'Every time the phone rings the twins climb on the table. help!' the significance of personal history in the values and agendas of health visitors

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'Every Time the Phone Rings the Twins Climb on the Table. Help!'
The Significance of Personal History in the Values and Agendas of Health Visitors

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ABSTRACT In one reflective phase of a larger collaborative action research study the author explores the values and personal beliefs that affect her health visiting agenda with families. By examining early recollections from childhood, adult experiences and critical incidents in conjunction with the literature and themes from other phases she begins to build her theory of health visiting, identifying values that appear to be implicit in descriptions of good practice. Reflection on the realisation of these values in her practice forms a trigger for identifying contradictions when values are denied and effectiveness is affected. The question arises, where should control lie in health visiting? The author identifies personal beliefs, which if used in some ways could reduce the effectiveness of her work. To live her motivating values consistently she needs to reconsider the validity of some long-held personal beliefs. She begins to construct a more responsive style of relating 'alongside' families. In this way, they enquire and learn together as she takes account of their individual needs and personal resources. She looks particularly at the usefulness of humour and playfulness.

Introduction

In this article I show why an exploration of my personal and professional development as a practitioner is a valuable phase in my action research approach to the question *how can I understand, improve and explain my health visiting practice supporting family relationships?*

I shall describe one reflective phase that forms part of a research study in which I am creating my own living theory (Whitehead, 1989) of health visiting. I have enquired collaboratively with parents, health visitor colleagues, educational researchers and others. This phase concerns the values and personal beliefs that motivate my approach to working with parents. I have undertaken a quest to become more genuine – authentically

myself – in my relationships and to help distinguish my own agenda from that of parent-clients. To clarify, by values I mean guiding principles I judge to be important for reaching positive states in life, by beliefs I mean firm personal opinions I hold, and agendas appear to arise from preoccupations in personal beliefs and professional remit. This process of reflection helps me come to a fuller understanding of why I behave the way I do when relating with others. I am interested to examine the beliefs I hold and their influence on agendas within my work with families. I will also explore the safety-net factor of values in promoting good practice. Personal beliefs and professional remit held up to the scrutiny of values may bring contradictions into focus. Amongst the values I find are key to effective practice are 'respect', 'autonomy' and 'equality'. I describe the origins of these values for myself and, by clarifying my meanings, I come to understand how I might use them to improve what I am doing.

'Working in partnership' and 'listening to children' are generalised aims described in policies for people working with children and families [Department of Health, 1989; British Association for Community Child Health (BACCH), 1995]. Respect, autonomy and equality are implicit in 'working in partnership' and 'listening to children' as good practice in this article. I set out to show the importance of personal motivating values for practitioners if theories of good practice are to be fully realised in our work. Values such as these are described by other practitioners who have adopted them during their own life journeys (Laidlaw, 1996; Cunningham, 1999). Therefore, the values are likely to be generalisable.

It is by noticing contradictions, when good-intention values do not match reality, that a search for reasons may be fruitful (Whitehead, 1989). It was to look for possible contradictions, as well as curiosity that I also looked at how humour and playfulness influenced my effectiveness. Early childhood recollections, shared reflection of adult experiences and critical incidents within my work are the means I used to arrive at explanations. I draw from several phases of this research towards PhD. To begin I will tell a true story, a critical incident (Benner, 1984) which led me to ask, 'Why did I say that?' The names have been changed.

> *A young woman, Clare, asked for help in coping with her 18-month-old twin sons. Clare resorted to threats and smacks throughout every day with the result that the boys were stonily defiant as they moved from one battle ground to another. Life was a nightmare. Very movingly she said, 'Just half an hour in the morning and half an hour in the afternoon when I enjoy being with them would be wonderful'. She was desperate and in tears. What will it be like when they are older? She had visions of teenagers out of control.*
>
> *At our first meeting I used a process called the 'Crucial Cs' (Lew & Bettner, 1996) that I find useful for helping parents understand*

362

what is happening and to increase empathy with children. Working through the process together she gradually came to her own conclusion, 'So smacking is really no good, I shouldn't be doing it'. As the visit came to a close we came up with some things she could try instead.

The next week, again she was desperate, 'It was all right after you went, and the next day, but I couldn't keep it up. It all made sense, but I can't be expected not to smack. It's too hard.'

She cried.

'Lets look at it again', I offered.

The most urgent problem was the telephone. When it rang, the boys climbed on the table out of reach looking at her defiantly. Sometimes Sam took a bite out of fruit from the bowl. Clare was frightened they might fall to the hard floor. Worse, the defiance made her furious.

We had been through every suggestion I could come up with. I felt hopeless.

'How much does it matter they get on the table?' I said, 'If it didn't matter they probably wouldn't want to do it. What would the very opposite of what you are doing now, be? You could say, 'Quick kids, phone's ringing, everyone on the table!'' Clare smiled, and 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 briefly at me 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. When she recovered, Clare was able to start looking again at things she could do. In the end her solution was her own, involving some booster seats she had in the attic.

I visited regularly over the next month, just being there and giving her encouragement as she talked through her experiences. Every visit she reminded me of what I had said. I mused on the power of humour. (Archive, 1998)

In my opinion this:

relieved the tension;
indulged for a moment in ridiculous fantasy;
showed she did not need to take the problem at face value;

> showed she could be creative in finding answers for herself;
> gave her more space and freedom to relate to her children;
> showed I didn't have the answers either;
> increased our 'connection';
> made her feel better – she was able to try again.

Being playful is just one feature of the way I work. I realise that how I am with people is as important as the knowledge I use. If my aim is to explore what I am doing and explain it, I need to show something of my personal as well as my professional development. I chose this story to begin to show how I work collaboratively with parents. Together we are making our own enquiries. Clare is seeking better ways to parent while I am thinking 'how can I be more helpful?'. Trying to understand my present practice as a health visitor, I need to understand the fundamental values that motivate me and my style of behaving as I do. Why do I hold some things to be so important? I need to look at where I have come from and understand the past. I can use that understanding to focus on improving my effectiveness in the future. In other words begin to know myself. I can ask, 'Am I always true to my values when I work? Do I do what I think I do, and if not, why not?' By answering these questions I can come to know my own practice as a health visitor in what Winter calls a form of 'improvisatory self realisation'(1998). Furthermore, I can begin to find standards by which my practice may be judged (Whitehead, 1989).

Research in Context

I have described elsewhere my journey of discovery as I decided to work in a more preventive way (Pound, 1992, 1994a, 1998). I believe that, with others, I have been effective in the public health arena, raising awareness about the emotive issues of physical punishments and rights for children. Now, 10 years on, all the major child interest groups support change to protect children (Alliance, 1999). Professional policies and focus of work with families is under scrutiny. It became time for me to draw back from public campaigning and look at my own health visiting practice. I needed to find how to work more effectively with parents and how to support them in being the sort of parents they so often describe wanting to be (Pound, 1994b). My awareness grew that it was not only relationships between parents and children that I needed to consider, but also those between myself and parents. These required the same properties of respect and negotiated partnership if we were to make the best use of our time together. I wrote in my journal:

> *The No Smacking campaign was in effect telling people they were*
> *wrong – criticises people – the very same thing that is so damaging*
> *to children ... another reason for working in a different way –*
> *starting from where people are and helping them to work it out for*
> *themselves. (Archive, 10 September 1996)*

364

Beyond reviewing my relationships with parents, I began to understand the contradictions between public health campaigning in which I used awareness raising and the giving of information to convince, and the self-growth nurturing aims of health promotion.

Amongst the many facets of this research I have asked, 'How do I understand what good relationships consist of? How do I help parents find them?' To this end, I am exploring an Adlerian model of human emotional needs designed by Lew & Bettner (1996). This is the method I was using with Clare in the story. Introducing her to the basic emotional needs of humans to *connect* with others, to feel *capable*, to *count* and to have *courage*, increased her empathy with her children. It gave her fresh vision for finding solutions. The model now equally helps me to understand what is happening in my own relationships with clients, and why I feel and act the way I do.

In another concurrent cycle I ask the question, 'What are the *qualities* involved in effective helping relationships?' By asking parents what they like and don't like about their key relationships I was able to question myself about how *I* am with them. Recently, I sent out a confidential questionnaire asking how they see their relationship with me. To ensure anonymity they were returned to the local Trust Quality Unit. Sixty-two per cent returned. All but one made comments and the Likert scale tick boxes revealed predominantly positive responses to the identified qualities. Clare made herself known. She said, 'I had times when Sam and Harry 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' (Q53). The qualities and process she appreciated, made evident in the boxes she ticked, will be briefly introduced later.

In a third research cycle, also running concurrently, I convened a Health Visitor Research Group to discuss matters of concern to us in our practice. We talked about the multiple facets of knowledge we bring into our 'art' as we relate to clients. Two articles have been accepted for publication (Pound et al, in press). Presentation of ourselves as value-laden human beings is central to our articles. Some of the qualities explored in my questionnaire were identified in this group. We examined the conflicting approaches to health visiting which arise as dilemmas for me in different forms throughout this article. Where does control lie? Are we nurturers or professional knowers?

I am grateful for the on-going source of debate about philosophical and methodological issues at a weekly Educational Action Research Group. Here, I receive support to be creative and use my own voice.

This present cycle is about examining the sources of my *beliefs and values*. I wanted to identify them, understand more fully what they mean to me and how my work is affected. Through reflection on the past, my intention is to understand the origins of my beliefs. Why do I hold some with such passion? Why do I behave the way I do? Following these beliefs

through time I both grasp a fuller meaning and understand how they meld into motivating values. Starting with early childhood recollections, using a process described by Powers & Griffith (1987, p. 185), I explore the roots to my attitudes as they formed in my childish subconscious. Reflecting on adult experiences and critical incidents from my work (Benner, 1984, p. 36) I track values emerging into my reflective consciousness.

Contradictions: the building and challenging of my values

The values I speak of here are my commitment to 'respect' for people, personal 'autonomy' and 'equality'. By equality, I refer to my belief that children are equally valid human beings worthy of the same respect and consideration as their parents. Now, to explain the development of these values for me, I hope to show the multi-layered and sometimes competing themes, which together make up myself and the way I see the world.

I shared my early recollections with a critical friend who was undertaking Adlerian psychotherapy training (Archive, 1998). Together we analysed my stories to identify my own personally created 'style of life' (Powers & Griffith, 1987, p. 8). Adler looked to earliest recollections from childhood to locate personal symbolism and meanings that an individual continues to rehearse and express as attitudes towards all the experiences of life. He said:

> *There are no 'chance memories'. Out of the incalculable number of*
> *impressions which meet an individual, he chooses to remember*
> *only those which he feels, however darkly, to have a bearing on*
> *his situation. Thus, his memories represent his 'story of life', a*
> *story he repeats to himself to warn him or comfort him, by means*
> *of past experiences, to meet the future with an already tested plan*
> *of action. (Adler, cited in Powers & Griffith, 1987, p. 187)*

Beyond infancy evolving explanations are tested by experiences that serve to confirm or disconfirm these prototype beliefs. The memories that came to the foreground for me held subconscious significance. I checked them with my family, but interpretations I made with my critical friend were my own. Later, by identifying contradictions within my experiences I was able to make fuller sense of my personally created 'style of life'. My family, critical friends, clients, colleagues and educational researchers, in dialogue, have all helped by challenging and deepening my understanding of how this influences my relationships and my work.

Warmth and the Roots to 'Respect' as a Value

I will start by telling you about my family. I grew up in 1950s rural New Zealand. My mother was a nurse who, because of the remoteness of where we lived, became a teacher in my father's school. This was a new farming district that was being opened up by returned servicemen. There was no

electricity or any services. The nearest town was a dusty 70 miles away. My mother needed to be organised and in control to get by, running a household and full time job in such primitive conditions. Organisation and control extended to her management of us. When I asked how she achieved such control over us, because it wasn't obvious to me, she said, 'I used my personality'. I recognise this way of being now in myself as a mother. She had a large warm bosom, like a cushion you could lay your head on and she shared it readily with us. Cuddles remain a feature of how we communicate. Alongside the warmth and security I also recognise the dull voiceless conformity of a 'good girl'.

It is not so easy to isolate incidents that indicate the growth of this aspect of myself. However, it appears to be a common reality for women. Like students in the Belenky et al study (1986, p. 196), I recall times when acknowledgement that I was someone who 'knew' something took me by real surprise. I was 40 before it dawned that I might have some important things to say.

Back to my family. My father was thin, emotionally less available, but sported a wicked sense of humour. He could make a joke out of a disaster. I have absorbed his sense of the bizarre and also his use of humour as a way of coping with difficult situations. I see him as influential in my development of playfulness and naughtiness (Griffiths, 1999). Although I do not remember the incident, I am told that early in his career he ceremonially cut up his government issue leather punishment 'strap' in front of the school. According to my mother, 'He told the children and teachers there were better ways'. This indicates a commitment, I believe, to respecting children. The difficulty I have trying to remember punishments leads me to conclude that they were not a major feature of my childhood. A contradiction exists here in that I do remember two occasions when I was smacked. I remember these as unfair and confusing, made more shocking by their rarity. My claim remains that predominantly warm, safe relationships, relatively low in criticism have given me an optimistic grounding. Here, positive and negative experiences form part of how I see myself and other people. I approached parenthood with no strong commitment to use punitive methods to control my children. However, inexcusably, I too lashed out in frustration on occasions when my need to feel in control was thwarted and 'using my personality' did not work. Here, again, lies the dilemma. How much am I able to cede control to others, in this case, children?

Developing Personal Autonomy and a Sense of Equality

Having control over some aspects of my life is important to me. I recognise increased energy, creativity and committed action when I have it. Back to early memories. My parents were too busy either working or providing to interfere much with us. For me and my older brother, freedom to roam and 'do' spawned independence, and an embryonic feeling for autonomy. I have several memories to remind me how it grew. Here is one:

> *My mother felt that encouraging me to knit a singlet for the baby she was expecting would increase my involvement in the new event. I was nine. Progress with 2 ply wool and fine needles was slow and I lost enthusiasm.*
>
> *'Can't I make something else?'*
>
> *'Finish this first and then you can make something else'*
>
> *Coming home at lunchtime to find a mess of wool and dropped stitches, because the cat had been playing with it, was the last straw. Even my mother knitting some rows to get me going did not help. My interest in struggling with this project was nil. Not being able to find other fine knitting needles, I secretly made some by scraping matches until they were rounded. I then cast on and knitted a tiny singlet for a tiny doll. The astonished admiration of my parents added to my sense of achievement. I went on to try my hand at a tiny fair-isle jumper and then a whole wardrobe for the doll and her husband.*

I did not mind the reputation of being stubborn or head strong. My parents' forbearance never made me feel it was a terrible thing to be – just bloody challenging!

I believe this story says something about my developing sense of independence and determination. A catalogue of stories like this point to the value I now place on my own autonomy within my work. Recognising I work well when I am self-directed and can see good sense in what I am doing, has helped me clarify the importance of fostering self-reliance and being in control for others. I see the value of encouraging parents to take responsibility for their decision making and fostering the same for their children. Encouraging parents in their personal enquiries requires me to work in a partnership that encompasses amongst others, the values of respect, autonomy and equality. The very fact that I am a health visitor assuming special knowledge could be inherently disempowering. Giving over control and decision-making means consciously relinquishing it myself. From Lew & Bettner (1996) I recognise that having a good deal of autonomy in certain areas of my life makes it possible for me to still feel competent when giving the lead over to others.

In a fifth (16) of the questionnaires, parents wrote about the contradictions between giving advice and supporting parents' own decision making. Nine similar comments can be represented by this, 'She listens and empowers instead of just giving answers out of a book. She respects the approach I have to child care and gives suggestions in line with that approach. She has even been supportive about decisions which are contrary to her personal feelings ... I respect that' (Q49). I believe the qualities indicated here are part of the climate Clare was describing. On the other hand seven said things like, 'Occasionally, our health visitor has been too

keen to try and get us to the point of finding a solution when we really wanted to be just told what to do' (Q32). Some people obviously found my style frustrating. Have I been too keen to *not* be in control and to encourage people to make decisions when they are not in a position to? I need to work on being more sensitive to which approach is appropriate and find a balance between giving advice and fostering client's own decision-making.

I am clearer now that my late development of a confident voice is in contrast with an earlier confidence in my creative ability. Belenky et al (1986) in their study of *Women's Ways of Knowing* concentrate on women's development of a sense of mind, self and voice. I recognise the developmental stage of believing in the knowledge of authority figures (1986, p. 35). I relate, too, to a later intuitive stage of subjectively 'just knowing' (1986, p. 52). Now I believe that I am beginning to construct my own knowledge by integrating several patterns of knowing (Belenky et al, 1986, p. 131; Pound et al, in press). Belenky's study is about mind-work and sense of self. It gives little consideration to women's knowledge of what they can 'do' which may be belied by a voice which struggles to be heard. I think of Sarah, now a parent, who from the age of six came home from school to get supper for her siblings because her mother was drunk. This young women has no doubts about her knowledge of physically looking after others. She struggles to maintain relationships (Archive – taped interview, 1996). Belenky's patterns of knowing are useful for health visiting because they indicate the different stages in 'developing the power of our minds' we may have reached. This may offer insights into why some parents want more instruction than others. Starting by building confidence in the knowledge of 'doing' feels important in working with parents.

Loneliness as a Root for Empathy

As children we spent a lot of time alone. In my last years of primary school I could not find friendship amongst the small number of peers in the next tiny school we moved on to. My brother asked me recently, 'Where were you during those years? I can hardly remember you.' Thinking back to desolate periods when I was short of good friends made me aware of how it feels to be isolated. Like litmus paper now, I recognise loneliness in people. My empathy has roots here. Over recent years, times of worry in my family caused me to reflect on the qualities involved in supportive relationships. For me, friends helped by taking my distress seriously, by listening carefully, but without telling me what to do. Special friends make me feel better but don't interfere. It feels normal now, to try and be warm, open and friendly to my clients, even those who I do not instinctively like. I work with them because it is my job. I find I usually grow to like them more as I come to understand them better and I receive as much from these relationships as I give.

Several parents spoke in their questionnaires about friendship and a couple of motherliness. Friendship and motherliness are different

relationships. Here is the same dilemma about the degree of control I should assume. I wonder if, as Belenky implies (1986, p. 35), it says something about parent's readiness to make their own decisions? In the Health Visitor Research Group we identified a contradiction here between our intention to support parents in making their own decisions and our giving advice as professional knowers. In Paper II (Pound et al, in press) we explain that taking more lead by giving advice can be a stage in the process of empowering parent's self-reliance. Our aim is to start where our clients are able to operate, if that means a 'holding' or an advice giving role, with the intention of shifting our relationship to a more equal one where the parent takes greater part in decision making. I am now coming to call this complex process of responsive relating – 'alongsideness'. It is as if I am standing alongside parents encouraging them to find answers to their own questions, rather than as an instructor who knows both the questions and the answers. In this way, I can be sensitive to parent's current personal resources and 'hold', help, provide information or just 'be there', while they work it out, as seems appropriate. In this way, we are learning together.

In the questionnaires most made statements such as, a kind warm person and easy to talk to … (Q64). A client with multiple problems, including literacy wrote, 'very is to talk to about any problums conering me or my child'. A common theme was '… there when I need her' Q65). Several mentioned my sense of humour. I have had a problem collecting negative data from clients. When I asked, the doctor I work with thoughtfully shook his head and said, 'no, usually positive'. I feel that I can rely on both the teachers and the health visitors to speak up if they disagree with me. I feel that by asking myself 'am I living my values here?' I have been able to notice times when I felt uncomfortable with clients and have got it wrong. In a future phase, I will need to think more about how to encourage clients to express their negative feelings about my work. When I ask them about features which don't work, I am more likely to hear about other unnamed health visitors or hypothetical stories. I can ask myself if I do these things too.

Let me offer an example. A mother's letter sent from another area speaks about her daughter's 8-month development check:

> *Child experts are forever quoting 'praise good behaviour' and*
> *ignore bad. Perhaps they should apply it to their parents as well.*
> *There was no 'well done' for the fact that apart from the occasional*
> *jar of fruit, I cook all of her food with fresh wholesome ingredients,*
> *only criticism that it didn't have any lumps in it! Nor praise for the*
> *fact that she is sitting up and supporting herself beautifully, only*
> *criticism that she wasn't crawling or rolling. If health visitors don't*
> *want to have a reputation as interfering old busy-bodies they*
> *should show an interest in the parents as well as the kids.*
> *(Archive – letter 4 July 1997)*

370

I recognise how easy it is on a busy day to concentrate on achieving ticked boxes in the child development book, and not to respect the knowledge and autonomy of the parent.

Hierarchy as a Contradiction to the Levelling Society

I turn now to look at where the strong views I hold about social inequalities come from.

The practical difficulties of pioneering in, 1950s rural New Zealand may have been as much of a leveller as commitment to any particular philosophy. However, the politics of New Zealand of the time espoused the ethos of open opportunity for all (Graham, 1981). Attempts here at cultural uniformity, social integration, and above all equality were formalised in law by early comprehensive welfare and education systems.

Of course, it is true that New Zealand did not achieve the egalitarian 'a fair go for all' aspired to by many. The demands of rapid enculturalisation made it hard for Maori to succeed in a 'pakeha' world. Maori priorities were different, but their resistance to 'peaceful co-existence' and 'the humanitarian goal of amalgamation' (Sinclair, 1980, p. 87) were not to become obvious to me for another two decades. So my rosy picture here of liberal humanitarian ideals firmly rooted in a national ideology are not the whole story. Our family had advantages of status and a salary that became the obvious symbols of social stratification for New Zealand. However, I still believe that the nuances of a national psyche in some way suffuses the souls of its initiates. I reaped advantages from growing up in the particular levelling circumstances of the time. Looking back, I identified a contradiction, which complicated my view of people. My parents' passion for creating educational opportunities for all children was confused by another message that we were in some ways different from some other people. Awareness dawned when I found myself considering warning my own young children from some associations. I couldn't find the words to say why! It triggered my thinking. I can say that the 'value of people' has been developmental for me over the years and is now central to my creation of 'alongside' relationships.

Arriving in Britain as a nurse in, 1968 it seemed to me that everyone wore some kind of uniform, which stated who they were, what they did and their status. People seemed to know their place and be comfortable with it. Accents, clothes and ways of being were badges of rank so that other people would know who you were and how to relate to you. I was bemused and tried to capture some of the accents and find ways of explaining this curious class system in my letters home.

But who was I? Where did I fit in? New Zealand friends suggested we had an advantage being unplaceable in the British social hierarchy. It meant we could just be our own friendly selves anywhere and people would make allowances and just accept us as good, keen, honest, slightly naive

colonials. The delicious irreverence I soaked up from my father led me to find the whole thing rather funny. At times I enjoyed the challenge of insisting on being myself. I seemed to be excused my ignorance, called 'refreshing', but also I recall a vague determination at times not to succumb to accepting confinement within the hierarchy.

It was about 20 years working as a health visitor and being a mother before I began to feel properly angry about hierarchy in all its forms. I had noticed the effects on women and joined the feminist movement in a grumbly sort of way, but it seemed to me no one was speaking up for children. Children appeared at the bottom of the pile and received the full force of adult frustrations, as legitimate targets. It was the hitting I noticed at first (Pound, 1992). Pre-1990 parents seemed unquestioning that it was the right and expected thing to do. Physical force and threats appeared to take precedence over verbal communication as the method of control. More than that, it seemed that this process of clarifying for children their place in the world endured across generations. I had no reason to doubt that most parents loved their children and wanted the best for them, but daily, I saw what control by force did to family relationships (Pound, 1994b). I began to think about the implications of hierarchy for me and what I believed in.

I now appreciate the significance of the comparative lack of religious instruction in my early years. My sole reason for telling you this is to show what appears to be a fairly influential piece of my personal creation of my 'self'. The effects of some beliefs on family relationships began to dawn on me. A particularly poignant introduction to the bewildering world of other people's beliefs came in, 1991 when I attended a lecture about parenting in a city church (Archive – field notes, 1991). I heard things which did not fit my view of people in the world. A lay preacher told us of the authority of God. God, he said, delegates his authority to man as head of the household. It is man's duty to train his children to honour God's authority because, 'children are born selfish with sin'. My optimistic view that people have a tendency towards the positive did not square with this.

He went on to say that man may share his duty by delegating it to his wife. Children must learn to respect authority, obey and be repentant. Physical and emotional coercion remain methods for assuring that they do. 'Pain is a deterrent when reasoning is impossible' he said. The hierarchy and good order is thus maintained. From this lecture I flashed up a mental image of a hierarchy.

God
delegates his authority to
Man
who may share it with
Women
to maintain the hierarchy.
Children
must respect, obey and repent.

From this now extreme, but at one time widely held view, I came to recognise the degree to which such beliefs have pervaded the knowing of our societies. Similar views and diluted variations came at me from all directions, including from professional colleagues. Nearly every one said, 'what's wrong with smacking?' when I first raised it. Experiences through this time were foundational for my understanding the significance of personal history in informing the values and agendas of practitioners. At times, I felt very alone and deviant when talking with people, and I needed all my determination and resilience to retain my confidence. Some negative beliefs I met also felt uncomfortably close to some of my own, but did not fit with my emerging ideas about how it should be for children. Here, is an aspect of the same dilemma about degrees of parental control, while allowing children greater self-determination.

Later, a research associate questioned assumptions I made about a parent and the work I considered doing because of her religious beliefs and how they may be interpreted in her actions with her child. I am beginning to find new understandings as I ask myself, 'how can I maintain genuinely respectful relationships if acceptance is an issue for me?'

Hierarchy and Playfulness

I return now to look at humour as one method of living my values. Continuing to use past experiences and recent critical incidents in my work I began to think about the part humour plays for me now. Griffiths extended my understanding by introducing the idea of playfulness and naughtiness as 'a survival technique for not succumbing to social injustice' (Griffiths, 1999, p. 8). 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'. In some instances where I recognise this happening, the words 'naughtiness' or 'playfulness' are helpful. I am so grateful to Griffiths for helping me to understand this side of myself, which in the past has left me ponderous in reflective embarrassment. The weirdness fades revealing a more confident me.

I experience no devious or malicious feelings, but an almost subconscious playful desire to challenge a system, which requires me not to be true to myself. One example puzzled me at first. I am grateful now to have its subconscious purpose clarified in my mind. Talking with clients, I found myself sometimes referring to the GP I work with by his first name, when he is usually called 'Doctor'. Sometimes the client looked blank and I needed to add, 'you know, Doctor Gibbs'. On a few occasions I did it in front of him without any sign that he minded. Now I realise it was a playful liberty with the underlying intent of inviting clients into a partnership with us as more equal participants in deciding their care. After all, everyone calls me 'Robyn'. I recognise relationships with GPs are, from necessity, different.

This brings me to another use I make of humour. Quite consciously now, I act to reduce my own powerful position as a health visitor when

talking with clients. I realise new clients may be wary of me and not know what to expect or how to behave. Beyond introducing myself as Robyn, I attempt to put people at ease with friendliness and sometimes jokes about myself. I want to offer a relationship where my professional status does not disempower my clients, but encourages a climate of partnership in which we both learn as we work it out together. Humour and playfulness are methods of connecting. Clare's reminders of my nonsense are testament to this. By smiling and laughing together over mutually understood silliness our relationship has grown.

So What Does All This Mean?

Parents, my family, critical friends, health visitor colleagues and educational researchers shared in and questioned my reflections as I asked how my personal beliefs and values affect my practice. I used early childhood recollections, adult experiences and critical incidents in conjunction with theories emerging from other concurrent phases of my research to help identify the beliefs and values in my health visiting agenda. Understanding my subconscious intentions means I can be aware of preoccupations that may intrude in my relationships with others. Enhanced insights help me attempt to be more genuine in relationships and make the values I identified possible markers by which my practice may be judged. I claim to have shown evidence that I attempt to live them in my work. Searching for contradictions, incidents when I do not live my values, creates incentive for improvement by helping clarify causes.

Emerging with greater clarity from this phase, is the dilemma of where control should lie in all the different circumstances of health visiting, parenting and researching relationships. Grasping fuller personal meaning enables me to begin to construct 'alongside' relationships that are responsive to the complexities of individual need. Playfulness and naughtiness are one practical key to our connection. In these relationships, the endeavour is to enquire and learn together as we work it out, my clients and me. In this way, I am creating for myself my own living theory (Whitehead, 1989) of health visiting, within the health promoting remit of my employers.

Good practice in health visiting, named 'partnership' and 'listening to children', incorporates the values respect, autonomy and equality, which I identified. Many who shared my reflections describe similar values, which inform their work practices, having arrived at them via their own life journeys (Archives, 1996–2000). Winter offers:

> *The processes of action research provide a strategy for embodying*
> *autonomy and responsibility in professional work ... action*
> *research generates its own form of theory. This is a form which is*
> *integrative, critical and political: it is both personal and collective, a*
> *synthesis of values and understandings, and a response to the*

374

> *many methodological dimensions of practical action in complex*
> *organisations profoundly influenced by external political forces.*
> *(Winter, 1998, pp. 374–375)*

I expect the people most likely to relate to the practical aspects of this 'study of singularity' to be other practitioners (Bassey, 1995). Earlier drafts attracted recognition from readers who appeared to be moved by different themes within it, 'It made me laugh', 'It made me cry', 'Making jokes about yourself to put people at ease, I do that, I hadn't really thought about it before', 'Reducing power in your relationships. I think that's important' (Archives, 1999–2000). Bassey suggests:

> *The point about relatability of findings from one situation to*
> *another is that there is no guarantee that they can be applied, but*
> *the merit of the comparison is that it may stimulate worthwhile*
> *thinking. (Bassey, 1995, p. 11)*

I believe this article offers the chance to open discussions about the space between good intentions and realities for practitioners. Responses challenge, confirm and bring new avenues for exploration. In this way, I hope it is educational for others in the way I have found the process of writing this article is continuing to be for me. The values appear to be developmental in that coming to deeper understanding about what they mean, leads to areas of my life beyond my practice. A sort of living theory of life.

I offer it here to invite comments about its relevance for you.

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