

CHAPTER 3

THE REFLECTING TEAM IN FAMILY THERAPY

3.1 INTRODUCTION

The use of teams in family therapy occurs in many schools of therapeutic intervention (i.e. structural, strategic, Milan) although they are used in different ways. The reflecting team model was first introduced by Tom Andersen in the 1980s as an alternative to the Milan style team whereby clients received a message from the team, delivered by the family therapist (Biever & Gardner, 1995:47). The use of the reflecting team allows the client family direct access to the perspectives, ideas and speculations of the team members. The team share comments on the conversation between client and therapist while the family watch and listen. This is followed by the family having the opportunity to explore the team's ideas and viewpoints, and to see if any of these have meaning for them, either as individuals or as a family. While this gives a postmodern flavour to the prospect of family therapy, the researcher is of the opinion that many approaches could be, and in fact are, incorporated into this method of family therapy practice. Ideas about behavioural change, roles, structure or family cognitions and so on, could be considered in the reflecting process and the team's speculations could prove meaningful to some or all of the family members, and thus facilitate change. The difference in a reflecting team process relates to the generation of dialogue and thus possibilities for the family to consider, rather than a statement of facts about how things are or should be.

The purpose of including a chapter on the reflecting team process in family therapy is because it is the format used at Family Life Centre, for both training of new family therapists as well as being the vehicle for the provision of family therapy to the client families. In addition, the perception of the researcher is that reflecting team work

provides an invaluable opportunity for consideration of one's theoretical position, as well as for reflection on the self of the therapist. Although the obvious and major objective of the reflecting team process is the contemplation of multiple perspectives that may have significance for the client family, the 'by-product' is the opportunity to witness other family therapists in action, observe different approaches in practice and be able to reflect on whether or not these fit with one's own self, as well as contemplate the possible impact of the self on the family both as therapist and as reflecting team member. The provision of an environment that is both supportive and challenging facilitates discussion of theory and issues relating to the self within the context of the reflecting process.

In this chapter, the concept of dialogue within the context of the therapeutic conversation will be addressed, after which the work of Tom Andersen will be explored in light of his own paradigm shift in working with families. Some guidelines suggested by Andersen for the practice of the reflecting team process will be elucidated and presented.

In the section that follows, the works of various authors on the reflecting process will be discussed, with attention given to the goals and guidelines that illustrate the way in which reflecting teams operate, as well as a discussion relating to the reflecting team in a training setting. Various issues concerning hierarchy and power dynamics in family therapy, aspects relating to reflecting teams from a narrative framework and consideration of the occasions when reflections may not be useful to the family will be highlighted.

The use of peer reflecting teams, also referred to as outsider witness groups in narrative terminology, will be considered. Finally, the theme of reflective thinking will be contemplated as an integral aspect of the development of the self of the therapist.

3.2 DIALOGUE IN THE THERAPEUTIC CONVERSATION

Anderson (2001:112) states that language, both spoken and unspoken, gains meaning through its use – it is the primary vehicle through which we construct and understand the

world. A dialogical conversation refers to one in which people talk **with**, rather than **to**, each other. Its value lies in equal contribution and shared expertise that facilitates a “...generative process...” involving exploration of the familiar and construction of the new. The consequence of such a dialogical conversation is transformation (Anderson, 2001:112).

According to Seikkula, Aaltonen, Alakare, Haarakangas, Keranen and Sutela (1995:65), the monological language used in traditional therapy settings consisted of ideas, plans and decisions made by the team, with the family having little, if any place in the process. Dialogical language engages the family from the very beginning of the therapeutic process. Monological forms of interaction are a specific part of dialogue and not necessarily opposite to it. Seikkula *et al.* (1995:66) state that in monological dialogue the utterances are “...closed circuits...” which prohibit the flow of questions and shut down discourse. Because the monological utterances are either acknowledged or denied there is no possibility of combining or integrating them to produce alternatives. An example is described by Seikkula *et al.* (1995:66) wherein a monological dialogue occurring in a diagnostic interview is aimed at the elicitation of information to confirm or reject a hypothesised diagnosis. As long as this search for answers is aimed at an acceptance or rejection of the hypothesis, the interactional context remains monological. According to Andersen (2001), monological dialogue is hierarchical – the expert asks the questions while the other party answers. Dialogical conversation is democratic – all parts influence each other and while the parts are not equal since they come from different backgrounds with different experiences, they have equal right to influence how they collaborate.

The monological language speaks about the already spoken and seen world, while the dialogical language speaks about a world that is open, unready and unspoken or yet to be spoken (Seikkula *et al.*, 1995:67). What is spoken is a response to a previous utterance, and awaits another utterance to provide the answer. This sequence is never completed as in a final outcome being attained. New meanings arise whenever conversations are started and the discourse become true in the moment of being spoken.

Seikkula *et al.* (1995:67) quote Volosvinov who states that in the dialogical conversation the answer is the outcome of the utterance without which the dialogue is incomplete. The understanding in language originates in the dialogue and without understanding cannot be expanded. In dialogical conversation the language is constructed between the speakers, and thus the creation of meaning arises through language. In a therapeutic conversation the meanings of the client's experiences are constructed between the therapist and the client, and according to Seikkula *et al.* (1995:67) these discourses may expand the already spoken reality and construct new perspectives. Therapy becomes a dialogical process, both public and participatory, thus allowing ideas to flow in a recursive way (Friedman, 1995:4). The growth of understanding goes hand in hand with dialogical conversation and thus the most important skill according to Seikkula *et al.* (1995:75) is the ability of the reflecting team to generate dialogue.

Within the context of reflecting team work used at Family Life Centre, the researcher concurs with the expressed opinion of the abovementioned authors. The generation of dialogue within the reflecting team, witnessed by the family, brings forth a plethora of diverse perspectives and ideas. The curiosity and interest of the researcher is constantly piqued in the observation of those aspects chosen by the family that have meaning for them, and which perhaps create a new perspective on an old issue. The experience of collaboration allows the client family to own the process and serves as a medium for the generation of new alternatives.

In conclusion, a dialogical conversation engages the family as co-creators of the therapeutic journey which may provide alternative meanings and solutions to a problem situation. The generation of dialogue is the vehicle through which this journey is travelled. In the process of dialogue and listening to different meanings, new ideas may emerge.

3.3 TOM ANDERSEN'S REFLECTING PROCESSES

According to Friedman (1995:4), Andersen underwent a personal journey and evolution with regard to reflecting team work. Believing that people are in an ongoing process of formation, Andersen views the client as a collaborative co-researcher in the development of new possibilities.

Andersen (1995:11) explores his shift in perception of what he refers to as "...reflecting processes..." from an intellectual one to one as a consequence of feelings. This shift was in response to his feelings of "...discomfort as a therapist..." when being with others (i.e. a client family). Andersen favours the hermeneutic tradition with its assumptions regarding knowledge as bound by context, time and person (Andersen, 1995:12). Hermeneutics refers to the understanding and interpretation of meanings in everyday human behaviour. It is the art or skill of interpretation and according to Rubin and Babbie (1993:362) is the process in which patterns are sought amidst "...voluminous, and perhaps chaotic, details".

The hermeneutic concept represents the ideas of Heidegger and Gadamer, wherein assumptions are made, based on past experience. What we understand influences our interactions with our surroundings, and relates to what we see and hear. In the act of creating meaning, we also choose to limit what we see and hear. This invites "...prejudice..." or "...preunderstanding..." of a person or situation. New information may change our preunderstanding, which in turn influences the actual understanding – this in turn influences the preunderstanding and thus we have the concept of the **hermeneutic circle** (Andersen, 1995:12). According to Andersen (1995:13), reflecting processes may be seen as hermeneutic circles. In other words, the contemplation of different ideas may change the original meaning and thus change our basic assumptions.

In exploring his own shifting perspective, Andersen (1995:15) quotes Bateson who made the statement about change as "...a difference makes a difference". Andersen goes on to suggest that what is "...appropriately unusual..." makes a difference while the too

unusual or similar fails to make a difference. Such nuances are viewed as applicable to many situations, including conversations. In addition, Andersen learned to go slowly, waiting to see how clients respond before saying or doing the next thing, picking up the cues that something is too unusual and which leaves the client feeling uncomfortable. These ideas were a “...prelude...” to the first reflecting team in 1985 (Andersen, 1995:15).

Initially, Andersen worked using the Milan approach, but a shift occurred in the way in which he and his colleagues intervened with families (Andersen, 1995:16). Previously they had tried to find the ‘correct’ interventions, leading to a power struggle with the family if they disagreed – an either/or position. Andersen disliked the notion of ‘expert’ ideas from the team and questioned the ethics of hiding team deliberations from the family. The shift to a more democratic stance led to the idea of “...open talks...” which reflected the views of the team in the presence of the family. This resulted in open dialogue that was respectful and natural, rather than professional and detached (Andersen, 1995:16).

In a session with a family which was characterised by despair and hopelessness, Andersen and his team attempted the first ‘swap’ with the family, putting the team in the limelight, so to speak and giving the family the opportunity to observe their reflections. This early attempt at a reflecting team seemed to create such change in the family, from despair to hope, that Andersen and his team began to use this method on a regular basis. Early efforts to describe the process coined the word “**heterarchy**” (the opposite of hierarchy), implying democracy and equality (Andersen, 1995:17-18). In another article Andersen (1996:120) describes shifting from an ‘either/or frame’ to ‘both/and’, which lessened battles between therapist and family, where previously families had sought to defend their ideas against interventions that had no meaning for them. In this way the idea is conveyed that the problem has many aspects and is multifaceted, and according to Andersen (1987:427) the family and team can discover the “...richness... in the sharing of various points of view on the same issue”.

It could however, be argued that the family may not want a ‘non-expert’ position from the team. For some people, seeking professional help may mean an expectation of an opinion other than that already sought from friends and relatives, i.e. equals. They may want a more authoritative perspective, and may feel cheated if this is not forthcoming. From the perspective of the researcher, the value of the possibilities generated in the reflecting team process may assuage such a need, and while ideas are not presented as expert opinions, the dialogue may offer something different from what has thus far been considered.

Hierarchical systems create a win/lose situation that may create a position of dominance and submission. Cohen, Combs, DeLaurenti, DeLaurenti, Freedman, Larimer and Shulman (1998:280) explore some ways of minimising hierarchies. These include: not talking about the family outside of their presence so as to maintain respect; asking questions from a position of curiosity, rather than making statements, which creates a climate that honours the voices of the family members. In addition, striving to avoid assumptions helps to minimise a hierarchy wherein the therapist’s worldview constructs the therapy through the imposition of personal values and beliefs. White (in Cohen *et al.*, 1998:280) refers to **transparency** which we practice by letting people know how our thoughts and intentions are shaped during the therapeutic encounter, rather than presenting ‘expert’ knowledge. According to Hoffman (1998:104), the transparency of a reflective conversation demands a high tolerance for vulnerability on the part of the therapist because it means exposing one’s own thought processes.

Other reflecting processes can be described as shifts between talking and listening – **outer talk** involves talking to others, while **inner talk** occurs when we talk with ourselves whilst listening to others. This process sifts issues through a number of perspectives which may be put together to create new ideas. Andersen (1996:120; 1995:18) emphasises the concern of Bateson regarding the necessity of multiple perspectives about the issue in focus during the therapeutic encounter. Hoffman (1998:106) describes the process of Andersen’s reflecting team as the continual “...folding over...” of personal thoughts and feelings of the family and team which

creates a “...benevolent environment”. The only goal is to continue the conversation, without prescriptions and strategies. Clearly this last comment by Hoffman has implications for the family therapy practitioner – comfort with process and with not taking the expert role is evident.

From the perspective of the researcher, the family too has an opportunity to take a reflective position with regard to the shift between talking and listening. During the therapy session family members engage in outer talk, speaking to one another, listening, responding and so on. When the family listen to the deliberations of the reflecting team they engage in inner talk – they can listen, absorb and reflect on what has been said with regard to how others (the team) see their situation.

Andersen (1987:426-427) elucidates on the differences between the reflecting team as he practices it, and the more strategically orientated team of other forms of family intervention. The type of reflecting team used by Andersen emphasises team members as participants in a process in which family members are equals, and an acceptance of being part of the therapy process, rather than believing the therapist should control it. Trainees who are part of the team determine their own level of participation, often starting with few speculations but sharing more as experience grows. Unlike the Milan approach, no hypothesis is made prior to meeting the family as this may influence perceptions and preclude understanding of the “...frame...” that preoccupies the family members. Interventions are also avoided, since family members may believe these to be better than those they had envisaged for themselves. In reflecting team practice, the team is no longer the unseen ‘expert’ suggesting interventions and even prescriptions to the family.

It is thus apparent that Andersen became disenchanted with monological and hierarchical systems that allowed no room for the voices of the family to be heard above that of the ‘experts’. Andersen’s own growth as a family therapist is reflected in his sharing of his personal journey and the way in which he came to practice reflecting processes.

3.3.1 Andersen's Guidelines for the Practice of a Reflecting Process

The general guideline for reflecting team work is the story metaphor, whereby people make sense of their lives by situating them in stories. In the context of therapy, people can reauthor their lives by generating new meanings for events. Members of the reflecting team focus on differences and events that do not fit the old story, thus opening up space for a new one. The deconstruction of beliefs and ideas that may perpetuate the old story may also be a focus of exploration by team members. Andersen (1995:19-21; 1987:424) suggests some guidelines for the practice of a reflecting process, while Lax (1995:160) constructed a summarised version of Andersen's procedures. For convenience, these are combined in the following points:

- The less planned the process, the greater the possibility of allowing the situation to assume its own shape or form. It is essential that the people participating in the reflecting process feel able to say and do what is natural and comfortable. Andersen emphasises too that the family is at liberty to agree to listen to the reflections, or to refuse, and that even agreement does not imply having to listen in the moment. Speculations are restricted to conversations that have taken place in the session.
- Andersen refers to how he himself prefers to be, as a participant in the reflecting team. He likes to speculate about something heard or observed in the family's talk with the therapist, and to talk in a questioning manner. Ideas are presented tentatively using phrases such as "perhaps", "possibly", "I was wondering" and so on. Conversation is to develop ideas rather than a competition for the best idea. Statements, opinions and meanings are avoided – meanings can be construed by the family as something they should consider or even do, perhaps given additional weight as 'better' than the family's meanings, or even experienced as criticism of their own meanings. If strong opinions are expressed by a team member, Andersen will open this up for dialogue, and explore how the opinion fits with the perspective of the various family members.

- Andersen feels he is free to comment on all that he hears, but **not** all that he sees. People have a right to not talk about all that they think and feel; hence comments on non-verbal behaviours require circumspection.
- Andersen recommends that the members of the reflecting team talk with each other and not include the family in the talk – talking with them or looking at them forces them to listen to the team member/s, restricting their choice of whether to listen, or to not listen and allow their mind to wander. Thus, without being discourteous, team members maintain eye contact, separating the listening and talking positions.
- Andersen (1987:424) issues a warning that connotations always be positive and that every “...normative judgment...” be excluded by the reflecting team. His belief is that the one-way screen tends to magnify criticism and questions of the “why did they do this or that” variety, and comments on the behaviour of family members may expose sensitive areas that they do not wish to talk about. The team must be protective and careful of the family ‘betraying’ more than they may have wished or realised. Thus the reflecting team must remain positive, discreet, respectful, sensitive, imaginative and creative.
- Reflections attempt to present a ‘both/and’ position with regard to an issue, shifting away from an ‘either/or stance’. Therapists should use the language and metaphors of the family, avoiding diagnostic and psychological terminology.

For Andersen (1995:21-22) a number of questions emerge from these guidelines, some of which remain private and some are shared with the family. The first (private) concerns the appropriateness of the “...unusual...”, and how the family is responding to it – this involves self-reflection of the process and perhaps the need to change either the manner of talking or even the topic. For the researcher this highlights once again the need for self-awareness and understanding of one’s own motivations in the therapy process.

The second and third questions are shared and are significant in the first meeting with the family. They concern the idea of how the family came to the session – who had the idea, how others responded to it, who wants to talk and who doesn’t. Also of concern is how the family members would like to use the meeting. This allows for many different

perspectives, and enables the therapist to talk about what the family would like to explore, and not create his/her own agenda.

The final question may or may not be shared with the family by Andersen, and involves new issues that may create tension. People are not always ready to explore an issue at the same time, and Andersen questions who can/cannot talk at this point in time, thus facilitating choice in engaging in the process.

Andersen (1995:22) refers to the problem-created system (the concept of Anderson and Goolishian), whereby a problem attracts attention from others, i.e. family members, friends, therapists, official persons. These people create a system of meanings about how the problem can be understood and solved. Meanings may create new and more useful meanings, or they may constrict dialogue and inhibit conversation. According to Andersen (1995:22), it is safer to explore existing meanings with the family than to bring more meanings to complicate the picture. However, Andersen (1987:415) also states that a 'stuck' family system needs new ideas in order to broaden perspectives, and the task of the reflecting team is to create ideas even though these may be rejected by the family. What is important is that the family will select the ideas that fit, and that may pave the way for a change in understanding (Andersen, 1987:421).

The creation of meaning forms the basis of most approaches to psychotherapy and according to Lantz (1993:7) meaning and family interaction have a "...close and reciprocal relationship". The awareness of meaning can stimulate healthy family interaction, which in turn can stimulate increased awareness of meaning to be found within the family. A lack of awareness about meaning within the family can result in a meaning vacuum which has the potential to be filled with either a developing sense of meaning or with greater forms of dysfunctional interaction which further cloud the awareness of meaning (Lantz, 1993:8).

In his discussion of Andersen's work, Lax (1995:161) refers to new information that is stimulated by the therapeutic conversation, but is "...tangential to it". Andersen refers to

these as “surprise comments” that initially seem too unusual to the family but when prefaced with an explanation of how the therapist arrived at this idea, may make more sense to the client. Surprise comments may open up conversational space to challenge the preconceived discourses of both client family and therapist.

According to Lax (1995:161), there may be times when reflecting team members share the same idea. However, if only one idea is presented to the family, they may believe it to be the only option. The emphasis is on a “...smorgasbord of ideas...” rather than a limited presentation. One way to avoid a restricted presentation is to limit talking by the team members watching the interview, thus preventing their influence on one another’s thinking and perceptions prior to the presentation to the family. Hoffman (1998:107) shares her amazement at the ability of the reflecting team to generate images and metaphors, as well as feeling freer to share personal experiences where appropriate and to show feelings. This observation resonates strongly with the researcher – it is ‘amazing’ to be part of a process that generates ideas that can be seen to have meaning for family members in the therapeutic encounter, and may contribute to positive change.

In exploring the meanings that family members hold, Andersen (1995:23) stresses the importance of allowing time for members who want to speak, and not interrupting them. Undisturbed monologues often reveal shifts between inner and outer conversations, in the search for meaning. The accompanying non-verbal behaviours indicate when words have particular meaning for the person (Andersen, 1996:121; 1995:23). Hoffman (1998:105) also comments on situations where one member speaks at length while the rest of the family just sit back. Some family therapists, such as Haley, viewed this as doing individual therapy in a family setting. Hoffman however (1998:105) describes Harlene Anderson’s belief that in one’s own attentive listening, family members are enabled to listen in a less judgmental way. In family therapy practice at Family Life Centre, the researcher has also observed that family members often hear things for the first time, or hear them in a different way after a family member has explored an issue.

Questions by the therapist search for “...what is inside the expression; in the word; in the feelings; in the movements...” and require listening to what is heard and seen without reading more into what has been said. Andersen (1995:25) states that there is “...nothing more in the utterance than the utterance”. In addition, the interviewer who remains with the family follows their reactions to the reflections of the team. Such reactions will indicate whether or not the reflections are positive, if they help to “...expand the ecology of ideas...” or if they are too unusual (Andersen, 1987:422).

Andersen (1987:423) goes on to suggest that members of a stuck family system ‘protect’ the team by not expressing any negative reactions or responses to the team’s reflections. Questions around what the family liked, disliked, were or were not interested in can be useful in enabling the family to explore their reactions to the feedback. Observation of negative responses to something that was said by the team may be explored by asking the family members about what may have been difficult to listen to or think about. Feedback of this nature may help the team to consider whether it has strayed outside the limits of what is appropriate for the family. Andersen (1995:26) stresses that the questions be appropriately unusual, and not too unusual, and to be alert to the signs that the person feels discomfort or not.

An aspect that Lax (1995:161) believes has received little attention is the role of modelling that is inherent in the reflecting process. The demonstration of value in multiple perspectives, a both/and position, attentive listening to the views of others and respectfulness, allow team members to provide a different experience for family members. Differences of opinion among team members can be explored using phrases such as “I have some other thoughts about that”, emphasising that these are in addition to and not opposed to. Lax (1995:162) believes this is augmented by encouraging the family to ask questions of the therapist and team members during and after the interview, allowing them to inquire about dominant discourses, perspectives and ideas, and gain an appreciation of interaction in the session and in life.

Andersen (1995:26) explored ways to increase therapists' sensitivity to their contribution to the therapeutic encounter. This involves asking clients to discuss their experience of the therapeutic meetings and outcome. This may involve the presence of a colleague who may ask the therapist about what they wish to focus on or clarify, followed by asking the client to comment on the dialogue between therapists, and for their own comments on the therapeutic process. This provides a variation of the reflecting process – the focus in on process and not content, the latter being touched on only for the purpose of clarification. Therapists can gain from exploring impasses, periods of discomfort or tension, uncertainty and doubt, or even feelings of failure (Andersen, 1995:27). Clients' comments on what was too unusual, taken out of context and so on may enhance the therapist's own awareness. Andersen (1995:28) believes that clients often appreciate learning what therapists thought about their joint encounter, and for those who left therapy with a sense of it having failed, the "...aftertalk..." provided a sense of repairing which served to enhance dignity and wellbeing.

With regard to his own experience, Andersen (1995:28-30) believes that participation in various reflecting processes has contributed to "...revisiting certain of my own basic assumptions...". Postmodernism is a reaction to the assumptions of modernism which emphasise a hierarchical culture based on objective knowledge regarding how people function, and language as a tool to express thoughts, in the service of information. Alternative assumptions include the view that people are constantly shifting and adapting to different contexts; that people are part of a collectivity with conversations; that language is both "...forming..." and informing (Andersen, 1996:122; 1995:30).

According to Andersen (1996:122), "words are not innocent". The language of pathology or "...deficiency language..." originally developed by professionals has become everyday language and has contributed to a sense of limitation and loss of hope (Gergen in Andersen, 1995:34). Andersen (1995:34-36) wonders what would happen if we, the professionals, started to describe things differently. Much of what we know is based on assumptions, and our questions comprise choices based on which assumptions we find most useful. He poses a question that may be helpful in conversations with

clients: “Is that with which I am occupied the most essential, or is there something else that is more essential?”.

Andersen’s thinking is compatible with Gergen’s social constructionist perspective which is concerned with describing how people explain and account for the world in which they live. It focuses on how common understandings exist and are in the process of creating existence (Biever & Gardner, 1995:48). In addition, therapy is seen as a linguistic activity, whereby the family participates in conversation that creates new meanings and understandings. Michael White’s use of reflecting teams, from a narrative perspective, sees the team as witnesses, creating a “...community of concern...” or as Hoyt (1998:108) refers to it, an “...attending community...”. Reflections are ‘gifts’ to the people who inspire them, and add layers to create the thicker descriptions of a person’s life.

Reimers (1995:228) explores the view that the use of the reflecting team is less a method of working and “...more a different way of thinking about systems”. Not only is it a different way of thinking but also a different way of relating to clients. From a user-friendly position, this author is interested in the descriptions of the method as non-hierarchical, collaborative and respectful. Despite some personal scepticism, Reimers (1995:229) believes the approach to be both creative and “...refreshing...”. However, for some families the reflecting team may be too ‘different’, perhaps even alarming, intimidating or “...plain crazy” (Reimers, 1995:229).

In conclusion, Andersen provides a number of guidelines for reflecting team practice that are consistent with postmodern thinking. These guidelines highlight the importance of generating dialogue, as well as the significance of the self of the therapists (team members) in deciding when and how to respond appropriately or with appropriate difference. The selection of reflections (or not) by the family members may facilitate the change process and create alternative stories.

3.4 ALTERNATIVE STORIES IN USING REFLECTING TEAMS

In keeping with the spirit of the reflecting process, the various alternative ideas explored below are intended to serve as points for consideration, and not prescriptions for what should be done in the reflecting process.

Friedman, Brecher and Mittelmeier (1995:185) explore their own use of the reflecting team in their work with families, which encompasses two mutually interactive processes: a “...widening of the therapeutic lens to incorporate multiple perspectives...” and ideas about the client’s problems, together with “...a sharpening of focus...” that channels these ideas into plans for action. This widening of the lens refers to new ideas and narratives, while sharpening the focus brings solutions and steps for action.

Friedman *et al.* (1995:186-192) describe some goals to illustrate the ways in which their reflecting team operates:

- To generate metaphors and images that activate, intrigue and alter the client’s understanding of the problem. This includes externalising the problem, an technique of narrative therapy.
- To notice and comment on exceptions to the client’s problem-focused view of the self and of others.
- To authenticate change through making comments that embody and entrench the changes in observed behaviour.
- To generate alternative stories (to the problem-saturated, dominant one) that open space for new perspectives.
- To identify and comment on aspects of the self that are hidden, ignored or unnoticed. This goal is in contrast to Andersen’s reflecting process – as mentioned before, Andersen believes that the team should not necessarily comment on all that they observe in the family members, but rather focus on what is spoken of.
- To take a position of humility regarding the complexities of people’s lives.

According to Friedman *et al.* (1995:203), perspectives are broadened by the comments of the reflecting team, while the focus is sharpened by the therapist highlighting parts of the dialogue that opens space for the family to review their predicament in alternative ways. The generation of multiple perspectives and the funnelling of these ideas in the post-reflecting team conversation may open up new solutions to the family's dilemma. The reflecting team may activate and mobilise a 'stuck system', while the therapist integrates the threads of the team members with the conversation of the family members. In **not** being attached to a specific outcome, the therapeutic conversation is facilitated so that clients' goals are heard, acknowledged and respected - new possibilities are co-constructed which have more empowering narratives (Friedman *et al.*, 1995:203).

Zimmerman and Dickerson (1996:301-302) set out some of their guidelines for working in a reflecting team from a narrative perspective:

Aspects to consider/pay attention to:

- Contradictions to the problem story – these can be thought of as entry points into alternative meanings and preferred developments.
- Curiosity about developments, how they might become part of the client's lived experience.
- Team members can wonder about the contradictions by using landscape-of-action and landscape-of-consciousness questions, remembering that the family have probably neglected these ideas.
- In asking re-authoring questions, team members are not simply noticing or commenting on the positives – they are helping family members make meaning in response to preferred developments.

How to respond:

- During the reflecting team process, questions may be asked about the noticed preferred developments, reflecting interest in both the occurrence and the history of the problem and contradictions to the problem, as well as the possible future.

- Team members ‘situate’ each question in terms of how their own personal experience, thinking or viewpoint has informed the question.
- Comments by team members can be responded to by asking what question the comment evokes.

Transparency:

- By situating each question, team members make it clear that their remarks are not necessarily helpful or applicable to the client’s perspective – they are simply a team member’s own ideas or experience. Situating questions within the experience of the team member may prove meaningful to the family. Such a level of transparency requires, in the opinion of the researcher, self-insight and self-awareness on the part of the team members. Self-disclosure must be appropriate, brief and aimed at benefiting the family.
- Situating a question may include a comment as to why the team member thinks it may be helpful to the family, even though they may not experience it as such.

Reflexivity:

- The reflections of the team are similar to an ‘overheard conversation’ whereby the family can choose the remarks and questions that have meaning for them.
- The reflecting team can also be thought of as an ‘audience’ to the family’s preferred story.

The narrative approach to family therapy attempts to address the power differential inherent in the therapeutic encounter. According to White (1991:139), the analysis of power is often a difficult concept to entertain because it implies that aspects of our individuality that we assume to be an expression of free will, may not in fact be so. Much of our behaviour is a reflection of our “...collaboration in the control or policing of our own lives, as well as the lives of others...our collusion in ...the dominant knowledges of our culture” (White, 1991:139).

White (1991:140) discusses the deconstruction of practices of power, stating that familiar and taken-for-granted assumptions influence peoples' lives and relationships. In externalising conversations about such power practices, we can begin to understand how these may define our lives and the lives of others (client families). In challenging the practices of power we no longer "...subjugate..." the self, our thoughts, beliefs and ways of being, nor do we subjugate our clients through constant evaluation and comparison (White, 1991:141).

According to White (1991:142), the professional disciplines have developed language practices that determine the 'truth' and give an objective and unbiased account of reality and of human nature. Such a perspective reduces the possibility and relevance of other knowledge, and also inhibits critical reflection by the therapist. Therapists can contribute to the deconstruction of expert knowledge by considering themselves as co-authors of alternative practices and knowledge, and creating a context wherein the knowledge of the family is privileged. The researcher is of the opinion however, that some therapists are more at ease with the role of expert and with being the problem identifier and solver. Obviously this way of being impacts on the therapeutic encounter, beliefs about the client family, and choice of intervention.

The questioning of professional expertise and claims to "...extraordinary knowledge in matters of human importance..." has taken several forms (Schon, 1991:5). Some critics attacked professional claims of expertise, while others believed that professionals misappropriated knowledge to protect their own importance and interests in an elite society intent on preserving its dominance. As has been explored in the previous chapter, the postmodern paradigm has challenged the notion of expertise and dominant ideologies that have subjugated people generally and recipients of family therapy specifically.

Cohen *et al.* (1998:290-291) suggest some useful questions in the quest to de-emphasise hierarchy in working with families, both with and without teams, and to aid the enhancement of reflexivity:

- Am I feeling or acting like an expert?
- Are we collaboratively defining the problem based on the person's experience?
- Am I making my work as transparent as possible, by being open and honest about what I am bringing into the encounter?
- Am I checking about ideas instead of assuming them to be correct?
- Am I contributing to the creation of a context wherein everyone involved has a voice in the process?
- Am I inviting discussion about differences?
- Whose language is being privileged in the encounter? Am I trying to understand the person's linguistic descriptions? Am I offering ideas in my language, why, and what effect is this having?
- Am I evaluating this person, or am I inviting him/her to evaluate a range of things, such as how the session is going, preferred directions and so on?

The unmistakably reflexive quality of these questions highlights a need not only for willingness on the part of the family therapy practitioner to consider such aspects, but also to confront the answers that may arise in the asking of them.

Issues of power are paralleled in training/supervision settings where a positivist position emphasises a hierarchical structure (Edwards & Keller, 1995:142). These authors suggest it is a misuse of power to presume that trainees or supervisees do not have the creativity or skills necessary to construct hypotheses or intervene effectively, and quote White who states that such a positivist position emphasises learning of 'correct' methods of evaluation, precision in diagnosis and perfecting specific skills of intervention. According to Edwards and Keller (1995:143), this limits the opportunity for collaborative dialogue, and thus a 'heterarchical' partnership. In the experience and opinion of the researcher, the co-construction of ideas and viewpoints among reflecting team members is such a potentially valuable and enriching learning experience for all team members, regardless of the level of experience, that the move from a hierarchical approach to a partnership is to be embraced.

Edwards and Keller (1995:145) emphasise that heterarchy does not imply equality, but rather that each team member has understandings that the other does not, and has the possibility of promoting a “...partnership discourse...” wherein new meanings are continually evolving. This honours the contributions of all parties, facilitating narratives that have the best fit for the family in therapy. The implications of a partnership in team relations suggests that therapists trained in creative ways are less likely to require “...cookbook...” techniques and strategies to feel equipped to help families in distress (Edwards & Keller, 1995:151).

Lax (1995:145-146) explores the contention that there are times when the team’s reflections are **not** useful to the family. These include times when: clients felt that the reflections were confusing and failed to address their issues precisely; the reflections did not give enough direction; the reflections were too long or left them feeling misunderstood by the team. Reflections sometimes had a “...watered-down...” feel about them, even one of phoniness with expressions used by team members such as “struck by” and “touched”, followed by overly positive remarks. These issues stimulated Lax to reflect on such experiences, and to pose questions such as:

- What happens when clients/therapists feel that the process has not been useful?
- How is it that clients may feel misunderstood, and could this misunderstanding be useful on occasion?
- How many ideas are too many?
- Is it acceptable for team members to disagree, or even question one another?
- When should new ideas be presented?
- Should team members stay only with what the family presents in the interview?
- What aspects denote ‘successful’ reflections?

Lax (1995:146) suggests some guidelines to address these questions, and in his review of Andersen’s work, realised that Andersen had anticipated many of the issues relating to both the process and content of reflections. Lax (1995:147) outlines some of the views Andersen shared on this issue. Firstly, team members are asked to attend to what is

presented in the interview. If we have prior knowledge of clients (from colleagues, referring agents, and so on) and if this information is not disclosed by the family in the interview, it should not be included in reflections. One way to address this issue is to share with clients what one has been told about them at the start of the interview. Negative perceptions have a pervasive way of permeating the energy in the room.

A further guideline addresses how the reflecting team members talk to one another. Andersen (in Lax, 1995:147) describes how his team moved away from monologues to "...conversations among the team members...", sharing understandings, asking questions of one another, exploring and expanding one another's ideas as well as those jointly developed. Questions may generate more information within the system of participating team members. Lax (1995:148) quotes Madigan who suggests that the team members specifically ask questions of one another during the team dialogue, with the aim of opening up "...new narratives and reflections highlighting...sparkling new events or new domains of inquiry".

Madigan (in Lax, 1995:148) describes how the reflecting process offers the opportunity for the team members to open themselves to change. By omitting themselves from inquiry, reflecting dialogues may give implicit sanction to the idea that the therapists are neutral, more "...together...or are more highly evolved..." than the family specifically and people generally, and know what is best for clients, thus maintaining a hierarchical position in professional work. On the contrary, therapists are part of a context and culture that influences their thinking, and in the questioning process, all participants are enabled to shift from a modern to a postmodern position that values multiple descriptions.

According to Cohen *et al.* (1998:280), questioning and being questioned helps to develop self-reflection regarding where our ideas come from, what our intentions are, our values, biases and so on. This endeavour towards transparent practice is also emphasised by White (1991:145) who suggests that reflecting team members deconstruct dominant discourses as they interview one another about their reflections, and situate these in the context of their personal experience and intentions. The researcher believes that such

transparency may enable team members to become more aware with regard to both self and embodied theory, thus enhancing authenticity in practice.

A further possibility suggested by Madigan (in Lax, 1995:148-149) is that of including the opportunity for clients to ask questions of the team during the interview. Their questions may lead us to the development of new avenues of dialogue that could be explored, or even to asking about team members' own thoughts and feelings, and the impact of the session on them. According to Lax (1995:149), by having clients ask questions of the therapist or team member, several outcomes are possible: the perspective of the therapist can be elucidated; the client's needs and hopes of therapy can be expanded; new directions or narratives can develop. Lax proposes that therapists no longer "...remain shielded by theoretical rhetoric..." that perpetuates hierarchy and the power differential. We are required to examine the process of therapy and "deconstruct" how we practice. This comment resonates in the mind of the researcher – the family therapy practitioner may find it beneficial to deconstruct beliefs about families and the concept of change, the process of counselling, the approach used and the sense of the authenticity of fit between chosen approach and the self.

In the conversation between reflecting team members, the questioning process allows for different understandings to arise and for innovative ideas to be expressed. Comments are situated within what has been observed and personal experience, thus bridging the gap between objectivity and subjectivity. Lax (1995:50) includes the following questions regarding this process:

- What in the interview generated your ideas?
- Was there anything specific that you saw or heard that led you to make these comments?
- Are there any ideas or values you hold that influenced your comments?
- Was there something said that touched you personally?
- Were there any experiences in your life that may have led to these thoughts, and would you be willing to speak about these at this time?

If transparency and equality are valued in the reflecting process and in a co-constructed way of working with families, such questions create more open dialogue. However, Lax (1995:50) echoes a thought that occurred to the researcher – the shift towards greater transparency and accountability to clients may be experienced as intimidating to the therapist and team members. Clearly this does not imply then that transparency should be avoided, but rather that an atmosphere of trust and respect, and a genuine appreciation for the multiple ideas and perspectives of team members contribute to the creation of a context wherein such questions would be less threatening.

In conclusion, the alternative stories of different authors regarding the reflecting team process and the ideas of these authors contribute to the generation of multiple perspectives for contemplation by reflecting team members, providing numerous aspects to reflect on, including questioning the self to enhance reflexivity and authenticity.

3.5 THE REFLECTING TEAM PROCESS IN TRAINING

The shift from modern to postmodern thinking challenges all aspects of counselling, from practice, to research and training (Sexton, 1997:12). Training in traditional family therapy models is based on the epistemology of the trainer and the relationship between trainer and trainee tends to be hierarchical. Live supervision with extensive pre- and post-session discussions aim to explore ways of working with families and understanding them within the framework of the relevant paradigm (Hanford, 2004:48-49). While this comment is relevant, it is not strictly true of family therapy training at Family Life Centre. Because family therapy practitioners come from diverse academic backgrounds, their particular paradigm is respected, albeit within the context of a training setting that leans toward postmodernism.

According to White (1990:76), the expectations of those involved in training and/or supervision are very significant. Such expectations are closely related to the beliefs held by both parties concerning the nature of the therapeutic encounter and training/supervision. White (1990:76-77) goes on to state that a positivist view implies

objectivity, expert analysis and intervention aimed at getting to the core of the problem. Hence, training and supervision that is informed by this premise would emphasise 'correct' methods of evaluation, diagnosis and intervention, using known skills and techniques. If there is a match concerning the expectations of participants, a degree of comfort in the encounter will be achieved. However, such a match does not always occur and may result in conflict with resolution slanted in favour of the trainer or supervisor. White (1990:77) emphasises the importance of trainees being provided with knowledge about the ideas and practices that are embraced at the particular organisation where training will be undertaken, and on the nature and structure of the training context.

As previously mentioned, at Family Life Centre practice is eclectic in that family therapy practitioners come from diverse educational and theoretical backgrounds. While no approach is given particular precedence, the influence of the postmodern epistemological shift is evident. The reflecting team format, as advocated by Tom Andersen is used in order to provide an experience of family therapy that is egalitarian from the perspective of both recipients and practitioners. Although training is an important focus at the Centre, it is not a way of imposing a particular approach upon trainees, but rather facilitating a learning process that allows practitioners to experience the family therapy process in different ways according to which therapist is conducting the session. An advantage of this is the opportunity to view different theories in action, and perhaps to enhance awareness of theoretical fit with the self of the therapist. The actual reflecting process however, is conducted according to Andersen's guidelines.

According to Worden (1999:53), new family therapists often begin their careers as purists, following the model or approach they were exposed to in academic training. With experience however, there is a trend towards eclecticism and amalgamating theory, experience, personality and personal preference. Carlson and Erickson (2001:200) believe there exists little in the literature that addresses the training of new therapists with regard to postmodern ideas, and that this lack of literature suggests that although these ideas are influential, they do not apply to new therapists. On the contrary, these authors propose that postmodern thinking offers enormous potential for the training of new

therapists, specifically narrative ideas which recognise and honour more personal and local knowledges and skills. Such a viewpoint emphasises the ‘person’ of the therapist whereby theories and practices are embodied and incorporated into the stories of their own lives (Carlson & Erickson, 2001:201). This theme will be expanded further in Chapter 4.

Hoyt (1998:3) describes certain characteristics of the constructivist therapist, while Biever and Gardner (1995:48-49) attempt to integrate social constructionist thinking into the practice and supervision of family therapy. These authors suggest the following ideas which have value in a training setting:

- Meanings are developed through social interactions and consensus – thus there are many possible understandings, descriptions and conversations that may be helpful to families. All ideas are potentially useful. The therapist believes in a socially constructed reality.
- All understandings are negotiated and embedded in a context, thus knowledge is cooperative and active. The therapeutic relationship is reflexive in nature as meanings are constructed through dialogue.
- There is a move away from hierarchical positions towards an egalitarian one which emphasises differences and numerous ideas. The client is the expert on their problem or dilemma, thus goals are co-constructed.
- Client competencies, strengths and resources are actively searched for, while deficit or pathologising perspectives are avoided.
- Problems evolve in the context of the narratives people tell themselves about their lives – narratives and meanings are always changing in relation to the social context in which they developed. Ignored, suppressed or unacknowledged voices and stories can be liberated through the use of empathy and respect for the client.
- Narratives and meanings can be expanded; therefore we can expand possibilities within the context of social, political, economic and cultural constraints.

Biever and Gardner (1995:49) pose the question of how one trains people within a model that suggests knowledge is negotiable. Just as different families will respond in different ways to the same therapist, trainees will develop different understandings of a family and of the supervision process. According to these authors, strategically orientated family therapy is not appropriate to family therapy from a social constructionist model which evolved from collaborative and linguistic approaches. Traditional family therapy teams engaged in a process of evaluating and eliminating some ideas, rather than generating a variety of ideas. The use of the reflecting team in a training setting is a way to minimise the contradictions inherent in the different models, and is consistent with social constructionist thinking. The researcher concurs with this view, having experienced at first hand many of the different approaches in action. While both a purist and an eclectic position are respected within the team, it is apparent that multiple perspectives and ideas often have value for client families. On the other hand it could be argued that this confuses the picture for those team members who favour a purist model, that different ideas and viewpoints ‘dilute’ the impact of a particular approach to family intervention. Developing a reflexive attitude to therapeutic work is essential if one is challenged to resolve a potential professional dilemma.

The idea of multiple explanations and descriptions is easily understood by trainees, however according to Biever and Gardner (1995:49) there remains a tendency to either/or thinking or the search for the ‘right’ or ‘best’ idea. The process of reflecting team work illustrates the difference in meanings that people generate through dialogue. Team members can discuss their interpretations of the family’s comments, and how they would describe the situations explored in the session. Following the team’s feedback to the family, team members have the opportunity to listen to the family’s reaction to the discussion – new meanings may be generated for team members as well as for the family (Biever & Gardner, 1995:50).

The belief that all ideas are potentially useful is pertinent in reflecting teams, as the process encourages the sharing of ideas, regardless of level of experience. The family ‘chooses’ the ideas that fit for them, thus lessening the over-ruling of certain ideas by

supervisors, which may have had meaning for the family. Trainees thus feel freer to express their ideas, even if they differ from other team members. The reflecting team allows for fuller participation by all people in the therapeutic process and according to Biever and Gardner (1995:50) develops confidence in the ability to use language and conversation therapeutically. In addition, these authors suggest that the transition from member of the reflecting team to in-the-room therapist is less stressful for practitioners who have had the opportunity to interact in the team discussions. According to Hanford (2004:53), participation in a reflecting team allows trainees to enter the observing system gradually, since there is no pressure on them to participate until ready to do so. There is less feeling of having to ‘get it right’ since multiple descriptions are sought, and trainees may be less concerned with defending their position and thus more open to learning from both their own contribution and that of fellow team members.

Whilst the researcher is in agreement with these statements, it must also be realised that trainers of family therapy would need to be at ease and comfortable with such a heterarchical position in the team, believe in the relevance of socially constructed meanings, and be able to facilitate a team climate that allows difference to be expressed.

In her research on therapist development in a reflecting team setting, Hanford (2004:51) explores the influence of second-order cybernetics on training, stating that less time is spent on teaching, and more on being curious about the trainee and her experiences. Trainers take a ‘not knowing’, non-expert stance, recognising that there are multiple perspectives and alternative ways of being. Trainer and trainee co-construct understanding, with all ideas being reflected on and valued, thus challenging the issues of power, control and hierarchy. According to Sexton (1997:13), training becomes a process of creating experiences, and developing and sharing meaning systems as learning is “...embedded within social discussion and reflection”. Rather than learning and copying the meanings of the ‘teacher’, the focus is on developing dialogue and expanding understanding of therapeutic events. White (1990:85) believes that attempts to ‘copy’ the style of the trainer or other reflecting team participants is doomed to failure, and that it is

the uniqueness and originality of the therapist that is most likely to facilitate growth in the family therapy context.

In the experience of the researcher, trainees are aware of their feeling of insecurity and uncertainty, and value the opportunity to observe fellow family therapists in action. However, they may also feel that they are being compared, which may exacerbate anxiety with regard to being the primary therapist (i.e. the therapist conducting the session).

Training settings that encourage a didactic, hierarchical approach value expert knowledge over personal experience, knowledge and skill. Carlson and Erickson (2001:202) believe this excludes and disqualifies alternatives and results in practice that encourages therapists to "...forget the very personal nature...of our work and lives as therapists, and as persons". The concern of these authors is that this invites "...unhealthy self-doubt..." for the new therapist, and feelings of despair and incompetence.

Du Toit (2002:34) explores the phenomenon of experiential learning in the context of training (although not specifically in family therapy) and suggests that a postmodern approach which focuses on understanding as central to experiential learning is more applicable and accessible in training situations, and is preferable to the didactic acquisition of skills that come with a modernist flavour of objectivity and 'correctness'.

With regard to the question of training in the reflecting team process, Biever and Gardner (1995:51) suggest some modifications to the guidelines proposed by Andersen. These modifications are seen as necessary, since the reflecting team is heterarchical, while training is inherently hierarchical. It is suggested that the 'no talking behind the mirror' rule may be too restrictive in training settings – the supervisor may wish to call attention to the skilled use of questioning, or suggest a possible alternative direction the therapist may have taken at a particular point in the interview. In addition, trainees may want to ask brief questions if they are confused or need clarification. Such conversations need not be harmful to the reflecting team process, and may even generate new ideas which can be shared with the family during the team discussion. Preparation for participation in

the reflecting team discussion tends to limit the use of negative or critical remarks by team members.

Andersen (in Biever & Gardner, 1995:51) recommended a veto on any discussion about the family outside of their presence, thus eliminating any pre- and post-session dialogue. However Biever and Gardner (1995:51) believe these to be necessary in the context of training, as too is the retention of the phone-in message, used on occasion to facilitate the therapeutic process. Consistent with social constructionist thinking is the prohibition of negative comments, normative judgment or diagnostic labelling within the reflecting team process. However, trainees may become so focused on such prohibitions that the flow of ideas is constricted and according to Biever and Gardner (1995:52) even without an explicit ban, such comments are rare, due to the focus on alternative descriptions and explanations. Negative comments made by a team member in the reflecting team discussion can be included as a possible description or explanation, and may even open up space for the family to express their own negative evaluations or realise that there are alternatives to such evaluations. Occasionally, comments that do not seem negative to the team may cause a reaction from one or some of the family members – the therapist can ask for clarification from the person, or even from the team member.

Biever and Gardner (1995:52-54) set out some guidelines for the use of reflecting teams specifically within a training setting, which may differ slightly from other accounts of reflecting team practice (discussed above). Their guidelines are as follows:

- Introducing the idea of the reflecting team – this type of approach requires early introduction to client families during the initial discussion around understanding of the therapeutic process. Clients are given a choice as to whether or not the ideas of the reflecting team are listened to.
- Behaviour behind the mirror – team members can reflect on two questions: How else can this situation be described? How else can this be explained? In addition, team members should listen for strengths and potential solutions. Discussion behind the mirror should be limited to questions and comments regarding the process of therapy.

Comments about the family should be held over until the reflecting team discussion. Questions should only be asked when there is confusion about the content or process of the session.

- The reflecting team discussion – comments during the discussion should be based on information derived from the session and referenced to comments/events from the session. All ideas must be presented respectfully and tentatively, remembering that the goal is to open dialogue regarding alternative descriptions and explanations. Consensus among team members is not necessary – a variety of ideas are useful for clients to choose from. The time allotted for the reflecting team discussion is brief (5 to 10 minutes), therefore it is not possible to discuss all ideas fully. Too much information will not be absorbed by the family – often a few short remarks with dialogue among the team members is more useful to the family. Diagnostic, evaluative and normative labelling should be avoided, as these may constrict the creation of new possibilities. Family labelling of their own behaviour may be challenged by presenting other possibilities. The discussion should be positive and hopeful but it is not necessary to reframe every situation as this may leave the family feeling that their problems were not taken seriously. Compliments need to be genuine and specific, avoiding clichés. Homework assignments are not routinely given although suggestions for tasks may be made, and presented as tentative ideas.
- Post-reflecting team family/therapist dialogue – this is an opportunity for the family and therapist to discuss their reactions and understandings of the reflecting team discussion. The therapist can ask a variety of questions: Did you have any thoughts or ideas while listening which made sense to you? Was there anything you disagreed with? Was there anything you thought should have been included? Therapists may also explore the family's interpretations of the team's comments. If a comment was taken as criticism, the team can phone through to clarify, or even have another reflecting team discussion. Often the conversation following the reflecting team discussion will appear to have no connection to anything said in the discussion – in such a case the therapist should follow the family's lead. Lax (1995:162) suggests that reflections be related to all family members in the session and that which has **not** been commented on by team members is as important as what is. In addition, the

therapist is often left out of comments during the reflecting process, yet is part of the conversing system. Commenting on avenues the therapist did not explore allows for other topics to be commented on, or at least introduced.

The guidelines and observations outlined above are of interest to the researcher, since they correspond closely to the way in which the family therapy teams operate at Family Life Centre. In addition, the observations resonate in the mind of the researcher, in terms of how families often respond to the reflecting team in the day-to-day reality that is family therapy.

Biever and Gardner (1995:55) suggest that while the use of reflecting teams is valuable in training, they are not sufficient to meet all the training needs of trainees. These authors suggest both group and individual supervision complement the experience of participation in the reflecting team, through focusing on learning and experience. In conclusion, Biever and Gardner (1995:55) suggest that the reflecting team process is beneficial to both trainees and to the more experienced family therapy practitioner and that through the growth of this method of working with families the potential of reflecting teams can be realised.

Thus it may be seen that training in a reflecting team setting is a move away from the traditional family therapy team training that emphasised a particular paradigm and a hierarchical method of teaching.

3.5.1 Possible Disadvantages of the Reflecting Team in Training Settings

According to Young, Perlesz, Paterson, O'Hanlon, Newbold, Chaplin and Bridge (1989:73-74), the evolution of the reflecting training team is consistent with second-order cybernetic and systemic principles. The reflecting team is viewed as congruent with the basic principles of systemic family therapy, i.e. that the observer is part of the observed system, and the family participate in their own therapy as "...observers of the observers". The recursive nature of the therapeutic process is reflected in the relationship between

trainer and trainees. All team members have a view of what happens in the session and identify with different parts of the system – they affect, and in turn are affected by the team discussion, which in turn can be affected by the family, thus a co-evolutionary process ensues.

However, Young *et al.* (1989:71) suggest that there are some difficulties inherent in the use of teams in a training setting. Knowing that a team of colleagues, as well as a supervisor, are observing from behind a one-way mirror may be potentially disempowering for a trainee family therapist. There may be high levels of performance anxiety which, according to these authors is more prevalent in female trainees, as well as constraining beliefs about doing things ‘right’ that may impact on the acquisition of both cognitive and executive skills.

These authors go on to suggest that a disempowered therapist may find it difficult to empower the family, even disempowering them further in a struggle to impress colleagues and supervisor (Young *et al.*, 1989:72). The use of a reflecting team addresses these issues and may enhance the ‘power’ of trainees within the training process. Performance anxiety is shared within the system, as trainees and experienced therapists contribute to the discussion as the family watches. All participants see team members struggling to make sense of the interaction between therapist and family members, which may enhance the gaining of a meta-perspective more readily. Responsibility is spread more evenly amongst reflecting team members, and the team context may be more creatively empowering, engendering via a parallel process, a more empowering environment for the family. Team members are more likely to remain engaged with the process, knowing that they will have to participate actively in the reflecting team discussion. Since a variety of alternatives are sought, the ‘right’ perspective is not the most important issue. According to Young *et al.* (1989:72), the style of dialogue in reflecting processes (i.e. positive connotation, speculative, tentative) is more congruent with patterns of female socialisation, thus giving female trainees a forum for open expression.

Potential disadvantages of the use of the reflecting team converge around collective responsibility. Does the reflecting team become responsible for the outcome of therapy? Does the therapist feel a sense of losing control of the process and content of the therapeutic encounter (Young *et al.*, 1989:72)? For the researcher, such aspects require discussion and exploration within the team – in making such issues explicit and open for dialogue, reflecting team members may feel less anxious and more empowered.

According to Biever and Gardner (1995:47), the transition from theory to practice is often difficult, especially when there is a contradiction between theory and the process of training and supervision. The use of the reflecting team is a way of surmounting such a dilemma, since there are multiple explanations of a problem, the generation of ideas through dialogue, and validation of notions of what is deemed useful. This view is pertinent to the practice of family therapy at Family Life Centre, where team member's academic backgrounds and experience of supervision may differ from that conducted at the Centre. The fact that the team is made up of individuals with various theoretical orientations may enrich the feedback provided during the reflecting process. Comparisons of views, perspectives and meanings may enhance awareness, create alternative meanings and open the door to a new story. In addition, team members gain insight into other possibilities and viewpoints, gleaned from fellow members.

Therefore despite a number of possible problematic issues relating to the reflecting process in training settings, the potential for professional and personal growth for the trainee (and experienced family therapist) is evident. The value of dialogue and the exploration of multiple perspectives provide an enriched learning opportunity for reflecting team members.

3.6 PEER REFLECTING TEAMS

Various authors discuss the use of peer reflecting teams (also referred to as audiences or outsider witness groups) (Morgan, 2000:121; Selekman, 1995:206). In narrative therapy, the therapist may create processes in which people act as witnesses to the conversations

between family and therapist. Outsider witness groups may be other therapists, family members, friends, members of the community or people unknown to the family. Morgan (2000:122) states that the conversation of the outsider witness group is guided by the principles, ethics and practices of narrative therapy. Dialogue is around aspects that caught the attention of group members, things they were curious about, comments on events and so on. Speculations are undertaken with the utmost hesitancy and respect, without a presumption of knowing what is right for the family. The group members may recognise similar experiences and reflect on how these may resonate for the family, thus ‘thickening’ the alternative stories. **De-centred** sharing involves linking stories of the lives of the group members with stories of the lives of the family – this is done in such a way that the family remains the focus (Morgan, 2000:124).

The family are given an opportunity to respond and comment on the dialogue of the outsider witness group, and invited by the therapist to speak about the experience. In this way, Morgan (2000:125) believes the group becomes more accountable to the family for the real effects of what has been said, and learns what has been most helpful (or least helpful) to them.

Developmental theory stresses the importance of peer relationships in adolescence, wherein identity is formed, social skills are developed, personal values are established and generational boundaries are demarcated. Selekman (1995:207) believes that the significance of the peer group in the adolescent life stage has not been advantageously utilised in family therapy, and can be a valuable resource in working with families with adolescents. According to the experience of Selekman (1995:207-210), in his work with families with adolescents, there are five ways in which peer reflecting groups can be utilised that contribute to change, empower a stuck process and elicit creative and pragmatic ideas in a collaborative encounter. These are:

- Peers may be facilitators of trust – often adolescents and parents mistrust one another and peers may be helpful in rebuilding trust by enabling parents to meet their child’s peer group, often for the first time, understand their activities, problem-solving efforts

and so on. Parents may gain awareness and insight into their adolescent's lifestyle that they may have pre-judged or misunderstood.

- Peers may be a support system for relapse prevention – adolescents often resist self-help groups (e.g. Alateen) aimed at relapse prevention. Peer group members who have succeeded in overcoming their own chemical dependency issues can be a useful resource in helping an adolescent stay 'clean' and often have many creative ideas about how to achieve this, as well as providing support in difficult times.
- Peers as members of a solution-developing or solution-construction system – participation and collaboration in finding solutions may be sought from peers who have provided support for problems in the past, or who have experienced success in resolving similar difficulties.
- Peers as observers of noteworthy change – within the context of family therapy, the experience of hearing about changes in the life of an adolescent from his/her peer group may be helpful for families to begin a new construction of the family situation, challenge previously held beliefs and pave the way for creative solutions.

Including peers in family therapy sessions requires consideration of a number of factors: the therapist must determine the purpose for enlisting peers as consultants; exploration of the family's receptiveness to this type of interventions; obtaining permission from the parents of peer participants and explaining the rationale for his/her inclusion (Selekman, 1995:211). Selekman (1995: 218) believes that peers may be instrumental in the solution-construction process, and creative and pragmatic in developing coping strategies.

With regard to ethics and confidentiality, Lobovits, Maisel and Freeman (1995:224) suggest that family therapy practice in a more public arena (i.e. peer reflecting teams, outsider witness groups) challenges the traditional view of therapy in a private and protected environment. These authors believe that the need for privacy increases when people and problems are viewed in terms of illness and pathology, or other problem-saturated descriptions. Narratives that evolve around preferred ways of being tend to

reflect well on people and their goals, and have less need to be protected from more public exposure.

Lobovits *et al.* (1995:224) make the distinction between different types of audiences. The ‘known’ audience refers to those people in a person’s life “...who interact with, and influence his or her unfolding story”. These people (relatives, friends, teachers, significant persons) may be drawn on to witness change, a preferred story, and perhaps also to participate in the creation of such a preferred story. According to Lobovits *et al.* (1995:225), known audiences may be sympathetic and involved in creating positive meaning with clients – they may also be sceptical and need to be recruited into the reconstruction of meaning.

The second audience is the ‘introduced’ audience who are drawn from the wider community of those who have struggled with a problem, who understand its social context and who are successfully dealing with the problem (Lobovits *et al.*, 1995:225). Such audiences appreciate the need for alternative stories, may offer local knowledge of resources, skills and techniques to help change the problem-saturated story. Recruitment involves requests for families to contribute to what they have learned about solutions to a problem, or groups who may video or mail interactions for the family to share.

The benefits of using audiences in family therapy are reported as feelings of satisfaction at making a contribution to others in need, feeling valued as a survivor and having the opportunity to participate in someone’s life in a positive way. There are however, potential risks involved in recruiting or evoking audiences. Lobovits *et al.* (1995:234) suggest that audiences have the power to promote or impose narratives and prescriptions that “...impoverish and oppress...”. A belief in the competencies and knowledge of client families is essential, and once identified, these can be documented and shared with others experiencing similar problems. Enthusiasm for this way of working should not prevent a full exploration of any reservations clients may have. Compliance is not agreement, and clients may want to please the therapist or feel uncomfortable with refusing. This may require specific questions to allow clients to carefully consider the effects (positive and

negative) of using an audience. Informed consent requires full comprehension of the implications of intervention, and must be voluntary and without any coercion.

Lobovits *et al.* (1995:236) suggest the “... revisioning...” of the boundaries of the therapeutic relationship and quote Waldegrave who states that the helping professions are the emotional barometers of pain in their communities, and thus have a moral obligation to be informed about broader social, political, economic, cultural and gender issues. Such knowledge should be shared in an effort to influence social policy. The development of therapeutic practices that diminish the negative effects of social and cultural hierarchies is a goal of reflecting team work, and the validation of every family member’s opinion, right to speak, diversity of viewpoint and so on, facilitates a both/and solution instead of reinforcing power differentials. Lobovits *et al.* (1995:238) also suggest that we concern ourselves with the issue of accountability. Our life experiences, social class, gender, race, as well as our professional socialisation influence the therapeutic encounter. We need to be willing to stand corrected, and an audience may serve as a “...cultural consultant...” in creating awareness of non-dominant groups, beliefs and values.

In conclusion, the use of peer reflecting teams may provide unexpected solutions to a range of problems and give social support for change. The therapist is no longer the sole source of support and knowledge for the family, and the therapeutic process is enriched with creative ideas and solutions.

3.7 TRAINING IN REFLECTIVE THINKING

Peterson (1995:979) quotes Schon who poses the question of how we know what we know and whether such knowledge comes from textbooks? Schon believes that knowing is built on experience. The process of reflective thinking involves grappling with problems and engaging in a continuing process of reflection as we engage in practice.

Hanford (2004:47) explores aspects related to counsellor training and education, and quotes Griffith and Frieden who define reflective thinking as a process of continual examination of the therapeutic journey in increasing levels of complexity and evaluation. In reflecting team practice, trainees learn through observation of the observations of others – in other words, the trainee becomes part of the observing system. As defined in Chapter 1 (point 10.3) reflective thinking is an aspect of reflexivity, both of which are essential to assist the trainee, or any therapist for that matter, to challenge the ways in which he/she is thinking about the self, as well as the client family.

Zimmerman and Dickerson (1996:115) suggest that reflexive thinking allows people to wonder about multiple possibilities for understanding experiences. These authors describe several ways to create a reflexive position in a therapeutic context, which include: curiosity about what is occurring in the therapy room; taking a break so that both therapist and family can have some thinking time; constructing an end of session summary. Most helpful is the use of the reflecting team to interview one another, raising questions about aspects relating to the interview. According to Zimmerman and Dickerson (1996:115), this creates space for team members to make new associations, be curious, offer their own experiences as a basis for the origin of the question (i.e. situate the question) and co-construct preferred outcomes with the client family.

Hanford (2004:48) suggests Socratic questioning, a form of critical thinking whereby the trainee is encouraged to reflect on his/her existing knowledge, as well as on insecurities and inadequacies. The trainee is helped in this process to gain awareness of how such thoughts impact on the therapeutic process. Another technique that may be helpful in the journey towards self-awareness is journaling, wherein the trainee can explore beliefs, assumptions, values and experiences in a personal context rather than within the team. The researcher, while concurring with the value of journaling in terms of self-exploration, believes that discussion within a group context that is supportive and non-threatening, yet challenging, can be facilitative of both personal and professional growth.

In the experience of the researcher, participation in the reflecting team process creates an exceptional learning environment that provides the opportunity to learn from fellow team members in ways that may challenge our assumptions about knowledge and facilitate the journey towards a more reflexive position.

3.8 SUMMARY

Reflecting team practice may facilitate an atmosphere of growth and self-awareness, necessary to enhance understanding of the impact of the self on intervention with families. The egalitarian nature of relationships between team members is conducive to learning and to finding a voice, even a different voice, and developing the confidence to express it.

This chapter explored the use of reflecting teams in family therapy, beginning with a discussion of the concepts of monological and dialogical conversation as a way of situating the importance of generating dialogue in therapeutic change. The reflecting processes of Tom Andersen were explored, with reference to his personal paradigm shift from traditional family therapy team work to a heterarchical position that aims for equality and democracy between therapist, team members and family members.

Various guidelines for practice, from the perspective of Andersen, were illuminated which highlight the importance of generating dialogue in reflecting team processes, and emphasise the significance of self-awareness for reflecting team members and, similarly for the family therapist in therapeutic interaction with the family.

The views of a number of authors on reflecting team work were examined in the hope of providing a comprehensive picture of the numerous ways in which reflecting teams may operate, as well as an exploration of the possibility that reflecting teams may not always be helpful to families, and the process may engender various issues that require consideration. The reflecting team process in training settings received attention, as well as certain obstacles or disadvantages that may be relevant to the training environment.

The use of peer reflecting teams, or outsider witness groups, was touched upon as a way of stimulating thinking around creative ways of working with families. The generation of unexpected solutions or ideas from people who may be part of the social fabric of the lives of family members may prove invaluable. Finally, the process of reflective thinking was briefly explored, with some ideas about how this significant aspect of professional development could be enhanced.

In the final chapter of the literature review, the development and use of the self in family therapy and the personal embodiment of theory will be explored.