own. As young people gain more freedom however, clarifying limits to unacceptable behaviour may become more of an issue (Chapter Four:98). I wonder if I should place more emphasis on helping parents to clarify what is important to them, so they can be clear with their children. Parents who feel hopeless and inadequate find it difficult to be clear and are more likely to swing between indulgence and punitiveness (Maccoby&Martin,1983).

In a family with a bright five-year-old, where we talked about logical consequences, I watched the parents grab the suggestion and concentrate their energies on these. Their need to regain control, 'win' and feel better about themselves led to creative consequences that appeared punitive in their threatening presentation. The atmosphere did not improve. I needed to draw them back to considering his point of view and to focus on connecting with him and each other.

Parents often appear to be working on their own relationships when we explore the Crucial Cs all together. Gaining balance between aloneness and control by strengthening connections helps children become more co-operative and to take responsibility for the consequences of their behaviour. If this is a problem in families with older children, would I be wise to help parents think about the values they hold as important to them while their children are younger? It feels like I have come back to the beginning when I wanted parents to explore their beliefs, hopes and aspirations for their children (Chapter Three).

At several stages of this enquiry I found comparisons helped my reflections. I learnt from the unease I felt with *Calmer, Easier, Happier Parenting*², the programme adopted by B&NES Social Services in 1999. At joint CEH training days for parents and professionals I listened carefully and tried not to jump to quick conclusions because the programme appeared to come from a knowledge base different from my own. I tried to remain open and recorded extensive reflections (journal,15.4.99-14.5.99). I recognise my uncomfortable feelings about this parent-focused approach grew because my own starting point was that underlying causes of 'mis'behaviour are unmet emotional needs and increasingly democratic relationships create solutions. When I asked the trainer about the child's point of view, I was told that if you asked children they would want unreasonable things. It was up to parents to decide what children needed. 'Have a rule for everything' and 'be in charge'. A 'Six Point Plan' was offered to help parents regain their authority and ensure children's compliance (journal,17.4.99).

Each week of the year that the CEH training was offered, parents returned and were encouraged to use 'descriptive praise' and techniques for clarifying and enforcing limits, (Janis Norton,1990). I could see how the techniques might be useful for 'holding' troubled adolescents involved in serious risky behaviour, but felt worried that it was so welcomed by parents of very young children. My impression was that the techniques practised in role-play encouraged parents, who might already be unresponsive to their children's points of view, to focus on being more efficient in seeking compliance. An expectation of control appeared constant for this parenting programme for all age groups and appeared equally firm over the adult trainees in the group. I wondered how children could progress from unquestioned rule following to personal responsibility and embodied self-control if they always expected to defer to externally defined rules and standards set by authority figures (journal,17.5.01).

Laidlaw, in her paper, *What **has** the Holocaust got to do with education anyway?* illuminates the question of personal responsibility (Laidlaw,2001). She points to the Nuremberg and My Lai

² *Calmer, Easier, Happier Parenting* - A programme devised by Noel Janis-Norton (1990) of the New Learning Centre, London, has roots in her work with young people in education and with those at serious risk to themselves and others. She offers it to parents and teachers of 0-20 year olds.

massacre trials and the Milgram human obedience experiments where in each case 'I was only following orders' was offered as defence for atrocities towards other people. Laidlaw reports Milgram's conclusion that some human beings seem capable of opting-out of personal responsibility for their part in events in order to be able to live more easily with the consequences of their actions. This reminds me why daily family experiences and educational processes are so important to children's learning about how to be in the world (Chapter Two:37). I am not convinced that people can easily acquire personal responsibility without practising it, simply because they have become adult. It seems to me that it needs to be built into relationships in both family and educational life. The summary sheets, '*Encouragement versus evaluative praise*' and '*The major differences between consequences and punishments*' (Appendix III) highlight differences between the Crucial Cs and CEH approaches. The 'Six Point Plan' of CEH seems to weave between consequences and punishments in that it offers a method for ensuing compliance to rules through instruction and standards set by parents.

CEH caused me to wonder if my attitudes towards setting limits to children's behaviour appeared unacceptably liberal to people looking at relationships and parenting from different perspectives? I felt a stranger at times in this group (journal,14.5.99). My conclusion is that people approach their relationships and their parenting (like their professional practice) with their own 'life-style' (Adler,1938) formed by personal characteristics, a history of past experiences and personal interpretations. Approaches to future relationships are chosen accordingly. I look at aspects of my own 'life-style' in Chapter Seven and in an article (Pound,2000). This points again to the importance of reflective practice and each individual's formations of their own knowledge-in-practice (Ghaye&Ghaye,1998:59). Amongst this knowledge I looked at humour.

What part does humour play?

My curiosity about humour and the part it plays in my relationships was kindled by Clare's laughter. The experience, with its combined emotions of hopelessness, surprise and laughter triggered my revisiting a question mooted in my Transfer Paper (Pound,1998). So why do I behave the way I do? Why do I make ridiculous comments and turn serious issues into jokes? What part does playfulness and laughter have in my work? I was aware that I often find things funny and make jokes when in a tight spot. Something similar appeared on Sally's Video One. Was I denying the problem? With Clare, I think I was struggling for a solution and did not know what else to do. I was soaking up her hopelessness and perhaps trying to avoid feeling it myself. I recognise that I tend to look on the bright side and light-heartedness and cheerfulness are common features for me. Respondents to the questionnaire spoke of humour and more intangible aspects of connection when responding to the question, '*What is the most important*

thing about me as your health visitor?' (questionnaire,1999). Some addressed me directly while others wrote to the Quality Unit:

She always brings good humour and common sense into a situation. (Q31,Q34)

Your 'scattiness'; your laid back approach; you are easy to talk to. (Q.24)

Always consistently cheerful and receptive. (Q.66)

Makes me feel better (Q.33)

Robyn's style of H'Ving is good more because of who she is rather than anything specific she does. (Q.42)

Amongst the sixty-nine written responses I found themes which I believe show the climate in which the humour occurs:

- always there when I need her (40%),
- helps me solve problems/worries (40%)
- good listener/easy to talk to (35%),
- not condescending/judgmental (30%)
- helps even with minor issues (25%)

It seems that my alongside relationship with collaborative intentions both invites humour and is vitalised by it.

In Clare's case laughter seemed to relieve tension by breaking the hold of hopelessness. Through her surprise and her indulgence in a moment of ridiculous pleasurable fantasy, it was as if she was liberated from her distress for a time. The problem could be looked at afresh and we could be creative because I had no ready answers. Clare says the laughter made her feel better. It certainly lifted her spirits and increased our connection. She continued to laugh and mention it every time we met, over months (field notes,24.8.98). Yet when I look again, behind the apparent nonsense there seems to have been good sense. It was more instinctual than conscious but fits with other behaviour management strategies I use. Sometimes parents find that the opposite action to instinctively responding to a crisis is a better option, if it takes the child's feelings into account, moves more alongside and dissipates conflict. So my intuitive response was not a defeatist impulse but the intuition of an expert (Benner,1984). By laughing about the problem together, my role as professional advisor who has answers reduced and we became collaborators in what happened next.

In a summary of literature about humour, du Pré reports a number of psychological benefits, particularly that people who laugh together usually feel comfortable together (du Pré,1998:26). Humour, she says, appears to invite greater social intimacy and serves as a buffer to emotions such as anxiety, anger, fear and embarrassment (1998:22). Kuiper and Martin (1993) are among authors she cites as suggesting that people who use humour as a coping mechanism are quick to laugh in common place situations and tend to enjoy a more stable and positive sense of

self. 'High humour users' are said to judge themselves by less harsh and rigid standards and regard themselves as more social and less given to depression. So the suggestion is that it is health enhancing to laugh and could be seen as a *sign* of well-being. Bateson goes even further by suggesting humour in human relations, far from being trivial is vital to communication, especially in overcoming difference, and for the very life of human beings. He suggests this casts light on the whole of evolutionary biology for humans (Bateson,1979:124). There appear to be different strands to the meanings and usefulness of humour for me. Light heartedness such as occurred with both Clare and Sally seemed to strengthen connections. In both cases it appeared to help them cope. Encouraged by Bateson I wonder to what extent it influenced the children's future well-being and what that might mean for their future relationships?

I am grateful to Griffiths for helping me understand another part playfulness and naughtiness plays in my relationships. I strongly recognise her explanation that it may be:

A delight in being bad, testing boundaries and flouting expectations...pushing out the boundaries and claiming the space. (Griffiths,1998:8)

I have no problem recognising her explanation of it as a survival technique for not succumbing to social injustice. For the Leeds presentation and subsequent paper I explored early roots to my distaste for the effects of hierarchy on people (Pound,2000). I see it as a legacy from my father who enjoyed a wicked, infectious sense of the bizarre especially in difficult situations. I was helped to understand my own behaviour when I sometimes act spontaneously, even with strangers. Naughtiness or playfulness are helpful notions for understanding times when instinctively I refuse to accept confinement in the hierarchy or a subconscious intention moves me to challenge injustice and reduce inequality (Pound,2000). I now understand the playfulness that previously caused me embarrassment. With Bateson in mind I can see how these multiple tiny interactions between people might gradually change the course of human understanding.

Here I am focussing on creating connections in alonsideness. I recall a long savoured moment that occurred more than twenty years ago. It demonstrates for me the power of laughter in sustaining connections between people. My older son, Graeme and I were driving home after a usual workday. He was four and had been with his childminder. We chatted as usual and I said something that struck us both as funny. I remember the enjoyment as we laughed heartily and long. It was the sort of belly laugh that consumes the moment. As the explosion of joy subsided, we caught each other's eye. One of us repeated a couple of trigger words from the joke and we started up again in the desire to keep the pleasure going. When finally unable to be sustained any longer, the laughter settled into giggles and smiles. Graeme leaned forward with an urgency that spoke for me too,

'Say it again Mum, then we can laugh again'.

This was a magic moment of shared togetherness, a brief at-oneness and understanding of two equals, within the sea of possible misunderstandings between inherently unequal individuals.

Jack Whitehead, who has known me over six years in the weekly BARG group and watched the videos, volunteered:

I don't think you should underestimate the power of humour ...What happens with you is, you find humour in so much. You enjoy, with that sensuous pleasure, a passion, which also expresses itself through humour, and I think that the fact that you do find things genuinely funny liberates the positive life affirming energy that you are able to communicate ...

Because you have a pleasurable delight in being with the child and almost however difficult the context, you are still feeling that loving warmth of humanity, however you phrase it, which is part of well-being as a potential for the child you are with. Now that seems to be something that is motivating you powerfully and helps to explain your persistence in relation to what you do ...

What you do when you experience humour is, you allow the life affirming energy to come back to the fore. You can actually express yourself in this delighted way of being with the other, and that sense of positive value in terms of the focus of what you do as health visitor. I never think you lose that in the sense of well-being for the child in your care. (Taped conversation,17.8.01)

In a few words Jack points to so many of the insights I experienced during this research process. He identifies powerful communication qualities that are so complex and hard to portray in words. Felt emotions and indicators of the aesthetic nature of human interaction seem helpful for an explanation. Jack recognises hope and resilience, born out of love for humanity, which bestows positive energy he describes as 'life affirming' (Prologue). He saw the power and the potential released in my desire to make real connections with people. He seems to recognise my intentions when he speaks about 'loving warmth of humanity' being 'part of well-being as a potential'. This I refer to in the next chapter when I work with seriously discouraged families who have difficulty connecting with each other because they have so rarely experienced its possibilities.

Hope, 'persistence' and 'pleasurable delight in being', even in the face of difficult situations, comes from my belief in:

The social nature of man as a unique creature depending on other men for fulfilment of his uniqueness and a belief in the human capacity for change, growth and betterment (Butrym,1976:45).

More of Jack's words took my thinking one-step further:

Jack: It's the closest I've seen to that religious ecstasy that is so delightful in that it carries that flow of energy which is both embracing without being violating, but also it liberates the energy, the pleasure and the joy with the other. That is the closest I can get. When I talk

about spiritual energy that is what I feel. It's part of your way of being that you bring into groups.

Robyn: I think it's grounded in a joy of being alive. The heart bounces and you want to share it with someone.

I think I have found my foundation stone. To be able to experience a joy for life itself, or at least to know what it feels like because you have experienced it, opens a potential for well-being. I shall return to these things again in Chapter Eight.

More threads to alongsideness from secondary prevention

In Chapter Five, I realised my initial motivation towards equity of rights for children needed to be underpinned by *respect, acceptance* and *self-determination* in a climate of *alongsideness*. Exploring experiences when families have problems with children's behaviour, I found further dimensions to alongsideness. I learnt to value the *process* of embraining and embodying knowledge in the struggle *to become* the parents that we would prefer to be. *Encouragement* and maintained *connections* as co-learners are key to retaining hope for improvement. *Light heartedness* appears capable of lifting spirits, being infectious and transcending obstacles in a quality others describe as a 'life affirming energy'.

If human emotional needs for connection, competence and significance are experienced in relationships, it appears easier to retain hope and be generous in reaching out in co-operation with others. On video I saw democracy in action in the smallest developmental unit, a family, and saw it as a building block for democratic communities, and an aim for my relationships. Individual responsibility in decision-making emerged as a preferred outcome of democratic parenting over reliance on rules and evaluation of authority figures. In the next chapter, the dimensions of individual responsibility extend as I look at contradictions in being proactive on behalf of children in alongside relationships with parents.