



*BODY Culture, Body, Gender, Sexuality in Adult Trainings*

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*Critical Incidents*

***HEALTH***

*[English]*

2013

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Quick summary of critical incidents related to HEALTH				
Belgium	Denmark	France	Hungary	Italy
	Accompanying death in the hospice	Water	Abortion	Sealed lips
	Babies wrapped up	Contraception	Drug habits	

### CRITICAL INCIDENT: Accompanying death in the hospice

<b>Name of organisation:</b> mht consult							
<b>Country:</b> DK							
<b>Date of recording the critical incident:</b> 2012							
Professional domain of the narrator	Gender edu	Health edu	Sexuality edu	Training concerning disability	General intercultural edu	Physical edu / sport	Other
					x		
Sensitive zone	<p>What do you think are the “sensitive zones” that are the key issues of this critical incident? (eg: sexuality, gender relations, aging, conceptions of the body, non-verbal communication,</p> <ul style="list-style-type: none"> <li>Professional versus private care of terminal ill family members.</li> <li>Concept of family responsibility.</li> <li>Attitude towards illness/death/body.</li> <li>Professional identity.</li> </ul>						
Culture of the person experiencing the shock	<p>What are the cultural reference frames of the narrator of the shock that may have played in the shock experience? (think beyond nationality / religion to also: age, gender, sexual orientation, political standpoint, disability, particular subculture, etc.)</p>						
	<p>The narrator is a Danish female nurse, 38 years old at the time, working in a hospice. The narrator is part of a nuclear family herself, having 3 sons and a husband. Like many Danish families she has a Christian background, but is not an active believer in daily life.</p>						
Culture of the person “causing” the shock	<p>What are the cultural reference frames of the interlocutor of the narrator who is at the source of the shock that may have played in the shock experience? (think beyond nationality / religion to also: age, gender, sexual orientation, political standpoint, disability, particular subculture, etc.)</p>						
	<p>The other protagonists are A) A Japanese female patient in the hospice, 72 years old – and B) the patient’s son believed to be same age as the nurse at the time, 38 years old. It is not known whether the son in the incident was the only adult child in the family, but apparently he was the only adult child living in DK at the time. Like many Japanese people they profess presumably to Buddhism or Shintoism. But similar to the Danish nurse they are apparently not very active believers.</p>						
Describing the SITUATION							
<p>Please give a short account (10-15 sentences) of a critical incident you experienced. Write from your own point of view. Include where and when the incident took place.</p>							
<p>I was working as a nurse in a hospice in the Metropolitan area in Denmark. One day a terminal ill Japanese</p>							



woman was admitted to the hospice. As staff we expected to deliver the usual extensive, professional care. But we soon realized that the adult son of the woman had planned to stay in the hospice around the clock. The son actually insisted on doing everything for his mother. Even when we tried to persuade him to continue his daily life and let us do our professional tasks, he went on caring for the mother. As professionals we were only allowed to do those treatments, which were painful for her.

## 1. Elements of the SITUATION

*How many people were present? How many women / men? What did the space look like, how was it arranged? (sketch of the arrangement if relevant / possible). Who were the protagonists? Was there any history between them (personal or cultural)? Try to be as objective as possible.*

*Relationship between the two groups (eg. colonial history, majority – minority)*

The incident took place in a private hospice in the Metropolitan area in Denmark. Like most private hospitals and hospices in Denmark this hospice is very well equipped and with proper staffing. People pay, and the costs cover all necessities in palliative treatment and care. It is not known how many patients were in this hospice at the time for the incident, but usually the Danish hospices are rather small units. It is unknown why and for how many years the Japanese family live in Denmark. The Danish nurse telling the incident had other patients in her daily job.

## 2. EMOTIONAL REACTION

*How did you feel in this situation?*

The nurse – as well as her colleagues - felt restrained and limited in her professionalism, since she was to some degree prevented from performing her professional duties and activities as usual.

This also led to a feeling of being repudiated and distrusted in her professional identity and competence.

She felt powerless, being a professional, but not able to support the patient in a proper way, seen from her own self-understanding.

## 3. What norms / values / representations did the incident touch / threaten / question in you?

The nurse expressed the normative significance as a disrespect and limitation of her professional ethics. This is not at the least a very serious matter in medical world, where people are dependent on nurses and doctors professionalism. Thereby the incident gave raise to more normative dilemmas:

**The professional identity:** As a nurse, it is the narrator's task to support the patient; she is part of the structure of the hospice here. By taking over her job, she felt that her expertise is not recognised, and her professional identity is questioned.

**The professional authority:** Furthermore, the authority of both doctors and nurses in the medical world is still quite strong. Even though there may have been many examples of medical carelessness, the authority is in general unbroken. Thus, the action of the adult son works as a degradation of the usual authority in the Danish context. This also works for female nurses, not only doctors.

**The attitude towards illness, bodily decay and death:** In Western societies, many laymen are distant from illness, bodily decay and death. These fundamental human matters have been institutionalized, so to speak. In accordance with this paradigm children - even adults – are not supposed to witness the dying process of a parent or other close relationships. Bodily decay and death are almost matters of taboo.

### **Concept of a family, role of children:**

The Western/Danish family is in general nuclear, which also implicates that generations do not stick together as closely as in the former days. Generally spoken, family members are not so dependent as they used to be in a historical light. This is the other side of the institutionalization of illness and death.

### **Individualism:**

Furthermore, the family structure and diminished responsibility and reciprocity implies that each family member has "a right" to follow her/his own needs foremost. Staying day and night by the mother's side



would in general be perceived as a sacrifice and not a wish to be close in the process of death.

#### 4. Based on the analysis of question 3 what image do you have of the other person?

*e.g. positive, negative, neutral, bizarre etc.*

Seen from the “Western” perspective the nurse and her colleagues got the impression that the Japanese mother somehow dominated her son. It seemed as if the mother wouldn’t allow the son to have his own life. The relationship between mother and son was interpreted as if the mother had excessive expectations and demands to her son.

At the same time, the son seemed to be too considerate. The staff maybe looked a little bit down on the son, while he was so obviously given up his own life in this period of time. In their eyes he failed to fulfil his own needs, though he is a grown up man.

Thus, the general view on the Japanese family was not entirely negative, but somehow sceptical and dissociative.

#### 5. What could be the norms / values / representations of the other person / culture that led to the specific behaviour that caused the shock experience?

*(Hypothesis !)*

The interpretation of this incident may follow to directions:

- A family track.
- A economic track.

**According to the family track**, the Japanese/Asian family in general has other norms, values and traditions as for taking care of each other within the family. These are norms and values as:

- Respect for elderly people and parents.
- Higher priority and primacy of collective family needs for individual needs.

In addition, there may still be active hierarchies within the families in the way that elderly people enjoy a special respect and should be obeyed.

**According to the economic track**, Japanese citizens are used to a hospital system, where they pay for the care of family members hospitalized. This may represent high costs that the families may reduce by providing some of the daily care themselves.

It is reasonable to believe that the Japanese son not only was acting upon family structures and cultural traditions. He may as well be acting upon the economic expenses by taking over the main part of the daily care of his mother in the hospice.

#### 6. Does the situation highlight any problem concerning the professional practice, or in general about the respect of cultural differences in intercultural situations?

**Firstly**, there is a significant dilemma between the norms and traditions of the Japanese/Asian family and the Danish/Western welfare system, where “the state” has taken over both the responsibilities and the care of the traditional family in civil life. The incident shows the importance of being aware and conscious of different norms and traditions and expectations concerning care of ill family members.

**Secondly**, there may be important economic motivations behind the son’s behaviour. He may believe that he can reduce the costs by taking over as much as possible himself. Seen in this light the incident give reasons to wonder, whether the son and his mother were properly informed about the Danish subsidy system, also in a private hospice.

## CRITICAL INCIDENT: Babies wrapped up

<b>Name of organisation:</b> mht consult							
<b>Country:</b> DK							
<b>Date of recording the critical incident:</b> 2012							
<b>Professional domain of the narrator</b>	Gender edu	Health edu	Sexuality edu	Training concerning disability	General intercultural edu	Physical edu / sport	Other
		x			x		
<b>Sensitive zone</b>	<p>What do you think are the “sensitive zones” that are the key issues of this critical incident? (eg: sexuality, gender relations, aging, conceptions of the body, non-verbal communication,</p> <ul style="list-style-type: none"> <li>Cultural norms of proper babycare.</li> </ul>						
<b>Culture of the person experiencing the shock</b>	<p>What are the cultural reference frames of the narrator of the shock that may have played in the shock experience? (think beyond nationality / religion to also: age, gender, sexual orientation, political standpoint, disability, particular subculture, etc.)</p> <p>The narrator is a Danish female nurse, aged 52 at the time. The nurse has been educated for around 20 years and thus has many years of professional experience from various parts of the health care sector. She has earlier been working as a home nurse, visiting a broad group of especially elderly citizens, who also included ethnic minorities. Normally, she has not been working in the maternity ward.</p> <p>She is the mother of 3 grown up sons, but wasn’t a grandmother at the time for the incident.</p>						
<b>Culture of the person “causing” the shock</b>	<p>What are the cultural reference frames of the interlocutor of the narrator who is at the source of the shock that may have played in the shock experience? (think beyond nationality / religion to also: age, gender, sexual orientation, political standpoint, disability, particular subculture, etc.)</p> <p>A number of immigrant and apparently muslim mothers at the maternity ward of a hospital in Denmark. Since the narrator was not herself involved neither professionally or personally in the women’s maternity or further situation, she would not know about their homelands, stay in Denmark, age, education etc. But the idea of the critical incident is that the narrator as a professional “passers-by” in the maternity ward was deeply surprised by the treatment of the newborn babies and thereby experienced a cultural shock at a small distance so to speak.</p>						
<b>Describing the SITUATION</b>							
<p><i>Please give a short account (10-15 sentences) of a critical incident you experienced. Write from your own point of view. Include where and when the incident took place.</i></p>							
<p>I was working as a nurse in the local hospital in my hometown. In a short period I was assigned to the maternity ward in order to solve some tasks not directly linked to the care of mothers and babies. A I noticed though that among the new mothers were several women with an immigrant background. I didn’t have much contact with the women, but I assumed that some of them were multipara, who were used to take care of newborns. Then one day I witnessed that a group of the immigrant mothers were wrapping up their newborn babies very tightly as if the babies were mummies.</p>							
<b>1. Elements of the SITUATION</b>							
<p><i>How many people were present? How many women / men? What did the space look like, how was it arranged? (sketch of the arrangement if relevant / possible). Who were the protagonists? Was there any history between them (personal or cultural)? Try to be as objective as possible.</i></p>							



<i>Relationship between the two groups (eg. colonial history, majority – minority)</i>
<p>The incident took place in the care facilities at the maternity ward of a Danish provincial hospital. A number of immigrant women – perhaps 4 or 5 – were present, nursing their newborn babies and wrapping them up in towels and similar clothings from hospital equipment.</p> <p>The women were of different ages, and a couple of them were probably multipara. Some of them or perhaps all of them were probably muslims. A professional nurse came by and noticed the women’s handling of the baby care. The nurse was not familiar with the women, nor did she usually work at the maternity ward of the hospital. The nurse had a long professional career, though, as a Danish nurse. She also had at least some experiences nursing elderly immigrants.</p>
<b>2. EMOTIONAL REACTION</b>
<i>How did you feel in this situation?</i>
<p>At first sight the narrator could hardly believe her own eyes, because the treatment of the newborn babies was so unusual in a Danish context. The narrator describes her reaction in this way that she felt as she had fallen into a time warp and watched a scene from the old days.</p> <p>Her second reaction was a kind of outrage, while the immigrant mothers in her opinion were giving their newborn babies a wrong treatment, restricting their freedom of movement.</p>
<b>3. What norms / values / representations did the incident touch / threaten / question in the narrator?</b>
<p>From the narrator’s professional training and experience the wrapping up method seemed very oldfashioned and abandoned a long time ago in Denmark. In her point of view the wrapping up method prevents the newborn child from moving body and limbs. It also prevents the baby from a close body contact with the mother or father in the first period of life, which today is known as a very important part of the further physical and mental development of the child. Seen in this light and from the narrator’s professional position, the immigrant women did all the opposite of what is emphasized in the care of newborn in a Danish context.</p>
<b>4. Based on the analysis of question 3 what image do you have of the other person?</b>
<i>e.g. positive, negative, neutral, bizarre etc.</i>
<p>The narrator got the impression that these mothers with foreign backgrounds were slightly backward in their attitudes to the motherhood and childcare. The narrator consequently got the feeling that the immigrant mothers were ignorant about children's development and needs, even though they came from cultures with many children and large families. The narrator used the expression herself that it crossed her mind that the mothers were kind of living in another age.</p>
<b>5. What could be the norms / values / representations of the other person / culture that led to the specific behaviour that caused the shock experience? (Hypothesis !)</b>
<p>In earlier times there was also a tradition in Denmark to wrap up babies. The idea was that children were more comfortable being wrapped up tightly. It was also believed that the wrapping up method was important for the posture of the child. Nowadays, the attention of the scientific health research denounced these perceptions, and therefore the nurse in this incident considers the immigrant mothers with great suspicion and perhaps even with a touch of contempt, while they – from a modern scientific point of view – are acting contrary to all scientific knowledge. The mothers – on their side – may build their practice on inherited traditions and experiences that they do not question, since they are in fact functioning.</p>
<b>6. Does the situation highlight any problem concerning the professional practice, or in general about the respect of cultural differences in intercultural situations?</b>
<p>The incident may reflect a cultural clash between a scientific and a common people’s approach to childcare</p>



and newborn babies needs and treatment.

The nurse wasn't in charge in the situation – and not at all associated to the maternity ward and care of mothers and babies. But it may be important in such situations to confront the women in an appreciative way – asking about the experiences, considerations and traditions which lie behind this practice. In the end, the mothers are free to chose their own methods, but it is known from a lot of courses targeted at immigrant women that they in general are very interested in learning about other (Western) traditions of childcare and parenting etc. This can be done respectfully and without rejection of their own traditions and experiences.

## CRITICAL INCIDENT: Water

<b>Country:</b> France							
<b>Date of recording the critical incident:</b> 2012							
<b>Professional domain of the narrator)</b>	Gender edu	Health edu	Sexuality edu	Training concerning disability	General intercultural edu	Physical edu / sport	Other
		X					
<b>Sensitive zone</b>	What do you think are the “sensitive zones” that are the key issues of this critical incident? (eg: sexuality, gender relations, aging, conceptions of the body, non-verbal communication, Health)						
<b>Culture of the person experiencing the shock</b>	What are the cultural reference frames of the narrator of the shock that may have played in the shock experience? (think beyond nationality / religion to also: age, gender, sexual orientation, political standpoint, disability, particular subculture, etc.)						
	Female, 38-years-old, psychomotor/movement therapist (she helps clients dealing with issues related to movement, coordination and body awareness), working part-time in a hospital and part-time in private practice. In a relationship with a young physiotherapist, has lived in Paris for 10 years, the rest of life in Poitiers. Politically she describes herself as left-wing but non-militant. She comes from a family of health practitioners (mother a nurse, father a physiotherapist).						
<b>Culture of the person “causing” the shock</b>	What are the cultural reference frames of the interlocutor of the narrator who is at the source of the shock that may have played in the shock experience? (think beyond nationality / religion to also: age, gender, sexual orientation, political standpoint, disability, particular subculture, etc.)						
	Young woman aged 18. Student. From Ivory Coast. Practicing Muslim. Comes from a relatively homogenous cultural background (West African immigrants). Referred to the relaxation workshop by her doctor after experiencing back pains.						
<b>Describing the SITUATION</b>							
<i>Please give a short account (10-15 sentences) of a critical incident you experienced. Write from your own point of view. Include where and when the incident took place.</i>							
<p>The situation took place at a first meeting in the context of a motor skills and relaxation workshop for a group of 5 women who all came for different reasons. It took place at my office and I led the group. It was very hot and there were two electric fans, but they did not provide much relief unfortunately.</p> <p>The participants were performing an exercise with gymnastic balls, which requires using bodily energy. Given the heat, I handed out water so that they would be kept hydrated and they all accepted except for one young woman who thanked me politely without further explanation. They continued with the activity and a few minutes later I noticed that the young woman was perspiring and pale, so I went over to her with a bottle of water telling her that this time she would absolutely have to drink to hydrate and refresh herself a little, or she would face a drop in blood pressure. The young lady refused, telling me that she could not because she was observing Ramadan and that I shouldn't worry, that she was feeling fine and that she was used to withstanding high temperatures without drinking water.</p> <p>I was very concerned that she would grow faint so I suggested that she stop the exercise in order to rest a little. The young girl insisted on continuing, so I became stricter, telling her that if something happened to her I would be responsible professionally. I told her that I accepted her beliefs and ideas but that there were rules in my office, too, and that one of those rules was not to put oneself in physical danger. Faced with her</p>							



insistence, I told her clearly that if she would not agree then she could leave the room. The young woman took her things without a word and just before she closed the door she said “You should know that this is discrimination and I will not tolerate it”.

**1. Elements of the SITUATION**

*How many people were present? How many women / men? What did the space look like, how was it arranged? (sketch of the arrangement if relevant / possible). Who were the protagonists? Was there any history between them (personal or cultural)? Try to be as objective as possible.*

*Relationship between the two groups (e.g. colonial history, majority – minority)*

Office of a psychomotor therapist in a town in the northern suburbs of Paris. The room is about 30m<sup>2</sup>. There are no chairs, simply big and small balls to perform exercises and individual mats. There are 5 women: one is 18, two others around 30 years old and two more around 45. The group was originally heterogeneous with regards to ethnic origins (3 immigrants, 3 French, one of whom was originally from the Maghreb). The participants were in a circle, sometimes lying or sitting on the floor, sometimes on the balls, depending on the kind of exercise. The instructor walked around the room giving instructions and checking that the women understood. Sometimes she stopped with one or another of them to correct a position or to help with certain movements.

The relationship between the ethnic groups of the people: the immigrant women and the participant with an immigrant background were from countries that had previously been French colonies (Ivory Coast, Tunisia, Algeria)

**2. EMOTIONAL REACTION**

*How did you feel in this situation?*

I felt very disturbed, a little worried because I had the impression that the participant had devalued my professional capacity and that my rules meant nothing. I experienced a kind of ambiguity between anger and anxiousness, anger at the contempt for what I was explaining and anxiousness that the participant might feel faint. Finally, rage at being accused of discriminating against participants. Troubled.

**3. What norms / values / representations did the incident touch / threaten / question in the narrator?**

For the narrator, while it is very important to have beliefs and a rich spiritual life, there is a limit: psycho-physical health. Physical integrity must take priority, it is the basis on which to have a fuller spiritual life.

Also, if a training is being given or if you take part in any kind of workshop, the rules that exist must be respected, and the message and the arguments of the person in charge of the event must be taken seriously, otherwise there is no point in taking part. If religious beliefs are not compatible with the workshop, the workshop must be avoided.

**4. Based on the analysis of question 3 what image does the narrator have of the other person?**

*e.g. positive, negative, neutral, bizarre etc.*

The narrator had a negative image of the participant in question because of her disregard for the narrator’s rules and her accusation of discrimination. She viewed her as a fanatic capable of anything for her beliefs.

**5. What could be the norms / values / representations of the other person / culture that led to the specific behaviour that caused the shock experience?**

*(Hypothesis !)*

**Religion** is the basis of all our actions, guiding and protecting us. It is everywhere all the time, it is our framework.

**Hydrating, drinking water** is important but it is not necessary to drink all the time. During Ramadan, it is possible to drink and eat sufficiently at night and that provides energy for the rest of the day.



**Perspiring** is a natural thing when it is hot and not a sign of faintness.

Not respecting the decision of the young woman to not drink and making rest and hydration as conditions (forbidden during Ramadan) for continuing with the exercises is **discriminatory**.

The young woman seemed to be strongly guided by religious doctrine and her superego.

**6. Does the situation highlight any problem concerning the professional practice, or in general about the respect of cultural differences in intercultural situations?**

It can be difficult to draw the line between respect for others and professional responsibility and to define the hierarchy of needs. Is it possible that spiritual needs take precedence over those of the body? Another issue in this situation is the border between the right of the trainer to determine what takes place during her training and to ensure the safety of the participants and the right of an adult participant to take responsibility for her own actions.

**OTHER RELEVANT INFORMATION**

The young woman never returned to the workshop. The psycho-motor therapist stands by her position.

## CRITICAL INCIDENT: Abortion

<b>Name of organisation:</b> CORDELIA FOUNDATION						
<b>Country:</b> Hungary						
<b>Date of recording the critical incident:</b> 13 April 2012, Budapest Ars Erotica Foundation - Hungary						
<b>Professional domain of the narrator</b>	Gender edu	Health edu	Sexuality edu	Training concerning disability	General intercultural edu	Physical edu / sport
	X	X	X			
<b>Sensitive zone</b>	What do you think are the “sensitive zones” that are the key issues of this critical incident? (eg: sexuality, gender relations, aging, conceptions of the body, non-verbal communication,					
	sexuality, conceptions of the body, family roles, gender roles, human life, private versus professional points of view, religion-values on human life					
<b>Culture of the person experiencing the shock</b>	What are the cultural reference frames of the narrator of the shock that may have played in the shock experience? (think beyond nationality / religion to also: age, gender, sexual orientation, political standpoint, disability particular subculture etc)					
	35-year-old, white, urban, highly educated, independent, left-wing woman, professional, family-counsellor, psychologist,					
<b>Culture of the person “causing” the shock</b>	What are the cultural reference frames of the interlocutor of the narrator who is at the source of the shock that may have played in the shock experience? (think beyond nationality / religion to also: age, gender, sexual orientation, political standpoint, disability particular subculture etc)					
	a religious Afghan family, they are refugees in a Hungarian refugee camp, they live in instable and dependent social and economic situation, clients of the Cordelia Foundation (the narrator belongs to)					
<b>Describing the SITUATION</b>						
<i>Please give a short account (10-15 sentences) of a critical incident you experienced. Write from your own point of view. Include where and when the incident took place.</i>						
<p>The incident happened in a refugee camp in Debrecen (Hungary) and involved an Afghan family. The husband was severely tortured and traumatized. The wife suffered a lot, too, and was psychically unstable. They have two young children. The husband is often irritated, loses temper and hits his older son. The husband and wife argue a lot.</p> <p>The family was attending a family therapy. The therapy had been going on for one year when the wife confessed that she had fallen pregnant by accident. They lived below the subsistence level and under lots of stress. They could not afford to have a third child, however, abortion is prohibited by their religion.</p> <p>During the therapy we discussed unwanted pregnancy and the options they had. On the one hand, I was aware that a new baby would be a risk to the whole family, on the other hand I was aware of their cultural background and the fact that abortion was not allowed by their religion. As a therapist, I felt that by giving them specific advice and guidance I would cross the line, however, I wanted them to avoid another traumatic situation.</p>						
<b>1. Elements of the SITUATION</b>						
<i>What happened? Where did it happen? Who were the protagonists? Was there any history between them (personal or cultural?)? Try to be as objective as possible.</i>						
It happened in the family’s room in the refugee camp. The protagonists were: the narrator (therapist, the						



family: father, mother and the two children)
<b>2. EMOTIONAL REACTION</b>
<i>How did you feel in this situation?</i>
Inside me there was a conflict between the worrying private person and the professional helper. I was frustrated not being able to help them avoid the situation and that the new baby would be at risk and just aggregate the conflict within the family. On the other hand, I knew I had to respect the family' standpoint.
<b>3. What norms / values / representations did the incident touch / threaten / question in the narrator?</b>
<ul style="list-style-type: none"><li>- valuing life over everything else</li><li>- respecting, accepting and understanding the other person</li><li>- personal vs. professional convictions</li></ul>
<b>4. Based on the analysis of question 3 what image does the narrator have of the other person?</b>
<i>e.g. positive, negative, neutral, bizarre etc.</i>
ambivalent: wise and obstinate at the same time
<b>5. What could be the norms / values / representations of the other person / culture that led to the specific behaviour that caused the shock experience? (Hypothesis !)</b>
<ul style="list-style-type: none"><li>- Respect for human life over everything else.</li><li>- Respect for God, following religious rules.</li><li>- Superstition as a value that must be followed.</li><li>- Faith in human values.</li></ul>
<b>6. Does the situation highlight any problem concerning the professional practice, or in general about the respect of cultural differences in intercultural situations?</b>
humility, obedience, faith
Concerning the narrator's professional practice it is a constant problem how to reconcile the conflict between the private person and the professional helper. How to help clients avoid a situation which just aggregate the conflict within the family. On the other hand how to respect the family' standpoint, their values and beliefs. The only good answer probably is a mutual conversation between the helper professional and the clients in order to help them adapt their cultural reference frame into their new life situation.
One may also interpret this incident as a thoroughly professional dilemma, since the question of saving life could be seen entirely from the sight of the family.

## CRITICAL INCIDENTS: Drug Habits

<b>Name of organisation:</b> <i>Blue Point – Needle-exchange program</i>						
<b>Country:</b> <i>Hungary</i>						
<b>Date of recording the critical incident:</b> <i>13 April 2012, Budapest / Ars Erotica Foundation</i>						
<i>These keywords will be used to search our “database” of critical incidents. You may note several answers for each incident.</i>						
<b>Professional domain of the narrator</b>	Gender edu	Health edu	Sexuality edu	Training concerning disability	General intercultural edu	Other
	x				x	drug users, family
<b>Sensitive zone</b>	<p>What do you think are the “sensitive zones” that are the key issues of this critical incident? (eg: sexuality, gender relations, aging, conceptions of the body, non-verbal communication)</p> <p>family roles, education, parent-child relationship</p>					
<b>Culture of the person experiencing the shock</b>	<p>What are the cultural reference frames of the narrator of the shock that may have played in the shock experience? (think beyond nationality / religion to also: age, gender, sexual orientation, political standpoint, disability particular subculture etc)</p>					
	non-Roma, urban, educated woman, in her 20s, not a drug user					
<b>Culture of the person “causing” the shock</b>	<p>What are the cultural reference frames of the interlocutor of the narrator who is at the source of the shock that may have played in the shock experience? (think beyond nationality / religion to also: age, gender, sexual orientation, political standpoint, disability particular subculture etc)</p>					
	teenage Roma girl, intravenous drug user, 19 years old.					
<b>Describing the SITUATION</b>						
<i>Please give a short account (10-15 sentences) of a critical incident you experienced. Write from your own point of view. Include where and when the incident took place.</i>						
<p>The incident happened in March at an interview, as part of the Needle exchange program ( I had been working on my professional thesis).</p> <p>My interviewee (informant whom I selected for my thesis) talked to me about her drug using habits. She was a 19-year-old girl and said that since her older siblings were intravenous drug users, her parents “expected” her to become one, too. So the news did not take them by surprise, they were recipient to their daughter’s drug usage (parents actually consider the daughter a “user” equal to other kind of usage as cosmetics ). They support her financially to help her buy drug and they have come to terms with that fact that their daughter has chosen such a life. They don’t try to motivate her to quit drug usage. The girl expected her parents to react this way so she never tried to hide her drug usage, she openly disclosed it to them.</p>						
<b>1. Elements of the SITUATION</b>						
<i>What happened? Where did it happen? Who were the protagonists? Was there any history between them (personal or cultural)? Try to be as objective as possible.</i>						
<p>The interview was made as part of the Needle exchange program of the Blue Point office and involved two participants: the narrator as the interviewer and the intravenous drug user as the interviewee. Later the narrator used this interview (among other ones) for her thesis as a major in social studies. This conversation was unusually long, sincere and intimate.</p>						
<b>2. EMOTIONAL REACTION</b>						



<p><i>How did you feel in this situation? The narrator is answering.</i></p>
<p>In part, the incident was positive to me as I found out intimate details about her life, so she had confidence in me. On the other hand, I was shocked how obvious it was for her that her parents support her drug usage, which is a totally unacceptable parental behaviour for me and the mainstream society.</p>
<p><b>3. What norms / values / representations did the incident touch / threaten / question in the narrator?</b></p>
<p>The incident shed light on parents' responsibility. The fundamental functions and values of family and socialisation are challenged by the fact that the girl has no problems living her life in this way as this is the role model she has seen at home since her childhood. Drug usage is not only part of her socialization but also supported by her parents. So the idea of living differently does not even occur to her. It never occurs to her to challenge the role model she follows.</p> <p>This incident made the questions of the fundamental norms of families and child-raising. This family accepts and supports an activity which is prohibited and penalised by most parents.</p> <p>In several Western countries – both in Europe and US – this incident also affects the controversial issue of legalizing some kind of drug use – in order to protect the drug addicts from crime and worst complications of health etc. In this case, that kind of considerations are taken over by the family in “good order” with common Roman family traditions.</p>
<p><b>4. Based on the analysis of question 3 what image does the narrator have of the other person?</b></p>
<p><i>e.g. positive, negative, neutral, bizarre etc.</i></p>
<p>For mainstream society, this incident may sound rather unusual, but looking at it in the context of intravenous drug users, it is not special.</p> <p>And even more: considering it in the shed of Roman survival forms and business ways it may be “natural”.</p>
<p><b>5. What could be the norms / values / representations of the other person / culture that led to the specific behaviour that caused the shock experience? (Hypothesis !)</b></p>
<p>In Roma communities, parents are in some cases rather lenient with their children: prohibition is not always usual. This is what the girl's account suggested. When she was saying that she was always free to spend her pocket money on whatever she wanted and when she told her parents that this time she spent it on drug, they did not object. They had treated her as an adult since her teenage-hood, letting her lead a life she wanted. On the other hand, however, they are in some issues also characterized of strict family order and rules. Thus, the young girl is in a way living the family's expectations. Paradoxically, she may even appear as “a good and obedient daughter”.</p>
<p><b>6. Does the situation highlight any problem concerning the professional practice, or in general about the respect of cultural differences in intercultural situations?</b></p>
<p>Yes, it highlighted some of the child-raising practices used in some Roma communities (mainly the lack of prohibition) and how this leads to drug usage.</p>

### CRITICAL INCIDENT: Contraception

<b>Country: France</b>							
<b>Date of recording the critical incident: 2012</b>							
<b>Professional domain of the narrator</b>	Gender edu	Health edu	Sexuality edu	Training concerning disability	General intercultural edu	Physical edu / sport	Other
		X					
<b>Sensitive zone</b>	<p>What do you think are the “sensitive zones” that are the key issues of this critical incident? (e.g.: sexuality, gender relations, aging, conceptions of the body, non-verbal communication,</p> <p>Sexuality and religion</p>						
<b>Culture of the person experiencing the shock</b>	<p>What are the cultural reference frames of the narrator of the shock that may have played in the shock experience? (think beyond nationality / religion to also: age, gender, sexual orientation, political standpoint, disability, particular subculture, etc.)</p> <p>25-year-old French woman interested in social/health issues. Considers herself to be open-minded. Not particularly religious.</p>						
<b>Culture of the person “causing” the shock</b>	<p>What are the cultural reference frames of the interlocutor of the narrator who is at the source of the shock that may have played in the shock experience? (think beyond nationality / religion to also: age, gender, sexual orientation, political standpoint, disability, particular subculture, etc.)</p> <p>Around 19-20 years-old and of North African background. The narrator later learns that the girl comes from a very traditional family and that there are talks of her family arranging a marriage for her. She already has a boyfriend and does not want this. The narrator does not know if the girl is religious herself or not.</p>						
<b>Describing the SITUATION</b>							
<i>Please give a short account (10-15 sentences) of a critical incident you experienced. Write from your own point of view. Include where and when the incident took place.</i>							
<p>In a health class, I discuss the issue of contraception and talk about abortion. One of my 1st year social and family economy students gets up abruptly, closes her book takes her things while loudly saying: "It is out of the question that I listen to what you say. You are encouraging girls to have sex before marriage." She then leaves. After 5 minutes of silence, I start up my course again. The student did not return. I thought of organizing a meeting with my colleagues to discuss the incident.</p>							
<b>1. Elements of the SITUATION</b>							
<i>How many people were present? How many women / men? What did the space look like, how was it arranged? (sketch of the arrangement if relevant / possible). Who were the protagonists? Was there any history between them (personal or cultural)? Try to be as objective as possible.</i>							
<i>Relationship between the two groups (eg. colonial history, majority – minority)</i>							
<p>The incident takes place in a health classroom where the students (all female) are between the ages of 18 and 22. They are a very diverse group, and there is a mix of religious and cultural backgrounds. At just 25, the narrator is not very much older than her students. She had given several lessons to this group before the incident and is used to teaching. She did not have a particularly negative relationship with the student in question before the incident.</p>							
<b>2. EMOTIONAL REACTION</b> <i>How did you feel in this situation?</i>							
<p>I was appalled and shocked, so much so that I was unable to continue my lesson for a few minutes. I felt</p>							



that I was teaching a standard health course and was not at all expecting this reaction from a student. I felt attacked.

### 3. What norms / values / representations did the incident touch / threaten / question in the narrator?

**Sexuality as a matter of health:** = scientific reference frame: it is important to be able to deal with sexual health as an objective matter, outside of the cultural context

**Women's rights and individual freedom of choice:** In contemporary European societies, individualism is the dominant orientation, bringing about a set of values such as cherishing the right of the individuals to make their own sexual choices, women's emancipation and women's rights. Being able to deal with one's body – including contraception and abortion are important achievement in an ongoing fight for women's equality.

**“Laïcité”/secularism:** The dominant French approach, linked to the republican universalism inherited from the enlightenment period requires the retreat of religion from the public sphere, including the schools. This is an important value, and when it is breached and religious concerns are brought up it is often perceived as a threat.

### 4. Based on the analysis of question 3 what image does the narrator have of the other person?

*e.g. positive, negative, neutral, bizarre etc.*

negative

### 5. What could be the norms / values / representations of the other person / culture that led to the specific behaviour that caused the shock experience?

*(Hypothesis!)*

The student's reaction could be tied to cultural or religious beliefs regarding sexuality before marriage. The narrator later learns that the student had been having family issues involving the possibility of an arranged marriage and was rather sensitive/vulnerable at the time.

*Hypotheses on cultural reference frame:*

**Acculturation, identity threat of cultural incompatibilities:** Children of immigrants often struggle with the harmonization of conflicting values. Indeed they have to find a solution to integrate the values transmitted by their parents' and family socialization and those that they have been socialized to in their social contacts and institutional education in the local culture. These values can often seem really contradictory, as in the case of arranged marriage contrasting with the current Western idea of individual freedom of choice (especially of one's partner) and the myth of romantic love.

**Marriage from a collectivist perspective:** If the idea of the individual choice and the cherishing of love stories is linked to a dominance of the value of individualism, in more collectivist societies where the main focus is not the well-being of the individual but of the community, marriage is a means of enforcing links within the community more than a means of personal satisfaction.

### 6. Does the situation highlight any problem concerning the professional practice, or in general about the respect of cultural differences in intercultural situations?

Yes. In this specific situation, the student never returned to the course. Furthermore, the incident sparked a reflection on questions of intercultural differences, which influenced the narrator's career path and further teaching practices. It made her aware of an issue she had not considered before.

### CRITICAL INCIDENT: Sealed Lips

<b>Name of organisation:</b> CESIE						
<b>Country:</b> Italy						
<b>Date of recording the critical incident:</b> 20 <sup>th</sup> of March 2012						
<b>Professional domain</b>	Gender edu	Health Edu	Sexuality edu	Training concerning disability	General intercultural education	Support group for migrants
					x	x
<b>Sensitive zone</b>	What do you think are the “sensitive zones” that are the key issues of this critical incident?					
	Conception of the body ,values, representation, use, rights of the body, conception of justice, mode of expressing distress, perception of personal freedom, codes of conduct on the social and gender,					
<b>Culture of the person experiencing the shock</b>	What are the cultural reference frames of the narrator of the shock that may have played in the shock experience?					
	Sicilian / Female / Woman / heterosexual /Age 35 / Educator / Studies in Anthropology / Master in mediation of social and intercultural conflicts / First experience in a detention centre / Unmarried / No children / Baptized as Christian.					
<b>Culture of the person “causing” the shock</b>	What are the cultural reference frames of the interlocutor of the narrator who is at the source of the shock that may have played in the shock experience?					
	Male / Moroccan / Muslim / Detention centre inmate in Florence, Italy / migrant					
<b>Describing the SITUATION</b>						
<p>Between 2009 and 2010, I worked as an educator within a prison where inmates were men of various age and nationalities. One of the most critical episodes occurred during a course to a group of foreign prisoners. The course aimed to provide language skills and Italian citizenship knowledge. It was the third time I met this working group. On that day two men M. and S, both Moroccans, had not participated in the activities. They stayed the whole time sitting on a bench in the courtyard. During the break I went over to greet them and to try to figure out which was reason they would not attend the meeting. M. kept his head down and spoke to me. He was visibly sad. I often wondered if something had happened, and after a while S. spoke to M. first in Arabic and was waiting for his approval, he told me what had happened. The day before M. had sewn his lips with the wire before his appearance in front of the judge for a hearing. By observing of M.’s face I saw the wounds around his lips. I was shocked and could not find the right words to express what I felt, nor found a way to get out of that situation that I was petrified. I burst into tears and I asked M. because he had done something so bad. He stood up, looked at me angrily and walked away insulting. Also S. went on telling me that I was not able to understand.</p>						
<b>1. Elements of the SITUATION</b>						
<i>What happened? Where did it happen? Who were the protagonists? Was there any history between them (personal or cultural?)? Try to be as objective as possible.</i>						
<u>What happened</u> : When a teacher in a detention center see two persons which were suppose to assist to her course sitting on a bench she come to them and learn from one that the other sewn his lips with the wire before his appearance in front of the judge for a hearing.						
<u>Where did it happened</u> : The critical incident happened in the courtyard of a prison, the protagonists involved were sitting on a bench and talking.						

<p><u>Who were the protagonist :</u></p> <ul style="list-style-type: none"> <li>(i) A Italian women teacher in a detention center</li> <li>(ii) A prisoner from Morocco attending the course</li> <li>(iii) Another prisoner who had the role of intermediate between the two first ones</li> </ul> <p><u>Was there any history between them (personal or cultural) :</u></p> <p>The two protagonists has met before in a teaching contest. One of them was a teacher in prison and the other attended the course. The prison environment is really strong and the cultural and personal differences even more emphases.</p>
<p><b>2. EMOTIONAL REACTION</b></p>
<p><i>How did you feel in this situation?</i></p> <p>The narrator felt unable to handle the situation, helpless, intrusive. She did not understand how anyone could be willing to harm his/her own body so badly. She was petrified, emotionally deeply moved (tears...)</p>
<p><b>3. What norms / values / representations did the incident touch / threaten / question in the narrator?</b></p> <p><b>Sense of self-respect and the human body:</b> Most of us act at some time in a way that is harmful to our body whether it be by drinking, smoking or other excesses. When the need to inflict injury on oneself is in made in a deliberate way it has a strong signification. Our body is our primary belonging, how we reflect to the others.</p> <p><b>The right to protest and express their own discomfort:</b> The right to protest can be expressed through different ways.</p> <p>However in a general context verbal contest are used beyond physical or violent ones in the case of the critical incident the context of detention center has changed the way for protesting. .The right to protest is made by self-arming. This action is the very last chance to be listen for prisoners and draw attention.</p> <p><b>Conception of citizenship, conception of justice:</b> Conception of citizenship and justice take another sense when it involves prisoners. There are already in the institutional system of justice and deprived of exercising fully their citizenship. They have to express themselves through extreme ways.</p>
<p><b>4. Based on the analysis of question 3 what image does the narrator have of the other person?</b></p> <p><i>e.g. postive, negative, neutral, bizarre etc.</i></p> <p>He seemed full of pain, sadness and rage; unable to communicate discomfort, not self-respecting his own body.</p>
<p><b>5. What could be the norms / values / representations of the other person / culture that led to the specific behaviour that caused the shock experience? (Hypothesis!)</b></p> <p>Inside the prisons often occur episodes of <b>self harm among prisoners</b>. This is also a way to express a strong discomfort and a form of protest. M. probably felt offended by the narrator’s question and did not see acknowledged his discomfort of being a foreigner, undocumented and with no future perspectives in Italy.</p> <p><b>Gender difference :</b> It may not be that common to communicate in this way between men and women in Morocco– this was a male act and form of self-expression, it may not and accepted way of communication emotions(open expression of compassion in public, in front of his peer).</p> <p>the relationship between the woman and the two prisoners before was probably not enough and it wouldn’t been allowed for the woman to break in tears,</p> <p><b>the expression of compassion:</b> It can ever deepen the feeling of vulnerability– especially as the woman is coming from Italy, she is potent, active, native, etc. – has power against the other – ergo “can afford” to have the feeling of compassion. And it is also important that the prisoner was very clear and exact when saying “you don’t understand anything” – this refers that she was not aware of the cultural context of this body-act.</p>



## 6. Does the situation highlight any problem concerning the professional practice, or in general about the respect of cultural differences in intercultural situations?

This event highlights the difficulty of handling problematic situations within a cultural context very compelling and complex as it is the prison, where the socio-cultural background of each detainee meets and clashes so inevitable with those of other inmates, as well as with prison staff and social workers who work in the structure. And all the workers in the prison must be educated to be prepared in cultural differences (on the one hand: *prison as a subculture* – where the human body and all body parts and acts with the body have a significant and symbolic meaning, and people from other cultures, and the male subculture – and all the overlaps of those dimensions. ).

If the personnel are prepared and experiences these situations can be avoid.

detention facility is an immersion into a socio-cultural context that has its own system of rules and codes of behavior.

It highlight that the detention facility is a socio-cultural context that has its own system of rules and codes of behavior. The narrator have often perceived in this situations by being a young Italian woman, especially in the beginning of her employment, limiting and compromising her relationship with the beneficiaries and the team.



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