

Parent's Education Methodology in the Training to the Guardianship Relationship

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*Grau lieber Freund ist jede Theorie,
und gruen des Lebens goldner Baum*
Goethe ¹

Summary

Parent's Education Methodology fits in with the debate concerning the reassembling of sciences and the need of connecting formal, abstract, theoretical knowledge to situated, concrete, everyday knowledge. Enhancing the importance of the skills and educational knowledge of the family is functional to the acknowledgment of the connection between the actions of guardianship and those of upbringing in the extent of the educational therapeutic deal promoted by medical and educational sciences. The accounts of the educational parental itineraries are registered in the cultural foundations of the International Classification of Functioning (ICF), in the preliminaries to the dawning Cognitive Medicine and inside the Narrative Based Medicine (NBM). It is used as a tool to train medical professions, in order to realize the educational therapeutic deal.

Key words

Formal/informal knowledge, relation patient/doctor, training of medical staff.

Reassembling knowledge, skills and professional competence

Situated knowledge and formal knowledge

The post-positivist epistemology stresses that in human sciences it is necessary to situate general, abstract and theoretical knowledge and integrate it with specific, concrete, everyday knowledge. It is a question of different knowledge, but with equal dignity, complementary and functional to a human and social practice which is effective thanks to theoretical basis as well as direct knowledge of the situation in which it operates. It is the *linguistic* revolution set by Wittgenstein [1], pursued by analytic philosophy, connected to the historical and cultural method of Lev Semenovic Vygotskij [2]: they both suggest integrating the individual and everyday heritage within human sciences, through the narration containing time, context of a life and relationships. The person cannot be identified in his/her parts or by using definitions; abstract indications must be related to the personal reality and its story in order to be used again.

Vygotskij stresses that each of us has a personality, a culture with roots in our personal story. The result is the uniqueness and identifiability of each one in his/her own evolutionary story. We are *also* our story, we are its authors. In childhood there are co-authors, our parents, who build the environment within which we grow up. They have a project of life that will gradually be worked out by the individual in an increasingly conscious way. Parents are the guardians of a specific *genetic evolutionary* knowledge, functional to the identification of the man, a cognitive instrument that has the same dignity as that of the experts. It consists of the family time that must be connected to school time and hospitalization time, the situated knowledge that connects to the formal knowledge of doctors, teachers, educators, social workers and other figures. Such knowledge is expressed in narrative terms and *Parent's Education Methodology* collects the educational itineraries of families as evidence of their knowledge.

¹ "All theory, dear friend, is grey, but the golden tree of actual life springs ever green".

These accounts deal with the value of parental educational action. They highlight the share capital that is fulfilled in the relationships of upbringing, the most important of which takes place within the family. They highlight the active citizenship, proclaimed by art. 118 of the Constitution, and the value that the family education has for our society. Parent's Education spreads the families' accounts to bring education to the forefront and create a culture of parenthood involving all citizens.

The Methodology combines two disciplines, Medicine and Pedagogy, each characterized by a different epistemological statute, but, on the other hand, by a necessary complementarity. The commitment is to situating health educational interventions in the synthesis between science of guardianship and science of upbringing, in an area of great heuristic fruitfulness that brings innovative solutions for the collaboration between those who are involved in rehabilitation and those who are involved in upbringing.

The comparison between disciplines leads to the current scientific popular initiatives, in which the contamination between different kinds of knowledge and the link between scientific and humanist knowledge takes place. The trends characterizing the current fields of research in the context of human sciences are consolidation, complexity and integration. What is common to both health-care disciplines and educational ones is that they connect interpretation criteria which give account of more possible facts, in accordance with explanations that can be expressed in abstract languages, emphasizing at the same time the need to stick to concreteness of objects, personal experience and historical context [3].

The narrative dimension of science spreads, in particular the dimension of medical science that does not only express concern toward the concept of transformation, of story but, above all, toward the concept of singularity, which the epigenetic theories of the nervous system developed by neurobiologists like Jean Pierre Changeux [4], Gerald Edelman [5] or the biographical method of Jerome Bruner [6] address with different strategies and approaches.

Medicine and Parenthood: guardianship and upbringing

The concept of *guardianship* is linked to the concept of *upbringing*: to enhance the educational intervention and specifically the parental one, foreseeing a collaboration between family and health professionals. *Guardianship and upbringing* are interpreted according to parameters that associate their theory and practice, they can both be understood as *the overcoming of moments of crisis through mediation*. Growth takes place through the overcoming of difficulties also in the upbringing process: the trauma of the birth, the problems linked to adolescence, the transition from nymph to complete insect in nature. *Why not give guardianship the meaning of upbringing as well? In the story of each individual, the first guardianship is the maternal care and we know how important it is that it consists precisely in the processing of messages by the mother, in the feelings coming from the child that are given back to him/her in an elaborate way so as to allow him/her to face the world and the upbringing process [7].*

The consequence of the transformational-evolutionary approach that relates guardianship to upbringing, the link between the professionalism of medical staff and that of parents is the problematic process from simple concepts towards complex concepts, from linearity towards non-linearity in the interventions concerning the person. These features are the core of the parental intervention, proposed through the narration, and are a basic instrument to express the families' educational itineraries.

The perspective of Parent's Education in the relationship between practitioners and patients takes great account of the relational emotional dynamic which is generally excluded, giving the patient a subjectivity and a dignity that allow him/her to play an active role in the therapeutic deal.

The Parent's Education Methodology

Enhancing parental skills and educational knowledge

Parent's Education Methodology was elaborated in Turin at the end of the 1990s: it consists in the theory and practice of a method able to enhance and spread the educational skills of the family. Every parent knows his/her child better than anyone else, in an intimate way, and has an *evolutionary genetic* knowledge. Every parent follows his/her child from birth, has made dreams and plans for him/her, assists him/her in his/her growth, meets his/her needs which the parent knows in holistic and psychophysical terms. Every



parent builds a project of life with his/her child and for his/her child and is the first link in an ecologic context within which the child grows up and develops his/her own personality.

We are leaving behind the paradigm of the family negativity, heritage of conceptions according to which parents are the origin of many childhood issues. Scholars like Gustavo Pietropolli Charmet [8] or Giovanni Bollea [9] overturn this approach and highlight the *family resilience* [8]. The governments of the European Community call on member states to take *parentalité positive* into consideration [9].

The Methodology was born in the context of criticism to the positivist approach of human sciences, based on human measurability and possibility of classification. The new paradigm emphasizes the value of the person and his/her individuality. The cultural psychology put forward by Bruner and the historical and cultural method of Vygotskij underline that the formation of personality takes place from an evolutionary point of view within an individual story. During growth, the story of this evolution builds up the parents' cognitive heritage. In human sciences, it is necessary to *integrate general, abstract and theoretical knowledge*, with complementary knowledge characterized by specificity: the knowledge of the experience [10].

Actions of Methodology

Parent's Education is a path functional to the enhancement of educational knowledge and skills of parents. It suggests three actions, the achievement of which allows to highlight, use and spread the enormous educational reservoir represented by the itineraries of growth promoted by families.

The first one consists in *the collection, publication, spread* of the accounts of the parents' educational itineraries; the second one in *the training of experts dealing with human relationships (teachers, educators, doctors, nurses, judges, social workers, etc.)* through the account of the families' educational paths, included in a proper framework from an epistemological point of view; the third one in *the analysis and study of parental accounts and in the spread of the Methodology*.

Implemented educational values

The narration of educational itineraries of parents allows to gain awareness of their educational role and social dignity [11]. The accounts underline the existence of implemented values linked to parenthood and the parents' function as mediators of growth. They do not offer general indications, abstract recommendations, but they are expression of parents' activities. These itineraries have a cognitive and educational value. Parents do not suggest solutions, they only talk about the educational itineraries carried out with their children. They are a direct evidence leading to changes in those who listen to them.

One of the most significant actions of the Methodology is the training of professionals dealing with human relationships within an epistemological framework that presents the scientific objectivity and the pedagogical value of the family educational skills. The parental professionalism connects to that of experts who acknowledge them as helpful interlocutors able to transmit pedagogical values (responsibility, identity, hope, confidence, upbringing) which the experts can use within the professional practice.

Pedagogy of responsibility

It is the basis of parental upbringing: the child belongs to it and there is no one that can take care of him/her with the same intensity. A very close bond and a form of upbringing that is shaped on this approach develop. The family is responsible for the child's upbringing in front of the world. The child's success and happiness is the family's success and happiness. It cannot quit, it cannot resign. It cannot blame other institutions. This responsibility, taken positively, provides the family with a strength and a capacity that no other educational agency has. It must succeed. It must find solutions. That is why it should have organization and research skills. The pedagogy of responsibility makes it impossible to seek loopholes or alibi: the child must grow up, and he/she must do it properly. The village community that allowed everyone to intervene in issues regarding the child and the extended family and in which the parental roles were taken collectively, has disappeared. Currently, the upbringing of children is up to the couple or, as it often happens, to a single parent. The sense of continuous and conscious responsibility, borrowed from the family, is functional to the tasks undertaken by schools and health institutions which must verify the results of their action in the long term.

Pedagogy of identity

Becoming a person means acquiring identity and, above all, recognizing and accepting it. This does not pass through a single activity linked to the individual, but through a social action. We identify ourselves with the others through the others. And the others, in the most difficult and delicate moment of a child's growth, are our parents. They are the ones who, from the outset, outline the relationship of the man with himself. For both mother and father their child is the most beautiful and intelligent child in the world, he/she is unique, and it must be this way, otherwise that investment of human energies that is the children's growth would not take place. The child has the need to feel that he/she is unique in the world, which is a fundamental condition to accept himself/herself. Qualities forming the person will develop from this gained awareness and the more they will be based on the acceptance of parents, the greater the self-confidence of the individual will be.

Pedagogy of hope

The drive toward the future, toward a positive development, is deeply rooted in the parents' action. Hope means growth and overcoming of difficulties, investment and tension toward a development that must take place with good results. "Fortis imaginatio generat casum" (*A strong imagination produces results*), as Montaigne emphasizes. Parents' hope is the soul of the life project, of the "think of me as an adult" hope. A dimension that was incorrectly defined irrational. Going beyond any reasonable expectation means encouraging a continuous tension toward the solution of problems.

Parents' hope is measured on the child, on his/her abilities, on the need to go further, to overcome difficulties. In this dimension there may have been excesses, due to the social abandonment of parents, left alone in front of the educational challenge. Hope is the fundamental element for a continuous search for solutions in every field of human sciences and becomes a necessary quality for the development of the person.

Pedagogy of confidence

Whereas pedagogy of hope is characterized by a 'long' dimension (in the course of one's existence, it develops in a project that aims at becoming a life project), pedagogy of confidence has a daily dimension and is more related to the ability of the individual. It is linked to choices and forces that the child deploys. He/She feels that his/her energies are not perceived as hostile or extraneous, but they are accepted and included in a project that his/her parents are aware of and responsible for. Capabilities are nourished and strengthened by a direct relationship: parent's confidence does not only support the potential of the child, but it also helps this potential to grow. In addition, it is necessary when the child becomes aware of his/her own capabilities and begins to make choices. Parents know him/her better than any other person and their support and approval have an incomparable weight. They are instruments of growth through which the family gives autonomy to the child and takes him/her away from itself, while, on the other hand, preserving a very close bond that becomes stronger in the exercise of confidence.

Pedagogy of upbringing

The intervention of parents is characterized by a continuity that other educational situations do not have. Their action has the feature of a scientific experiment of which they lay the foundations and which they can follow in space and time. They witness the development of a personality that they determine and by which they are determined. They are driven and encouraged by the child's physical and spiritual evolution and become more likely to be won over day after day. Upbringing is a continuous bargaining that, on the one hand, does not allow any refusal to collaborate beforehand, and, on the other, requires the will to adapt to subsequent changes. Parents incessantly suggest creative solutions to situations determined by the demands of an individual in continuous development. In the current *liquid* modernity, without stable reference points, their intervention acquires significant importance because, in addition to their necessary flexibility, they must simultaneously set stable guide lines, functional to a safe development, directed towards constant values.

Medical Professionalism and Parent's Education Methodology

'Parent's Education' and International Classification of Functioning (ICF)

ICF is an innovative tool that has its roots in the reflection on medical practice, clinical outcome and human beings' relationship with human and natural environment. The Alma Ata declaration, based on well-being, lays the foundations for a social enlargement of medical professionalism, by trying to raise people's awareness through major campaigns for prevention. As a result, the individuals and the citizen – medical staff collaboration should engage in the construction of health. Medical action is set on human development and well-being, linking pedagogy, the science of upbringing, to medicine, the science of guardianship, in a mutual functionality that is at the heart of ICF. Family intervention is considered as the first moment of the guardianship-upbringing relationship in a holistic dimension which refers to the uniqueness of the person and the complexity of the relationship between individuality and corporeality.

Connecting ICF to Parent's Education means that we need to go to the roots of the philosophy underlying it [13]. Every parent, due to the specificity of his/her task, possesses a comprehensive overview of the person and a tension of growth based on positivity and functioning. His/her action is directed to development, in a progressive vision deriving from the necessity to satisfy the ever changing needs of the child. Pedagogies of responsibility, identity, upbringing, hope and confidence, identified by the Methodology, are the basis for the professionalism of those who use and apply ICF.

The classification does not only concern health and functioning, but also disability, analyzed as part of the differences characterizing humanity and of the specificity of each person as *universal situation*. ICF does not only deal with "what people cannot do" but also with what they "can do"; the example is set by Stephen Hawking who is a disabled person, but also the greatest contemporary astrophysicist.

This approach can be defined as *new culture of disability* [14], which is the result of the struggles and aspirations of families that, their child with a disability was born, were told by professionals what their child *was not and could not do*. By highlighting the family point of view, the Parent's Education Methodology rationalizes the approach of taking the person's positivity and resources as well as the research of his/her capacities as a starting point, making this approach systematic. ICF sort of classifies this drive towards health which cannot be separated from parents' attitude of upbringing.

The Methodology instrument *With our eyes*, the introduction of the child made by his/her parents, is functional to the drafting of the Contextual factors described in the ICF Introduction of the text, which underlines the Personal factors *are a component of Contextual factors but are not classified because of the great social and cultural variability associated with it*. ICF *does not classify people, but describes the situation of each person within a series of health domains or the states associated with it*. In addition, *the description is always carried out within the context of environmental and personal factors* [15].

Personal factors, which are fundamental in ICF systemic logic, concern: *lifestyle, habits, upbringing received, adaptability, social background, events of past life and contemporary events* [15]. They are basic indications that represent the family heritage and knowledge for youngsters and people with a disability.

'Parent's Education' and Narrative Based Medicine (NBM)

The account of educational itineraries is the basis of Parent's Education Methodology. Each of us has a personality as a result of our story, that represents the family heritage, in particular for youngsters or people with a disability. Parents are the best connoisseurs of their children and this knowledge is expressed in terms of narration, used in all times, in all cultures, in all social classes, in all the peoples of our planet, as the cognitive instrument par excellence within human sciences.

Medicine acknowledges narration as an instrument functional to the tasks of health professionals. In 1998, thanks to the publication of the text by Greenhalg and Hurwitz (16) the term Narrative Based Medicine (NBM) was spread. Rita Charon, author of the book *Narrative Medicine, Honoring the Stories of Illness*, defines narrative medicine as *a medicine able to acknowledge, absorb, understand and share the stories of illness*. *It starts off as a response to a health system that often puts bureaucratic and corporative interests above patients' needs and makes them feel alone and unheard* [17]. Doctors' accounts and the follow-up of the patients' stories realize the ethics of acknowledgment in the health field: the patient is considered in his/her



personality and relational nature, in evolutionary terms and, above all, in his/her subjectivity. This promotes respect, listening and better relationship between medical staff and the patient.

Parent's Education Methodology identifies in the Narrative Based Medicine the possibility to integrate the knowledge of parents with the knowledge of doctors. It acknowledges the possibility of a knowledge able to open new horizons for medical professionalism and establish a therapeutic educational deal with patients. These new horizons are no longer based on the voluntaristic approach of few well-disposed doctors, but on the ethics and practice of professionalism. Listening without interrupting and without interpreting the narration of a parent becomes professionalism, that is what the dawning cognitive medicine promotes.

'Parent's Education' and Cognitive Medicine

The cognitive revolution brings the complex role of cognitive processes to the foreground; neurological sciences develop an approach that enhances the rooting of our mind in the brain, make it part of experience and culture and acknowledge that emotions are fundamental to organize our thought and behaviour [18]. The cognitive process starts from the experience of having a body with specific sensory capacities and a significant relational nature. The understanding through an abstract cognitive competence is important, but the emotional experience allows to understand the others' point of view and motivations.

This empathic exchange is made possible by the narration, and, for children and people with disabilities, by the stories and the account of their parents' educational itineraries. Richard Horton, publisher of the *Lancet* journal, stresses that *traditional training leads doctors to separate evidence from the ordinary experience of clinical visits. The fact that they favour unsituated evidence over situated experience means that the issues affecting a person's life receive little attention* [19]. Yet, it is precisely the narration of everyday life made by the patient that offers the possibility to prevent errors in health care.

Doctors are not infallible. Each doctor can make mistakes in diagnosis and treatment. But their frequency and severity can be reduced by understanding the way in which medical staff think and how they can think better. According to what Jerome Groopman (professor of General Medicine at Harvard University) states, *doctors desperately need patients, families and friends to help them reflect...Without this aid, they will be denied access to key factors for the detection of the problem* [20].

By setting the stories told by families to professionals in formative structured itineraries, as an instrument for "cooperation" and awareness of the common path of guardianship and upbringing, Parent's Education Methodology builds bridges of therapeutic educational collaboration.

Training according to Parent's Education Methodology in the health field

The Methodology constituted a training event for the SIPeM Executive Board at its meeting in Florence on May 5, 2009. The following year, it provides the workshop for Training - trainers within the framework of the 15th Congress of the Association that took place in Turin.

It became part of the university training as a quality instrument for medical professionalism. It is present in Degree courses in Nursing Sciences of the Faculty of Medicine and Surgery: in Turin it is proposed as Elective course twice a year and was the object of study for Thesis. In Milan, at the Cà Granda-Niguarda Hospital, it was part of the training process to Tutors and students.

It is studied in the context of the Master's degree for medical professions: in June 2006, it was included in the Master Degree in Medical Humanities organized by the higher education institution for medical training in the Italian part of Switzerland in collaboration with the Faculty of Medicine of the University of Geneva, Fondazione Sasso Corbaro, Bellinzona (CH); in October 2010, it was included in the interfaculty Master Degree of first level in Nursing Training of Family and Community.

Training according to the Methodology carried out at the Local Health Authorities are aimed at the achievement of the educational/therapeutic Deal between medical - nursing - rehabilitative staff, the patient and his/her family, stressing the value of parenthood as professionalism in the relational dimension of the therapeutic activity (21). Among refresher and training courses, we can mention those that took place at ASL (Italian Local Health Authority) To 8 (Area of Carmagnola, Civil Hospital, Neonatology Area, November 2002); ASL Pi 5 (Pisa Department of Social Services, multidisciplinary operational Group, June 2006); ASL

To 7 (Neuropsychiatry Savigliano (TO) April 2006); ASL Mi 10 (Uonpia Cusano Milanino) March 2008); ASL To 4 (Home Services, Area of Settimo).

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