

# Restoring peace in family systems in communities of color

January 24 2022, by Kongit Farrell

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As a therapist of 13 years with a private practice serving primarily people of color, I became aware of a third, unspoken, pandemic that

swept across our community during the COVID-19 lockdown; the conflict pandemic among families. With many families sharing close quarters with no respite for 24 hours a day, it became clear that the extended time together combined with the inability to leave, limited communication skills, and still-emerging psychological and conflict literacy taxed their bio-psycho-socio-emotional reservoirs, and sadly, in some cases, resulted in emotional and physical violence. As overwhelming as it was to work through the pandemic as a clinician, I imagine that it pales in comparison to having to learn how to navigate chaotic emotional terrain without the appropriate knowledge or skills.

Neck deep in this experience with clients, I sought an intervention that could help them scale the learning curve—and quickly. The intervention needed to be something that could reduce the potential for "[hot systems activation](#)" (this is the part of the brain that responds in fight or flight), and that would be easy to implement and intellectually accessible for most people. It would need to alter cognitive processing in a way that would make clients pause at critical moments so that they could make a conscious (and hopefully de-escalating, non-violent) choice about how to interpret the situation. My clinical resources on [conflict management](#) failed me. Fortunately, I found the intervention I needed for my patients in some of the [coordinated management of meaning](#) (CMM) concepts in Fundamentals of Cooperation and Conflict Resolution, a course taught by Peter Coleman, director of Columbia University's Advanced Consortium on Cooperation, Conflict and Complexity (AC4).

CMM is a way of understanding and transforming communication practices by looking beyond its role as a means for exchanging ideas and seeing it as a way of constructing reality. Working within the CMM framework helped me to view and analyze conflict in a different way—by looking at the communication patterns of the conflict, in addition to the words being spoken, emotional reactions and biological responses. I was able to identify that the [concept](#) of bifurcation points,

and the direction that one takes in [conflict](#) after reaching one, was going to be fundamental to my patients' intervention.

But even with this understanding and the CMM concepts available to me, I realized that I needed a lot more support with its development. I applied for a CMM Learning Exchange Fellowship in the hopes of receiving mentorship and guidance with this project and fortunately, I was accepted. I am halfway through the fellowship and the experience has exceeded my expectations. The support has been warm and nurturing from scholars in the field and colleagues who are working on their own respective CMM based projects. Bouncing ideas off of peers in a "conversational jazz setting" was the collaboration I didn't know I needed but has been most helpful. Learning about their projects and how they are using CMM concepts to develop them opened new doors for understanding and applying the material that we are all processing. It's also interesting to learn how applicable CMM concepts are for nearly every field, because communication is the foundation for all human interaction. This fellowship has also given me the opportunity to support colleagues in their work by sharing insights that I've gleaned over many years as a therapist, and to be able to contribute in that way has been a meaningful experience.

While I have not yet come up with the precise intervention as of yet, I have significantly refined the core concepts that I will use for its construction. In addition to using bifurcation points, I will also use the concepts of critical moments and searching for communication patterns between the communicators as well as interpretation patterns to seek ways to disrupt and introduce new and more adaptive (read: de-escalating) sequences.

Once the intervention is fleshed out, I hope to have the opportunity to test it in Coleman's Dynamical Conversations Lab and refine it until I have an effective [intervention](#) that is also easy to teach and understand. I

realize that this might be an ambitious goal, but it is a worthwhile one, and I can't imagine a better place to be working on it than here at Columbia.

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