

A Guide to the importance of communication within social work.

Introduction:

The move towards multi-agency work within social work is likely to highlight the importance of communication as a crucial skill. 'Every Child Matters' identifies the ability to communicate as one of the key aspects of the Common Core of Skills and Knowledge: 'Good communication is central to working with children, young people, their families and their carers. It is a fundamental part of the Common Core' (Every Child Matters, 2004).

Communication within social work is complex and involves many different areas of communication. It includes both verbal and written communication, individual and group communication.

This paper will consider the following:

- Communication with clients.
- Communication with other professionals.
- Communication within social work hierarchies.

There is now an increased interest in the whole area of communication from a psychological perspective. There is a growing awareness that it is necessary to try to understand what it is that

leads to failures in communication. Thus, Ferguson writes of the impact of fear, violence and emotional pain on social work practice and the consequent implications for communication. He comments that the Laming report into Victoria Climbié's death presents rational and naïve solutions to what must be understood as often irrational and inherently complex processes (Ferguson, 2005). Similarly, Rustin comments on the impact of the mental pain on those working with Victoria Climbié. She talks about the defences which individuals use to defend against witnessing emotional pain and suffering in others (Rustin, 2005). Her arguments apply equally well to the whole area of communication and the way in which defences and irrational behaviour can interfere with the ability to communicate openly and transparently.

This interest in communication is also being developed in other professions. The concept of emotional intelligence or emotional literacy is being emphasised within education and learning (Weare, 2004). Antidote define emotional literacy as the 'practice of interacting with others in ways that build understanding of our own and other's emotions, then using this understanding to inform our actions' (www.antidote.org.uk). As will become clear, this idea is similar to the concept of reflective function.

Implicit in all this is the recognition that communication is a complex process. This guide will argue that the current multi-agency and multi-disciplinary nature of social work considerably adds to the complexity of the task.

This guide explores some of the psychological aspects of communication. It reflects my own interests which include attachment theory, psychoanalysis and recent developments within neuroscience. Because communication is complex and multifaceted this guide makes no claims for completeness. The emphasis is on verbal, face to face communication and there is little focus on written communication.

Attunement, Rupture and Repair:

I begin by thinking about communication between the primary caregiver and the infant, the prototype of all communication. Over the past thirty years there has been a considerable amount of research into this earliest relationship, including extremely detailed observations of parents with their infants. Attachment researchers (Fosha, 2003, Solomon, 2003) now speak about the ideas of attunement (the co-ordination of affective states), rupture (the lapse of mutual co-ordination) and repair (the re-establishment of co-ordination under new conditions) in relationships. Fosha gives an example of this sequence: attuned mutual co-ordination between mother and infant occurs when the infant's squeal of delight is matched by the mother's excited clapping and sparkling eyes. The baby then becomes overstimulated, arches its back and looks away from the mother. A disruption has occurred and there is a misco-ordination: the mother, still excited, is leaning forward, while the baby, now serious, pulls away. However, the mother then picks up the cue and begins the repair: she stops laughing and, with a little sigh, quietsens down. The baby comes back and makes eye contact again. Mother and baby gently smile. They are back in sync again, in attunement with each other (Fosha, 2003). This sequence of attunement, rupture and repair is repeated countless times. As long as the periods of rupture are not too intense or long lasting, the process of repair helps the infant to begin to regulate his emotions, to transform negative affects into positive affects and to transform disconnection into reconnection. Success with efforts to repair rupture leads to an emotional 'stick-to-itness' in the face of adversity, which is at the heart of resilience. In these terms, one aspect of resilience is the ability to reconnect with another after an experience of rupture.

It is also important to acknowledge that these moments of rupture occur in all relationships. Fonagy and Target comment that even the most sensitive caregivers misunderstand their infant at least 50% of the time (Fonagy and Target, 2001). What does become important, however, is to

what extent the individual child becomes able to tolerate these inevitable moments of rupture. Interestingly, couple therapists are now saying that a defining factor in relationships that last is the ability to reconnect after an argument; that rupture is inevitable but that what becomes significant is whether individuals have the resilience to re-establish an intimate connection and enable repair to happen (Solomon, 2003).

Rupture can occur when the caregiver is unable to maintain attunement in the face of the infant's self-expression. For instance, distress in the infant may provoke the caregiver's anxiety; desire for contact may elicit the caregiver's withdrawal; the offering of love may be met by indifference. In other words, some aspect of the child's emotional being can trigger profound discomfort in the caregiver. The response may be either of omission (e.g. withdrawal, distancing or neglect) or of commission (e.g. blaming, shaming, punishing or attacking). When this happens, the experience of rupture may not be able to be repaired.

Prolonged periods of rupture can lead to feelings of protest and anger and, ultimately, to feelings of fear and shame. Indeed, the process of repair will often require the adult to attune to the infant's feelings of protest and rage following the rupture: repair requires acknowledgement of the feelings evoked by the rupture. When fear and shame are elicited by disruptive experiences and cannot be repaired, individuals find themselves alone, emotionally overwhelmed and unable to rely on the safety of the emotional environment. Repeated experiences of disruption and of being misunderstood can lead to an individual developing a deep sense of shame about himself. This sense of shame is an emotional reflection of the loss of connection with the caregiver, drawing its power from the need to stay connected for survival (Cozolino, 2002).

Modern neuroscience argues that our early experiences with our primary carers become internalised within us and become an organising principle throughout our lives (Cozolino, 2002).

Our patterns of communicating will be largely shaped by these early experiences with our primary carers.

This has implications in terms of communication: in order to be a 'good communicator', it requires the individual to be resilient enough to tolerate the inevitable periods of rupture that occur in all communication. If the individual's experiences with his primary caregiver were not 'good enough', he is likely to experience powerful feelings of anger, fear or shame when disruption occurs. Individuals will, of course, deal with these feelings in different ways, some by withdrawing, others by attacking. I would suggest that inter agency communication, with powerful dynamics of envy and mistrust, are likely to intensify these feelings. For example, a social worker experiencing a moment of rupture or potential conflict in relation with a doctor may quickly re-experience feelings of shame, of not being 'good enough'. When faced with such feelings, one response would be for the social worker to withdraw out of a sense of shame and not pursue her argument. If there is disagreement or conflict, such a social worker may not have the confidence to hold to her own position. The social worker may lack sufficient resilience to be able to tolerate this moment of disruption without being transported back to earlier, traumatic experiences of disruption. In addition, child protection work can evoke very powerful, primitive feelings in us, which touch us and our relationships with our primary carers on a deep level. Faced with such stresses, the likelihood is that we will fall back on earlier modes of functioning.

It then becomes easy to see how this dynamic can interfere with clear, effective communication. Much of the mis-communication referred to in the Climbié Inquiry can be thought about as being an experience of rupture followed by a lack of repair. Reder and Duncan give the following quote from the Climbié Inquiry:

A paediatrician reflected to the Inquiry: 'I cannot account for the way people interpreted what I said. It was not the way I would have liked it to be interpreted' (P.9).

In the tone of this statement, I hear the sense of hopelessness and despair that can result from being misunderstood, from an experience of rupture without any repair.

Reflective Function:

I believe that Peter Fonagy's work is also very helpful in extending our understanding of communication within child protection work, particularly his ideas around reflective function. Reflective function is a complex idea that involves far more than just self-reflection. Fonagy comments that it involves both a self-reflective and an interpersonal component. He defines it as being the mental function that organises the experience of one's own and other's behaviour in terms of mental state functions. It is the ability to go beyond immediately known phenomena to give an account of one's own or other's actions in terms of beliefs, desires, plans etc. More simply, he describes it as the ability to think flexibly about thoughts and feelings in both oneself and others (Fonagy 1999). He gives the example of an experiment that helps to clarify this concept (Fonagy 1999). A three-year-old sees his friend, Maxi, hide a piece of chocolate in a box, saying that he will come back later to eat it. After Maxi leaves, the child sees the experimenter move the chocolate to a basket. The child is then asked: 'Where will Maxi look for the chocolate when he comes back?' Three-year-old children tend to predict that Maxi will look in the basket where the chocolate actually is, rather than in the box where he left it. In contrast, four or five year olds are able to predict Maxi's behaviour on the basis of what one might expect to be his belief, that is, that the chocolate will still be where he left it. What is significant in terms of reflective function is that the three-year-old is basing his prediction on his own representation of reality, and not on the other's state of mind. The young child assumes equivalence between what is internal and what is external: that all that is in his mind exists in the physical world and all that is in the physical world must also be in his mind. Reflective function, therefore, involves the

recognition that another person's motivation, perspective or understanding may be different from one's own: that internal and external may be different.

To give another example: I worked with a mother of a 13-year-old girl who was becoming increasingly aggressive and critical towards her mother. The mother understandably felt attacked and criticised by her daughter. I tried to suggest that there may also be other things going on for her daughter; for instance, she may have been feeling frightened, insecure (there were a lot of changes going on within the family) and her anger may have been partly be an expression of her fear. The mother was unable to think about her daughter in this way and could only understand her behaviour in terms of how she experienced it; i.e. as a vicious attack on her. She could not take on board that her daughter's state of mind could be different from how she as her mother experienced her behaviour. Reflective function, therefore, includes the ability to recognise that another person's behaviour may be driven by desires and beliefs different from one's own.

I recently experienced an impressive example of reflective function: I interviewed a young woman who had been in a relationship with a violent man for several years before leaving him. In interview she was able to reflect both on her own very painful and frightening experience of this relationship and also on what might have been going on for the man. Thus, she was able to think about his own history of having been abandoned by his mother and how this might have triggered some of his violence to her, particularly at moments when she was separating from him, for instance when she was going to work. She was able to reflect on her own experience whilst also being able think about the meaning of his behaviour.

It is important to note that reflective function involves more than empathy with another person. It also includes an awareness of our own mental processes, thoughts and feelings. I have worked with a number of adolescent girls who had been sexually abused and had experienced major trauma. I gradually came to realise that they were highly skilled at watching me and tracking my

emotional state. It seems as though their experiences had taught them of the need to be alert to changes within adults that might endanger them; hence they were highly sensitive to what was happening to me. However, in the process of focussing on other people they seemingly had been unable to retain any focus on their own mental processes; they were completely unaware of their own feelings. Thus, if I asked them what I was feeling they were often able to answer accurately. But if I asked them what they were feeling they did not know. They had some empathy for my state of mind but nevertheless lacked reflective function and an understanding of their own internal processes.

Fonagy argues that for all of us our capacity for reflective function can vary according to our stress levels. At times of high stress in the context of intimate relationships, we all find it hard to construct accurate representations of the mental world of the other. We reason about the behaviour of others on the basis of what seems obvious, what is visible, the physical rather than the mental world. In particular, trauma can lead to a loss of reflective function and a consequent inability to distinguish between internal and external reality. And, as described above, trauma can lead to an inability to be aware of our own mental processes.

Fonagy goes on to argue that reflective function becomes crucially important in communication. Without a clear representation of the mental state of the other and of ourselves, communication must be profoundly limited. The skilled communicator needs to bear in mind the point of view of the other person. Again, it is easy to see how this dynamic can become significant in child protection work and inter agency communication. As I am writing this, I am aware of how easily I fall into thinking that my view of the world is the 'correct' one, that my theoretical model is superior to other's. Or I can find myself thinking that particular professions tend to operate in ways that totally excludes the perspective of the other; that 'so and so' thinks he knows best and never listens to others. Inter agency work can quickly become competitive, rivalrous in which narrow, entrenched positions are taken. In so doing, it can become very hard to listen and

attempt to understand the perspective of the other. But what becomes crucial in child protection work is precisely this ability to retain some reflective function; to be able to take on the idea that other people may have a different perspective; that one's understanding of a situation may be limited or restricted. Brandon et al (1999) in their reanalysis of Part 8 Reviews in Wales, concluded that communication failures originated from a lack of respect or mistrust of other professionals' perspectives. Fonagy suggests that a failure of reflective practice leads to a stereotyping of others; thus, rather than empathising with the particular pressures which a profession might face, the temptation is to stereotype them, rendering them inhuman.

Additionally, as previously mentioned, child protection work can create severe anxieties for us because the work brings us face to face with the fact that carers, on whom the infant is utterly dependent, can and often do injure their children. At an unconscious level, it requires us to consider our relationship with our primary carers, including the disturbing thought that they might have had sadistic, violent thoughts towards us. It may also cause us to reflect on ourselves as parents and the less benign thoughts that all parents sometimes have towards their children. Given these stresses and anxieties that are implicit in child protection work, one of the first consequences may be the loss of reflective function. Reder and Duncan quote an extract from the Climbié Inquiry in which stereotyping and lack of reflective function are apparent:

'The Victoria Climbié Inquiry heard that paediatricians and police had difficulty working with an 'aggressive' social services unit, whose manager gave the impression that 'social services knew best'. They felt that their views about the case were not respected, that they could not get through to them to explain their concerns, or that their role was "blocked or frustrated" (pp113/114).

Taking the position of 'knowing best' and of disregarding others' opinions is a clear example of a failure of reflective function.

Left and right hemisphere functioning:

Effective communication requires the integration of both left and right hemisphere functioning.

Left hemisphere functioning includes linear, logical and linguistic processing. In contrast, right hemisphere functioning includes non linear, intuitive, non verbal and more emotional processing (Cozolino, 2002).

The social work role necessitates the integration of both sides of the brain. For instance, an in-depth assessment includes logical thinking, the application of research and theory to practice and the ability to process large amounts of information, all aspects of left hemisphere functioning. However, an assessment also requires empathy and attunement to engage with the client; the tuning in to non verbal communications and unconscious processes; and, at times, the following of 'hunches' and ideas. All these are aspects of right hemisphere functioning.

Distressed and traumatised people are vulnerable to being flooded with right hemisphere elements such as shame and fear (Cozolino, 2006). In the process the capacity to access the more rational part of the mind can be undermined. It follows, therefore, that the capacity to be in touch with right hemisphere functioning, both in oneself and in others, is an important element in communicating with damaged, traumatised people.

Trauma:

Trauma undermines the capacity to communicate. Modern neuroscience is now showing the impact of trauma on the brain. It is now recognised that trauma affects Broca's area, the part of the brain related to speech (Cozolino, 2002). Trauma can inhibit the functioning of this area of the brain, hence the expression 'speechless terror'. Thus Deborah Orr wrote about her

experience of being raped as follows: 'I never went to the police, and I never told a soul what had happened for many weeks, because I was simply mute with the misery of it all' (The Independent, 31.01.07). Becoming mute is a common response to trauma. In carrying out risk assessments in child protection cases I frequently find that parents simply do not have the words to describe traumatic experiences. It is common to hear traumatised people say that they cannot find the words to describe their experience.

Trauma and stress are known to lead to a heightened activation of right hemisphere functioning (Cozolino, 2006). As a result, left hemisphere functioning such as language skills, rational thinking and planning can become impaired.

Trauma also affects the capacity to trust. People who have experienced trauma are likely to have difficulty in feeling safe in the world and in trusting others. Trauma at the hands of an attachment figure is particularly likely to undermine trust in the goodness of others.

Open communication is largely based upon trust. Without trust communication becomes very difficult. It follows from this that people who have experienced severe trauma are likely to have extreme difficulty in communicating their experiences to others.

Shame:

Shame is closely linked with trauma. Shame is one of the most potent things that can block communication. Children who experience severe trauma are likely to develop a deep sense of shame about themselves. From an attachment perspective it is dangerous for the child to think of their parents – on whom the child is totally dependent - as being 'bad' or threatening. It is much safer for the child to protect the image of the parent and instead think of himself as being 'bad'. The child comes to internalise a sense of himself as being 'bad' and consequently feels full of

shame about himself. Unless the child gains some resolution of this he will then grow up as an adult with a deep sense of shame.

In addition many abusive parents make comments that intensify a child's sense of shame, for instance by calling them 'useless', 'pathetic' etc. Shame can also be used as a way of controlling or disciplining children.

Recently I have assessed a man whose father treated him violently and sadistically as a child. He told me that he would lie awake in bed at night trying to work out exactly what he had done wrong to cause his father to treat him as he did. Significantly his focus was on himself and what he had done wrong rather than on his father. He grew up with a deep sense of his own 'badness'.

Many of the people who become involved with social workers will already have a deep seated sense of shame about themselves from their childhood experiences. This shame can then be intensified through social work involvement. One of the effects of shame is that it can cause individuals to become isolated. Recently I assessed a woman whose 3 month old baby was in foster care. She was having frequent contact with her baby. She had recently moved into a new block of flats. She told me that she had not spoken to any of her neighbours and was avoiding them because she was ashamed that her baby was in foster care and unwilling to have to explain her situation to them. This isolating effect of shame is typical of many people who are involved with social workers.

The fear of being judged, thereby intensifying feelings of shame, can also inhibit open communication. Traumatized people may fear talking and disclosing things because of the fear of being judged. Hughes discusses the link between shame and lying. He argues that children who have experienced major trauma may repeatedly lie in order to protect themselves from their shame about themselves and their behaviour. Lying becomes a defence against shame. It may be a

way of trying to avoid the humiliation of being seen with all our flaws and mistakes (Hughes, 2006). Lying may be part of the armour that traumatised people use in order to protect the most vulnerable parts of themselves from being seen.

Shame within social work:

I also believe that shame is relevant to the social work profession. On a recent training day for child protection workers I asked them how they felt about telling other people their profession. My question was met with laughter. One woman commented that when she told someone at a party that she was a social worker the response was: 'so you are a baby snatcher?' All of them agreed that they felt embarrassed at times at telling people what they do; none said that they felt proud to be a social worker.

The implications of this will be discussed later in this paper.

Implications for Practice:

Because the failure of communication has been implicated in so many child abuse inquiries, it follows that the ability to communicate clearly and openly is a crucially important quality for child protection workers. Attachment theory is clear that both the ability to deal with ruptures in relationships and the ability to retain some degree of reflective function under stress are aspects of an autonomous state of mind, of a history of secure relationships. If an individual has not had a history of secure relationships, the crucial question is whether the individual has begun to come to terms with their childhood experiences. The selection of social workers should bear all these factors in mind because it is clear that those social workers who have an autonomous state of mind will be able to communicate much more effectively. In particular, whether individuals

experience multi-agency work as an opportunity or a threat will largely depend on their sense of their own value, which, in turn, is a feature of secure attachment or earned autonomy.

Communication with clients:

Social work clients tend to come from the most vulnerable sections of society, many with traumatic life histories. It is, therefore, likely that they will have had many previous experiences of rupture without repair. Many will have experienced significant trauma. Their ability to trust authority figures has often been severely compromised. Their involvement with social workers is likely to intensify their pre-existing sense of shame. This will then leave them vulnerable to feeling misunderstood and not listened to. Many will respond to real or imagined miscommunication with shame and anger. In other words, the involvement of social workers in their lives could easily tip them back into earlier, historical experiences of rupture without repair, with all the attendant feelings of shame, humiliation and rage.

The fact that social work clients are vulnerable to experiences of rupture has other implications. In particular, it requires social workers to be reliable, trustworthy and consistent. The establishment of trust can be extremely difficult. Time keeping becomes an important issue: being punctual is an important indication of care, reliability and trustworthiness. Many social work clients interpret lateness as being an indication that they are unimportant and that social workers have more pressing matters to deal with.

Similarly, it is important that social workers give clients their total attention during meetings. It has become culturally acceptable to leave mobile phones switched on. Many clients have told me of the disruption when a social worker's phone rings during meetings. Switching off the mobile phone is an indication of respect for the client.

Social workers also need to be mindful of shame. It becomes important that social workers do not work in ways which intensify feelings of shame. Many social work interventions, such as the removal of children, can potentially be highly shame inducing for parents. This can then become a vicious circle as the client's shame can intensify feelings of anger and mistrust. Social Workers may need to handle the challenging dilemma of informing a parent that their behaviour needs to change without doing it in such a way as to increase that person's sense of shame.

Social workers will also need to be aware that traumatised individuals are likely to have problems in communicating openly. They may have difficulty in finding words to describe their experiences. Their shame may make them more liable to lie and not be open about themselves. Their history may make it harder for them to trust authority figures.

It will be important for social workers to work in such a way as to reduce feelings of shame and humiliation. Feelings of powerlessness and humiliation can be provocative for vulnerable people. Social workers should attempt to empower people by communicating openly and by providing as much information as possible. For instance, case conferences can feel alienating and frightening to many people. Explaining the process fully and including clients as much as possible can reduce some of the feelings of powerlessness and humiliation. The social worker may need to help them to access the rational, thinking part of the brain so that they are not flooded by right hemisphere processes of fear and shame.

It may help social workers to recognise that the problems that traumatised people have in communicating may not be because they are being resistant, oppositional or 'difficult'. Rather it may be that their life history has impaired their capacity to communicate openly and honestly.

Attachment Patterns:

An understanding of attachment patterns can also provides insights into an individual's characteristic way of communicating.

Avoidant individuals tend to be independent, self sufficient and self contained with a disavowal of emotions. They do not express emotions easily or openly and tend to keep their feelings hidden. They minimise any feelings of upset or distress and do not communicate openly about their internal processes. Communication patterns with avoidant people tend to be short in length and lacking in any emotional component. Avoidant people tend to be highly rational in their thinking and there is a link between avoidant patterns and left hemisphere brain functioning.

Avoidant children are frequently compliant, independent and self contained. They hide their distress and give the message that they are 'ok' and coping, even when they are not ok. Because of their compliance and self contained nature they can often be misunderstood as being happy, content and securely attached.

Ambivalent individuals exaggerate their attachment needs and emotions. They have a much greater tendency to become dependent and seek out other people for support when distressed. Frequent dramas and crises may be an indication of an ambivalent attachment pattern. Communication patterns with ambivalent people tend to be much longer in length with a strong emotional component. The frequent incoherence of their narrative may be linked with a flooding of right hemisphere modes of processing.

Ambivalent children similarly exaggerate their distress and need for others. They can fear separating from their parents and can present as being clingy and needy.

In general, ambivalent individuals respond to calm and an avoidance of panic, whereas avoidant people need a listener who can recognise that there may still be considerable distress behind their outwardly calm presentation.

Communication with other professionals:

As numerous enquiries have emphasised, the ability to communicate openly and honestly with other professionals is a key part of the social work task. This requirement is likely to become even more important as multi-agency and multi-disciplinary work becomes embedded within social work practice.

I believe that shame and a lack of authority within the social work role can inhibit open communication with other professionals. When I recently asked a group of child protection social workers there was a consensus that they find it hard to challenge a doctor's opinion. Reasons given included the belief that doctors' training is more sophisticated than in social work; that doctors have more credibility and are therefore more likely to be believed; and that doctors are 'hierarchically superior'.

As previously noted, communication with other professionals within the child protection can evoke powerful implicit memories of previous experiences of rupture without repair. The individual can then be cast back to feelings of shame or anger, both of which can then inhibit effective communication. In such circumstances it can be hard for the individual to retain his own sense of competence and value.

Communication within social work hierarchies:

For social workers rupture can involve rupture in relationship with a client or in relation to a fellow professional. Repeated experiences of rupture (to which social workers are frequently exposed) can lead an individual to feel angry, distressed and ultimately full of shame. Allowing workers to talk through their feelings about an experience of rupture (whether anger, fear, shame or whatever) can enable workers to develop the resilience to continue to work creatively and openly. This debriefing thus becomes vitally important and requires a culture in which vulnerability can be acknowledged and shared. It points again to the crucial place of supervision within social work. I would suggest that repeated experiences of rupture without such repair are one of the causes of burn out within the social work profession.

My own experience is that many social workers talk about a culture within child protection work in which open expression of vulnerability is discouraged. Many talk of a pressure to show that they are coping and to keep hidden any feelings of anxiety, fear or uncertainty. They report that the culture discourages open, honest and clear communication of their own internal processes. In this sense, local authority child protection work can be likened to an avoidant attachment style in which feelings are minimised and kept hidden.

Implication in terms of assessment:

An important part of a social work assessment would include an analysis of the individual's ability to communicate openly and honestly. The ability to do this suggests that the individual will be more likely to be able to work in partnership with social workers.

Reflective function is also an important concept in terms of child protection. Fonagy et al (1998) have devised a coding system for the Adult Attachment Interview in terms of reflective function. A key question is 'Why do you think your parents behaved as they did?' In carrying out risk assessments I frequently ask similar questions, such as 'Why do you think your social workers are

concerned about you?' 'Why do you think that your partner was violent to you?' 'Why do you think you behaved in this way?' These questions invite people to explore the possible meaning of another person's behaviour. The responses become important in terms of assessing risk: if a parent is able to think that a child is crying because he/she is upset or hungry or frightened then the parent is likely to be able to react more benignly than if he thinks that the child is crying because he/she is persecuting/ attacking him. Similarly, if social workers can become more aware of their client's capacity for reflective function it can help them to become more sensitive to possible ruptures in their relationship with them: a client lacking in reflective function is likely to be more sensitive to experiencing a rupture in the relationship. Being able to assess reflective function is likely, therefore, to enable a social worker both to assess risk more accurately and to understand an individual's potential vulnerability in terms of their capacity to communicate and relate.

An understanding of attachment styles and left and right hemisphere functioning can also helpfully inform the social worker. For instance, if a social worker is aware that an individual has an avoidant pattern with strong left hemisphere functioning he will expect him to operate in a rational, logical way, with any problems being kept hidden and disguised.

Implications for social work training:

I think that social work training courses can encourage students to develop their ability in terms of reflective function. Much supervision within the counselling and psychotherapy professions focuses on helping the trainee to play with ideas, to explore the potential meanings of a piece of behaviour, to try to understand what might lie behind the behaviour. This, in short, is an attempt to increase someone's capacity for reflective function, to not see behaviour literally but in terms of what might be behind it. Consequently, there is great value in social work case studies in which students are encouraged to develop their reflective function in this way. It is also important that

students are encouraged to think about their own emotional reactions to clients and to the work, rather than focussing purely on the client. Ferguson comments that while anti-oppressive approaches have been helpful in many respects, it has now become 'virtually taboo' for social workers to be able to talk about their fear or disgust of a client. He argues that it is important that social workers are enabled to acknowledge and talk about such powerful feelings (Ferguson, 2005). Giving permission for students and social workers to think and talk about their own confusion, fear, pain, pleasure etc is also a necessary part of the acquisition of reflective function.

Similarly, exercises which ask students to think about the position of other professions (such as the Police or Health Workers) may help to lessen stereotyping and enable social workers to have more empathy with their dilemmas. Role-plays involving playing the role of another profession can help to increase understanding of their position and tasks.

In addition, keeping a reflective journal can help to facilitate reflective function. Siegel and Hartzell (2003) comment that keeping a reflective journal can enable the integration of left and right brain hemisphere functioning, which in turn can increase self awareness, empathy and communication skills. Some counselling courses require students to keep a reflective journal throughout the course. Such a practice is now being increasingly used on social work courses and is a welcome development. Given that education within western cultures tends to prioritise left hemisphere functioning (Mollon, 2008), it may be important for social work education to balance this by using exercises around right hemisphere functioning such as developing intuition, empathy and the capacity for attunement.

Conclusion:

Attachment theory maintains that one of the functions of a healthy organisation should be to function as a 'secure base' (Bowlby, 1988) for its staff. Attachment theory is clear that the more

secure, safe and 'held' that a social worker feels, the more likely he or she will be able to continue to hold on to some reflective function when under stress. It is well established that stress leads to a reduction in reflective function, with consequent mistakes and miscommunications. It needs to be recognised, therefore, that the more stress that staff are under the less likely that they will be able to retain some reflective function and to deal positively with ruptures within relationships. Supervision becomes crucial in providing a safe, reliable space in which, amongst other things, social workers can reflect on the work and its impact on them.

The increasing complexity of social work – of which multi- agency work is one aspect – will require social workers to become highly skilled communicators. The selection and training of social workers needs to embrace the importance of communication and provide opportunities for the development of this vital skill. Social work agencies need to encourage their staff to continue to develop their communication skills and provide a context in which clear, open and honest communication can take place.

Further Reading:

Louis Cozolino's book *The Neuroscience of Human Relationships* is full of insights about the neuroscience and psychological aspects of communication.

The work of David Howe and his colleagues (1999 and 2005) provides an in-depth account of attachment theory and its relevance to communication.

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