

CHAPTER 5

QUALITATIVE RESEARCH FINDINGS

5.1 INTRODUCTION

Qualitative studies are exploratory and discovery orientated, and thus by implication one can never be sure which direction the journey into data analysis will take. The shift from a positivist research framework which aims to describe, perhaps explain and predict the ‘truth’ has led to studies that aim to capture the meanings participants give to the aspects of their lives under study, with the role of the researcher as co-creator of meaning gradually evolving (Henning *et al.*, 2004:19-20). These authors suggest that the interpretivist framework views observation as fallible, open to error, and theory as revisable. Multiple perspectives are sought to explain a phenomenon and reality is “...imperfectly grasped...” because the views and beliefs of human beings are subjective and biased.

In this chapter the research methodology used by the researcher will be reviewed, as will data collection, data processing, data analysis and data interpretation. The qualitative research findings will be analysed and interpreted in terms of the findings and with reference to the literature review.

5.2 RESEARCH METHODOLOGY

A qualitative research design was used as the method of capturing the meanings of respondents with regard to the phenomenon under study. The purpose of the research was exploratory, the intention being to explore the implications of epistemological shifts in the field of family therapy and thus on the practice of family therapy within the South African context. An exploratory study aims to explore a little-known research area in

order to gain insight into phenomena. The goal of the study was to explore the perceptions, opinions and experiences of practitioners with regard to epistemological shifts in the field of family therapy, reflecting team practice, and the development of the personal and professional self.

In a qualitative study the initial research questions start out broadly, becoming more focused during the research process, thus allowing for flexibility to explore the phenomenon in depth. The research questions focused on epistemological shifts; the implications of such shifts and enhanced theoretical knowledge on the development of a reflexive, authentic self; experiential training and the development of an approach that is authentic to the self; and, the implications of the development of reflexivity and authenticity in relation to competence and confidence in the practice of family therapy.

A phenomenological strategy enabled the researcher to gain an understanding of the idiosyncratic perceptions, opinions and experiences relevant to the themes explored in the interviews. The interview schedule itself was semi-structured, with a number topics and questions relating to the themes under exploration, and was used as a guide to generate data.

The study itself was applied research, specifically knowledge utilisation (KU) as identified by Rothman and Thomas (1994:3-4). This type of research aims to extend knowledge of human behaviour in relation to intervention in practice, in this case, the practice of family therapy.

5.3 DATA COLLECTION, PROCESSING, ANALYSING AND INTERPRETATION

According to Fouche (2002:106), a qualitative study explores a topic in the narrative form. The phenomenological interview aims to produce data on the experiences, perceptions and opinions of respondents, with the content seen as the 'real' meaning of subjective experience (Henning *et al.*, 2004:53).

According to Henning *et al.* (2004:57), the researcher who interviews the respondents co-constructs the meaning (i.e. data), whether intended or not. The utterance of a word of encouragement, or even non-verbal encouragement suggests interest in a line of thought and the wish to pursue it – thus there is dialogical communication. Redirection of the interview by the researcher may result in missed or lost information. A semi-structured interview schedule encompassing the themes relevant to the study was used by the researcher as a guide to generate narratives for data collection. The use of interviewing skills allowed for probing and clarification, the aim being to enhance the range and depth of responses. Such interviewing or communication skills include listening to the nuances of the respondent's narratives, observing non-verbal behaviour and vocal expression. During the interviews the researcher attempted to facilitate a process wherein the respondents could reflect on the themes and explore the subjective meanings these had for them – every effort was made to avoid 'leading' the respondent in a certain direction, while remaining attentive to the self-reflective narratives that form the basis of the topic under study. It is probable however, that a total avoidance of leading respondents would be an impossible undertaking, especially since the respondents themselves, are trained observers of human behaviour (in this case, the researcher's).

An audio tape recorder was used to capture verbatim data, and transcripts of the interviews were undertaken as soon as possible thereafter. According to Henning *et al.* (2004:76), the transcriptions of the conversations should be undertaken timeously and preferably personally by the researcher/interviewer. This allows for meanings relating to tone of voice, volume, punctuation, and so on to be considered in context. In addition, transcripts should not be viewed in isolation as merely text – the researcher must bear in mind the process of the interview and other contextual data. Alone, the verbatim transcript (content analysis) may lead to naïvely realistic interpretations and hence, findings, with data that yields a 'thin description' of facts and circumstances (Henning *et al.*, 2004:77). All of the transcripts were personally undertaken by the researcher, and aspects such as those mentioned above, (i.e. tone, volume) were noted in the written transcripts. The hope was to gain a 'thick' description of the themes being explored.

Respondents in the study were either social workers, psychologists or interns employed at Family Life Centre in various capacities, i.e. staff members, sessional workers, or undergoing an internship year as a component of study. Appointments for the interviews were made with each individual and the face-to-face interviews took place at their convenience, either in a private office at Family Life Centre, or in a few cases, in the respondent's home.

With regard to the interview itself, Henning *et al.* (2004:75) suggest that while the provision of the interview schedule for perusal by the respondent may be useful to reflect on, it may pre-empt certain responses or create a degree of tension that may block conversation. The researcher decided to use the interview schedule without prior viewing by respondents, since authenticity and spontaneity of responses were essential to capture the meanings of respondents with regard to the phenomena in question.

According to Henning *et al.* (2004:57), respondents may take on the role of 'ideal interviewee', perhaps feeling the need to display competence in doing the interview. In addition, the process of interviewing gives rise to a type of interaction that is not completely neutral, and the issue of asymmetrical relationships arise. Henning *et al.* (2004:58) suggest that more literate and critical respondents would possibly be less open and forthcoming with their innermost feelings and experiences, perhaps even circumventing the purpose of the interview. In this study all of the respondents were colleagues in the field of family therapy, professionals who understand the research process to some degree and who could thus be viewed as having the potential to be wary of the interview, or to attempt to be the perfect respondent. In fact, the researcher experienced the opposite response, with the openness, genuineness and forthrightness of the respondents to the interview proving to be an encounter that was both remarkable and humbling.

Henning *et al.* (2004:66-67) suggest that the relationship between respondent and interviewer is significant, and that unequal power dynamics come into play. A planned interview is not a free, naturally occurring conversation, rather it is contrived requiring a

degree of direction or focus. This may result in data that is merely information, as opposed to the sharing of knowledge making. The feeling of being on “...an information production line...” can result in respondents feeling violated with regard to the summarised interpretations of their responses, with a different focus and meaning other than intended (Henning *et al.*, 2004:67). In contemplating a more symmetrical position between interviewer and interviewee, Henning *et al.* (2004:69) suggest that while the discussion remains contrived to an extent, the contribution of the respondent is honoured as part of the knowledge making process. The researcher fervently believes that the nature of the relationships between researcher and respondents is egalitarian, with a shared sense of purpose towards the enhancement of knowledge with regard to the practice of family therapy at Family Life Centre. For the researcher, there was a real sense of the respondents being eager and wanting to contribute to this goal. With regard to the issue of feeling disrespected in the summarised interpretations of responses, the researcher made every effort to provide an authentic account of the experiences, perceptions and opinions of the respondents. Since the topic under study sought to reflect the experiential reality of the respondents, rather than seeking the ‘truth’, the researcher hopes that justice has been done to the meanings of their very genuine and heartfelt responses.

Qualitative data analysis involves an integration of the data collection and data analysis phases, and may necessitate revisions to the collection and analysis of the data (De Vos, 2002b:341). According to Henning *et al.* (2004:101), the real test of competent qualitative research lies in the analysis of the data, a process that requires careful analysis and the ability to capture an understanding of the data in written form. Qualitative content analysis is a basic method of working with data where the initial transcript sets out the data to form an overall impression, after which units of meaning (sentences or phrases) are marked out and grouped together, a process involving open coding (Henning *et al.*, 2004:104). Open coding is an inductive process, wherein data are selected and labelled according to meanings and themes. It is however, necessary to have an overview of as much contextual data as possible. Once all the data has been coded and categorised an important task is “...seeing the whole” (Henning *et al.*, 2004:106).

This involves a number of questions, including: the relationships in meaning between the categories; what the categories say and do not say; how they address the research question; how the categories link with what is already known about the topic; issues in the foreground and in the background.

For the researcher, the open coding process involved reading through the transcripts, highlighting words, phrases and themes in order to search for patterns of experiences, events, beliefs and interactions that are common to the study, i.e. universals. In addition, differences of experience and meaning are significant in a phenomenological study and must thus be noted. The themes were classified into categories and subcategories of meaning, which may reflect the subjectivity of the respondents experience through contradiction, ambiguity and inconsistency. Themes which represent a segment of the research question were used as the basis for discussion and argument.

Intersubjectivity refers to people sharing the same view in their response to a particular issue or aspect (Henning *et al.*, 2004:52). With a number of interviews involving different respondents there may be more and more reliability of data, i.e. intersubjectivity, and thus a shared understanding of an aspect or aspects may be achieved. Such shared aspects form the basis for insight into the impact of the self on the practice of family therapy, and hence provide a discussion that may be of use to present and future family therapy practitioners at Family Life Centre. Discursive interpretation looks for meaning beyond the superficial and the obvious (Henning *et al.*, 2004:65). It is a way to look at the meaning a phenomenon holds for the respondent, on a content level as well as on an emotional level.

In the section that follows the findings of the study are presented in text, verbatim for the most part, to illustrate the subjective meanings of respondents.

5.4 QUALITATIVE RESEARCH FINDINGS

The qualitative research findings will be discussed in the section that follows. Data will be interpreted in terms of the relevant findings, and with reference to the literature review. The findings discussed below pertain to a total of nine (9) qualitative interviews, one with each respondent. The duration of the interviews ranged between 1 hour 40 minutes and 2 hours 10 minutes. To facilitate a sense of coherence for the reader, the findings are structured according to the format of the interview schedule.

NB: The number of respondents is nine; however the number of responses may differ in the various categorised findings. At times, respondents answered more or less on various themes, thus the researcher grouped together certain aspects that seem to best reflect elements pertinent to the study. Thus the number of responses may exceed or occasionally be less than the number of respondents.

5.4.1 Biographic Details

The biographic details of the respondents are discussed in the section that follows.

Total number of qualitative respondents: $N = 9$.

- **Gender:**

Female = 9

In the study, all of the respondents are female. As stated by Collier (1987:53) in the literature review (Chapter 4:205), the majority of family therapy practitioners are women, a factor which requires contemplation of the experience of family therapy for the client family, as well as for the family therapist. Gender socialisation has, according to Hare-Mustin (1994:21) impacted on the perpetuation of dominant discourses of patriarchy and inequality for both males and females, requiring, in the opinion of the researcher, a large degree of self-awareness on the part of the family therapy practitioner regarding beliefs and values around issues of power and patriarchy. Collier (1987:52) states that

differences in the socialisation of males and females require a careful and disciplined use of the self.

- **Present marital status:**

With one exception, a respondent who is engaged to be married, all of the respondents are married with children. One respondent, currently on maternity leave, was childless during the period of her experience of family therapy practice.

- **Age:**

The age of the respondents ranges from 27 to 57 years of age. The majority of respondents are in their 30s and 40s.

- **Level of experience as a family therapy practitioner:**

In Chapter 1 (point 1.9.3) the levels of experience as a family therapist were categorised into three sections for the purpose of the study, i.e. little experience (6-12 months); moderate experience (12 months – 4 years); extensive experience (4 years +). The 9 respondents interviewed are categorised as follows:

Little experience: N = 4

Moderate experience: N = 2

Extensive experience: N = 3.

Age and level of experience as a family therapy practitioner were not necessarily correlated, as the youngest respondent falls into the category of extensive experience while both of the respondents in the ‘moderate experience’ are more mature in years. Of the respondents falling into the category of extensive experience, the most experienced family therapist has practiced this method of intervention for 6 years. The least experienced family therapist has seven months experience.

From the findings it transpires that none of the respondents were in family therapy practice in the decade of the 1980s, a period of prodigious growth in the field (Gladding, 2002:74; Goldenberg & Goldenberg, 1996:100). It was in this period that questions began to be raised concerning theory, practice and research in family therapy, with

criticism focused on techniques, terminology and first-order cybernetic views. Thus it may be assumed that the filtering into consciousness of epistemological shifts in thinking about the family system has **not** been part of the experience of this sample of family therapists. The respondents in this study with the most experience in family therapy had four to six years practice experience, thus excluding any of the respondents from having experienced first-hand, the criticisms and advances of the decades of the 1980s and 1990s. Thus, knowledge of the shifts would be primarily theoretical, rather than experiential. Further exploration in the study will reveal how this may or may not have impacted on their understanding of the epistemological shift in the family therapy arena.

As mentioned in the literature review (Chapter 2:57), Family Life Centre ventured into the field of family therapy in the decade of the 1970s (Meyerowitz, 2006). However, none of the early pioneers of that era remain in family therapy practice, although Mrs. Jackie Meyerowitz remains an integral part of the organisation, albeit in a different division (divorce mediation). Geurin and Chabot (in Carlson & Kjos, 2002:156) speculate on the future of family therapy as the pioneers make way for a new generation of practitioners, seeing the growth of family therapy in the integration of interventions that will facilitate the growth of the individual and the family.

- **Position held at Family Life Centre:** (i.e. staff member, sessional worker, intern)

Three respondents are staff members at Family Life Centre, two of whom were originally social work interns at the organisation prior to qualifying. One respondent was a staff member (as a social worker) and subsequently went on to study to be a psychologist, thus working during her internship as a family therapist and currently as a sessional worker. One respondent was a psychology intern, while another respondent was a social work intern – both are currently working as sessional workers. One respondent was a psychology intern (D. Psych) and is currently working as a sessional worker while the final two respondents are interns, one in psychology (MA), one in social work (MA).

- **Tertiary education:** (including degree in progress, if applicable)
- **University/universities from which degree/degrees were obtained:**

The tertiary education of the respondents and universities from which their degrees were or are currently being obtained varied, and are as follows:

- Respondent 1: BA(SW) (Hons.); MA (Forced Migration); MA (Public Health) University of Witwatersrand.
- Respondent 2: BA (SW) (Hons.) University of Witwatersrand.
- Respondent 3: B(SC) University of Cape Town; BA(SS) (Hons.); MA(SS) University of South Africa.
- Respondent 4: BA (SW) (Hons.) University of Natal; BA (Psych. Hons.) University of South Africa; MA (Educ. Psych.) University of Witwatersrand.
- Respondent 5: Dipl. (Nursing) BG Alexander College of Nursing; BA(SS) (Hons.) University of South Africa.
- Respondent 6: BA (Education) University of Witwatersrand; BA (Psych. Hons.) University of South Africa; MA (Educ. Psych.) University of Zululand.
- Respondent 7: BA (Art) University of Hallan, Sheffield; BA (Psych. Hons.) University of South Africa. MA/D.Psych. University of Johannesburg.
- Respondent 8: BA University of Cape Town; BA (Psych. Hons.); MA (Educ. Psych.) University of Johannesburg.
- Respondent 9: BA (SW) (Hons.) University of Port Elizabeth; MA(SW) Nelson Mandela Metropolitan University (formerly University of Port Elizabeth).

In the literature review (Chapter 2:53) it was identified that the three disciplines identified mostly regarding involvement in the family therapy arena are psychiatry, psychology and social work (Carr, 2000:51; Goldenberg & Goldenberg, 1996:96). While there are no psychiatrists involved with family therapy at Family Life Centre (although referrals are made on occasion), the findings show that the other two disciplines are well

represented. The majority of practitioners (in family counselling, as well as individual and couple work) at Family Life Centre are social workers, a profession which Goldenberg and Goldenberg (1996:100) state can be viewed as the originator of family intervention. This view is shared by Carr (2000:51) who identifies social work as being “... historically privileged ...” in identifying the importance of working with the family.

- **Counselling history:** (professional and non-professional, if applicable)

The counselling history of the respondents shows much variety. Undergraduate social work training involves extensive practical counselling training, and several of the respondents have done this component of their training at Family Life Centre, initially as students and once qualified, as sessional workers or staff members. Psychology students undertake an internship year at various organisations, including Family Life Centre, where they gain practical counselling experience. They too, often remain at Family Life Centre after completing their internship, usually as sessional workers. Other counselling experiences of the respondents involved organisations such as Life Line, Telefriend, Hospice, JAFTA, Child Welfare, Jewish Community Services, JHB Parent and Child Counselling Centre, The Children’s Foundation, Gateway, Emanna Trust, Leeukop Prison, and Khulisa Management Services, as well as private practice, school counselling and church counselling.

- **Other work experience:**

As with counselling experience, the variation in the respondent’s additional work experience is extensive. Experiences include: nursing, teaching, medical research, consulting, corporate training/other training, events management, psychometric testing, information technology, hairdressing, sales/marketing, human resources, and, bookkeeping. From the findings it can be seen that the respondents have a rich and varied history of work experience and activities, all of which contribute in many ways to the enrichment of the personal and professional self.

The themes for discussion that follow were presented to the respondents in the order that they appear on the interview schedule. However the categories of information are not

discrete, and there is much blending and blurring with regard to the data obtained. While the researcher will attempt, for clarity, to keep the themes reasonably clear, to overly dissect the responses for the sake of categorisation is an unnecessary task, and one that seems disrespectful to the integrity of the respondent's explorations.

5.4.2 Perceptions, Opinions and Experiences relating to Family Therapy Theory and Intervention

The ensuing themes explore the perceptions, opinions and experiences of the respondents with regard to theory and intervention.

5.4.2.1 Family therapy theory

- **Opinions regarding the epistemological shift in the field of family therapy:**

An exploration of her own shift from the cybernetic view of family therapy to a social constructionist perspective was shared by Hoffman (1990:11), who believes that family therapists can only profit from the epistemological revolution that has occurred in the field, emphasising the art of language. Mills and Sprenkle (1995:375) share an appreciation of the personal meanings that evolve through language, believing this to be more appropriate to contemporary values. As mentioned above, the respondents in this study were not in family therapy practice during the period of critique and questioning of first-order cybernetics (i.e. the 1980s) and the move to eclecticism and integration (i.e. the 1990s). It seems that formal studies tend to touch quite lightly on family therapy theory, particularly its history and evolution, and the onus rests with the individual to make a more in-depth foray into the theoretical material. Two of the respondents feel that they are too inexperienced to have a real opinion regarding the epistemological shift that has occurred in the family therapy arena over the past decade, as the statements below testify.

"I can't say that I've lived through the shift ... I'm early days yet".

This suggests that the potential impact of the shift is less for family therapists new to the field. The debates and critiques of the period of the epistemological shift may seem to be of historical interest, impinging less on personal experience.

From her reading on the topic of the postmodern shift, but without the experience of it in practice, another ‘inexperienced’ respondent believes that it is a “...*move with societal trends ... a process of growth in the field*”.

A number of the respondents were initially unsure of the distinction between the categories of modern and postmodern theories, but did have an understanding of the different theories when mentioned by the researcher, i.e. strategic, structural, versus narrative, constructivist. Perhaps this uncertainty highlights the researcher’s experience at Family Life Centre, of an insufficiently comprehensive theoretical orientation that consolidates and deepens critical understanding of the approaches and shifts in the field of family therapy. In addition, not having been in practice in the decades of growth and challenge in family therapy theory may also impact on a clear understanding of the different paradigms. According to Auwerswald (1987:322), confusion has resulted from a failure to differentiate between modern and postmodern paradigms.

One respondent believes the distinction to be an issue of a shift in power.

“From my perspective ... the client ... the system will certainly hold more of the power ... and a more kind of equalised power ... and I prefer that. Although! ... I do think that certain interventions from the modernist era are applicable”.

The issue of power and the expert role was also mentioned by other respondents who believe that the shift focuses attention on the following aspects.

“... where the client is taking you, and not so much on an expert coming in to dictate ... it’s a more, uh, connecting way of working with families and um, its ... client-focused”.

“... you’re no longer the expert with a normative understanding of how the family should be and should relate ... so it’s not about pathologising any individual, it’s not about pathologising those relationships, but considering alternatives and breaking stuck patterns of relationships”.

“I actually prefer a, um, a shift towards postmodernism because it’s not so instructive, authoritarian, top-down ... rather than the therapist having an idea of where they want to push the family ...”.

It appears from the verbatim statements above, that the respondents feel a sense of discomfort with the expert role, thus implying an orientation towards a postmodern position. If one considers the views of Carr (2000:122) and Goldenberg and Goldenberg (1996:304) as outlined in the literature review (Chapter 2:86), the role of the practitioner in constructivist family therapy is that of collaborator of the family’s personal construct systems, as well as facilitator of an exploration of the constructs and ways of revising them. The expertise of the family therapy practitioner lies in her role as facilitator of a process, and not as director. A collaborative, non-hierarchical role privileges the perspective of the family as much as that of the therapist.

Linking with this perspective, one respondent believes that with the change in role of the family therapist to that of facilitator assists the process in the following way.

“... being open to the uniqueness of that family and how they relate but nevertheless understanding where they could be, um, where their relationships and their patterns of relating becomes the source of the problem”.

The imposing of a theoretical frame of reference onto a family is viewed by one respondent as unhelpful to the process, whereas a postmodern approach *“... reverses the process”* and is *“...an exploratory expedition into their world”* in an effort to understand their reality.

This perspective links with the discussion in the literature review (Chapter 2) in which postmodern implications for family therapy were explored. According to Gergen (in Carr, 2000:119), certain problems and contexts lend themselves to particular models, requiring a consideration of many variables (e.g. gender, class, culture) since there exist no universal principles for effective practice. Thus, understanding the worldview of the family and exploring their reality is essential. In addition, according to Pocock (in Rivett & Street, 2003:49), the crucial issue is which model is appropriate and useful to a particular family at a particular time, as well as consideration of the fit of this model with the individual practitioner.

One respondent feels that in the shift to postmodern thinking, the process of family therapy is facilitated in the following way.

“... sometimes ... to focus more on the narrative than on a structural/strategic outcome ... because ... when you are very strategic you maybe get lost in the ... you lose part of the process because you’re not focusing enough on the narrative and in some way ... you could possibly say it predefines what you want as the outcome”.

This statement illustrates a postmodern orientation in that it links with the view of Bertrando (2000:88) who states that the original cybernetic position is seen as mechanistic, although this was not the intention of Bateson, but merely an analogy to computer metaphors. In addition, the issue of a single objective reality is modernist in its assumptions, and the respondent perhaps implies that this would lead to a pre-judging of the outcome to be achieved. However, as stated by Kvale (1992:200) (in Chapter 2:83) the distinction regarding the modern/postmodern divide is an unnecessary polarity. Rather it is a re-conceptualisation of subject matter, opening up new avenues for social science.

Some of the respondents seemed more confident regarding their theoretical knowledge and held firm views on the epistemological shift in family therapy theory.

“... from my understanding family therapy falls very nicely under the meta-theory of ecosystemic understanding of the inter-relationships and patterns of relating within the family...”

“... I think from a theoretical perspective its given more scope ... more flexibility in working with the family and working in the here-and-now, not only working in the past ... and more opportunities for exploration...” providing a broader understanding of family relationships that is *“... less rigid ...”*.

The overall finding of this discussion with the respondents is that the epistemological shift in family therapy theory benefits the process of intervention and practice.

“... I would say it’s a welcome shift”.

“... its necessary ... the shift to openness is a good one”.

“... I think the shift going from the strategic and structural model to the more constructivist model is, um, a positive one ...”.

Thus despite, for some, there being a sense of inexperience or a lack of certainty regarding what constitutes a modern and postmodern distinction, all of the respondents view the changes as positive in terms of theoretical growth and the move from the expert role to one that is more collaborative.

- **Theoretical approaches:**

According to Baldwin and Satir (1987:153), practitioners are representatives of their chosen theories and while little, if any evidence exists to indicate the superiority of one theoretical model over another, many complex variables are present in the therapeutic encounter that impact on client outcomes. In the literature review (Chapter 2:40), Goldenberg and Goldenberg (1996:16) state that while most family therapists subscribe to a cybernetic epistemology, a schism exists between those operating from a modernist

perspective of objectivity and change from outside the system, i.e. first-order cybernetics and those who see the family therapist as part of the system and who participate in the construction of a new reality, in other words a second-order cybernetic view.

The former part of this statement seems to be an accurate reflection of the opinions of the majority of respondents, although whether a ‘schism’ exists between team members favouring a different approach remains to be explored. The impact of training, both at university level and at Family Life Centre, is evident in the responses below.

One respondent referred to her training at university as stemming from a humanistic, person-centred approach, which reflects in her way of working with the family.

“... being family-centred ... the basis being PCA”.

However, this respondent also feels a need to become more eclectic as she develops and becomes more experienced in family therapy.

“... I want to build on that...”.

Seven of the nine respondents identified either a first- or second-order cybernetic paradigm as the approach used in the practice of family therapy, although the distinction between the paradigms was not always made.

“At Family Life Centre, definitely more the narrative ... but that’s because that’s the culture of the place ...”.

“Well, the reflecting team (Tom Andersen’s approach) ... um, is the norm at Family Life Centre...”.

“I think, falling under (supervisor) ... as an intern I had to take on ... well, she’s not very prescriptive, she’s very open and free but ... we were given readings on the narrative approach, Michael White’s approach to family therapy, so it introduced that to me ...”.

“I think some of its narrative but coming from more of a kind of community development background (at Family Life Centre) ... also quite systemic ... I think you have to look at the way things work together and how things happen, you can’t have a situation where you’re looking at one person in isolation and naming them as the problem ...”.

“We were shown Minuchin at varsity and then that’s pretty much what we did here (at Family Life Centre) ... that was my first practical experience of family therapy ... they kind of fitted together”.

The comments above highlight the influence upon the family therapy practitioner of the approach used by the organisation. Of particular significance is the fact that with inexperience, comes a degree of acceptance of the paradigm of the organisation or supervisor within the organisation, perhaps without much questioning. In the literature review (Chapter 4:223), Keith (1987:61) states that the self of the therapist may become clouded by theory and training, thus inhibiting spontaneous behaviour and thought. Following a similar train of thought, Goldenberg and Goldenberg (1996:365) suggest that in the process of learning from more experienced colleagues, there is a risk that over-dependency on the direction of others may inhibit the unique self that each therapist brings to the therapeutic encounter. Spinelli and Marshall (2001:2) state that most therapists can directly answer the question of their chosen theoretical approach, but what is seldom considered is how these theories have been interpreted and re-interpreted from an “...embodied standpoint”.

Also important is the fact that while most of the respondents identify the narrative approach as being used almost exclusively at Family Life Centre, one respondent felt that the work of Minuchin (i.e. structural family therapy) is the standard approach.

Two respondents made no specific mention of the influence of Family Life Centre on their chosen approach to family therapy. The influence of studies however, is implied from their responses.

“... pretty much systems ... I enjoy the fact of boundaries and getting the different structures right ... so, I suppose systemic is the main approach for me”.

“... um, I go from a systems perspective initially, just to gain an understanding of the history of the family and to get an understanding of what patterns are recurring ... what I tend to do with that knowledge is often not share it, just understand it ... and then I work generally in the here-and-now of what is happening ...”.

Only one respondent specifically distinguished her chosen theoretical approach as subscribing to a postmodern paradigm.

“A postmodern feminist stance ...” with *“... art therapy as an intervention”.*

In the literature review (Chapter 2:105), discussion reflects on how postmodern feminism has challenged family therapy to address issues of power, patriarchy and inequality (Kjos, 2002:161; Goldenberg & Goldenberg, 1996:320). The postmodern feminist view questions the dominant discourses of daily life, exploring how these are maintained and perpetuated in society (Hare-Mustin, 1994:21).

From the findings it is clear that all of the respondents follow a cybernetic epistemology, albeit that the distinction between first- and second-order paradigms is not necessarily delineated.

During the exploration of this theme, most of the respondents indicated a shift in their approach to family therapy as their experience in the field grows. These comments will be integrated into the theme below, which deals more specifically with changes in theoretical approach over time.

- **Perceptions regarding initial encounter with chosen approach/approaches:**

The issue of the initial encounter with a chosen approach is explored in Chapter 4 of the literature review. According to Spinelli and Marshall (2001:6), a theory may immediately feel ‘right’ for a therapist, or it may feel odd and uncomfortable. In

addition, aspects of the theory may be valued, while others are ignored. In order to understand how we ‘embody’ certain theories it is necessary to understand what they mean to us and how we put them into practice. These authors state further that who we are at the time of the encounter with a theory will influence how we respond to it at that time.

Two respondents felt an immediate liking and comfort with the initial encounter with their chosen approach. From the statements below, however, it is also clear that this liking and comfort do not necessarily remain static. Again, this issue will be dealt with in the theme below, dealing with changes in theoretical approach.

“I loved allowing the family to create their own narrative ... I loved listening to the family’s story ... I loved more using the language of the family, and that we didn’t bring in our own language ... so in the beginning I loved all that ... but that’s what I started questioning”.

“... I liked the structure of it and it gave me a framework to work from, so ... from a systems perspective I could actually gain a better understanding of what the subsystems, what the different collusions, what the different triangles were ... that’s not to say that it works for every family ... it gave me something concrete to work from, and then branch out, so I don’t work purely systems ... my approach is more eclectic but its given me a good framework ...”.

From the above responses it is apparent that the initial encounter with the chosen approach was one of liking and a fit with the self of the therapist. However, changes in this perception are evident as experience was gained. Spinelli and Marshall (2001:169) believe that if an approach feels right for the therapist it is more likely to be practiced in a way that is authentic to her, thus benefiting the therapeutic process for the family.

Of the remaining respondents who felt less comfortable with their early encounter with the chosen theoretical approach, one respondent felt that her approach has “... evolved

from research with rape survivors and the failing of the modernist approach ... a challenge to the idea of having control ... and a challenge to imposing Western models in an African setting". This respondent felt the need to "... search for something that makes more sense..."

Although not specifically relating to family therapy theory, it can be speculated that for this respondent there was no initial feeling of theory making sense, that it was something that research highlighted as non-viable in a particular setting, thus resulting in the respondent having to search for a theory that had a better fit with her experience and with her authentic self. In addition, this respondent mentions the issue of culturally diverse practice, which according to Thompson and Rudolph (2000:349), requires consideration of the customs, norms, communication patterns and standards of behaviour of different cultural groups.

The remaining respondents expressed varying degrees of discomfort in encountering their chosen approach for the first time.

"Strange ... it took time to get used to it ... I did find it difficult at first, and that's another reason why I had to build onto it, using other approaches"

"I think as a student I was quite uncomfortable ... I didn't really have enough understanding of what it was about ... I didn't really understand that actually we all have different opinions and experiences and our own opinions ... I thought there was a right and a wrong and I was terrified of being wrong (laughs) ... I think as one gets used to it and takes the odd risk or two, in fact I'm very comfortable now ..."

As explored by Young *et al.* (1989:71) anxiety may be an inherent difficulty in training settings, as well as constraining beliefs about getting things right. These are factors which have the potential to impact on the acquisition of both cognitive and executive skills. From the statement above however, such feelings and experiences may, in time, be surmounted. The views of Berger (1995:311) (in Chapter 4:267), suggest that

personal competence and confidence develop over time and with experience, and that the development of an individual style lessens the need for the approval of others.

“I think every approach does feel strange ... I’m not a purist so ... I definitely do try things on for size and ... its very awkward initially, until I see what fits comfortably for me”.

“I think initially I thought systems theory is fine, I’ve always agreed with it and thought it a very useful way of looking at things ... in terms of narrative work, initially I was ... I’d probably say a bit sceptical of it ... of course you take and discard some things, you decide that’s not the way you want to go ...”.

From these comments one can conclude that the initial encounter with a chosen approach did not provide the sense of “...coming home...” referred to by Spinelli and Marshall (2001:166). Of significance too, is the view that a degree of discomfort or dissonance may be growth enhancing (Spinelli & Marshall, 2001:169). Worden (1999:53) suggests that new family therapy practitioners lean towards a purist approach, typically the one they were exposed to in training, but that with experience there is often a shift towards eclecticism. The reflections above seem to corroborate this view.

The distinction between theory and practice for less experienced family therapists is evident from the statement below.

“When we studied it in theory, um ... I liked the theory, it kind of make sense, um, but we didn’t have any practical experience as part of our studies so it was purely theoretical ... then when I came here as an intern and I had to do it! (Laughs) I think what I found was that it didn’t make quite as much sense to me when I was doing it ... what I found was that it was maybe not an approach that I would necessarily take ...”.

Once again, the influence of the organisation or supervisors within the organisation upon practitioners is evident from aspects of the statements already discussed, as well as those below.

“I was a little anxious about the narrative approach because it wasn’t something I knew theoretically...”

During her early experiences of family therapy this respondent shared her feelings as follows.

“... I was aware of my own anxiety ... of how I was coming across ... so I was kind of observing myself being observed and yet trying to hear what the family were saying ... so that threw me in the beginning ...it absolutely threw me! Maybe because I was holding onto (supervisor’s) perspective too much”

The researcher speculates that the level of counselling experience at the time of exposure to a theory may influence the response to it. As a beginning family therapist the number of theories may prove overwhelming and there may be a sense of security in following what is the norm at a particular organisation.

An area of shared experience with regard to the exploration of this theme reveals that all of the respondents, whether the initial encounter with an approach was comfortable or not, feel the need to build on that theoretical foundation. The statements below bear testament to this observation.

“As I started to let go of the student role, being observed, being evaluated, the performance anxiety started to ease ... and that’s when I started to bring in the psychodynamic ... not in the purely psychodynamic way where you are analysing everything ... it was more guiding my uh, thinking, for the next session”

“But I’ve gone more analytic ... I’ve shifted ... not that I think they can’t be married and not that I don’t subscribe to systemic work ... I believe that there is so much depth psychodynamically ... I think you have to have a deep understanding of that before you can work narratively or systemically”

According to Gladding (2002:119), Carr (2000:163) and Goldenberg and Goldenberg (1996:111), efforts to integrate systemic and psychoanalytic concepts resulted in object-relations theory, discussed in the literature review (Chapter 2:119).

“I don’t think it should be the only, the dominant theory... (referring to narrative theory) ... maybe you’ve got to look at other stuff, maybe its eclectic ...”.

In conclusion, many of the respondents initially struggled to make sense of family therapy theory, although a sense of personal embodiment of theory evolved or is in the process of evolving, over time.

- **The way the approach/approaches was/were chosen:**

According to Zeddies (1999:232), attachment to a particular theory, therapist or supervisor may prove limiting in that it becomes difficult to consider alternatives. Reflective thinking is essential if one is to consider how such allegiances impact on the therapeutic encounter. With regard to the way in which an approach was chosen by the respondents, the impact of academic training and the organisation where family therapy practice occurs is once again evident from the responses explored below. Aspects of this theme integrate with the section above, which focused on chosen theoretical approach.

“It was essentially part of my studies ...”.

“That was what we were taught to do ... it was all I was exposed to and you know, when you’re studying you don’t have time to go and find out more stuff ...”.

“I think RAU is more systems based although they like to expose us to all aspects or different theoretical approaches...”.

“ I think it depends on where you were trained ... at Wits there’s a big systems approach ... you don’t get a lot of input on psychodynamic theory ... you get some on humanism

but you don't get much else, so what you learn is usually what you practice unless you are very invested in seeking out other knowledge ...”.

As previously explored, Keith (1987:61) suggests that the self of the therapist may become obscured by theory and training, thus inhibiting spontaneous behaviour and thought, and also in the opinion of the researcher, a search for an approach that may be experienced as more authentic to the self.

“It was chosen for me (at Family Life Centre) ...”.

Other respondents have engaged in a more personal journey of exploration to find their chosen approach.

“ ... I don't think I chose it ... I just think it became part of my ... my thinking about people and about relationships and about the family ...”.

For one of the respondents, her chosen approach arose from a need to understand family, mental health, and the larger community in a context that was more relevant to South Africa than the normative Western model of family life. This opinion highlights the view of Comb (in Merry, 2002:55) who states that the development of a theory that is personally meaningful is a highly idiosyncratic and creative process.

Two respondents specifically mentioned how their personal therapy experience has influenced the way in which they chose their approach.

“Maybe my own therapy ... and my own inclination to what I felt I needed for myself (as a client) ...”.

“My own ... I had therapy for myself ... and I think I picked up quite a few of my therapist's way of doing things ...”.

Thus it can be concluded that training institutions and practice organisations, and to some extent the personal experience of therapy, impact strongly on the way in which a theoretical approach is chosen and implemented. The personal embodiment of theory occurs perhaps, with enhanced personal and professional experience and development.

- **Influence of chosen theoretical approach on personal values/beliefs:**
- **Influence of personal values/beliefs on chosen theoretical approach:**

The themes relating to theoretical approach and personal values and beliefs are combined as most of the respondents spontaneously entwined these aspects, making separation arbitrary and unnecessary.

In the literature review (Chapter 4:226), Spinelli and Marshall (2001:1) state that very little attention is paid to the relationship of the therapist with the chosen theoretical approach. The choice of approach gives a sense of meaning and purpose to therapeutic practice. The findings reveal a fascinating mixture of responses, perhaps reflecting the individuality of personal values and perception of theory. Van Dyk (1997:99) states that values play an important role in the social work profession and underlie the mission and aims of social work. Both personal and professional values are significant, with the former influencing interaction and the latter reflecting the way one practices.

For one respondent the theoretical approaches used and values both did **and** did not fit, as her comments illustrate. Referring to the narrative approach, the values of the respondent are reflected as follows.

“I believe in equal power, um I believe in multiple realities ... I don’t believe in a core truth, I don’t believe in a core reality, I don’t believe in causality, that A causes B ... I think there are multiple factors and variables ... my values are of equality, client self-determination, all of that kind of stuff”.

This respondent feels that while there is congruency between her personal values and narrative values, a dilemma has arisen, as she explains.

“However! Because I’ve shifted more to object relations ... psychodynamic theory, um that doesn’t fit 100% with my values ... because I’m the expert in the room ... there’s a

whole different power, and I'm not too comfortable with that ... its definitely a hierarchical space, even amongst the therapists and the trainers, and definitely you get your elitist therapists ... and I'm not comfortable with that, but I do find it a very valuable therapy, although it doesn't fit with my values".

Thus one can assume a certain clash of values relating to psychodynamic theory and the personal value of equality and shared power. Whether and how this impacts on the therapeutic encounter with a family is perhaps part of the personal journey of this particular respondent.

The issue of a degree of clashing of values was explored by another respondent, not so much in terms of the approach used, but more related to the way in which the reflecting team operates. While this theme is dealt with more specifically later in the chapter, the issue for this respondent is sensitivity towards the sense of intrusiveness families may experience in response to the one-way mirror, the camera and so on. In addition, for this respondent there are times when differences in interpretation by team members give rise, on occasion, to a sense of personal discomfort and feeling different. So while her values and approach fit comfortably for her own practice, aspects of reflecting team work raise concerns.

Another respondent feels the need to actively engage in a personal journey of discovery. *"... A search for a model that is congruent with my beliefs and values ... its fine studying theory for the sake of theory but working with people I was confronted with finding a model that worked for me ... the litmus test of a theoretical approach is whether I feel comfortable with it, whether it fits with my beliefs and values, and whether it's therapeutically useful to clients ... that's what I was searching for!"*

For this respondent her preference for art therapy, at times eclipsing the traditional verbal approaches, is an aspect that evolved from the moulding of an authentic model for practice that was the result of the expressed needs of clients.

For the remainder of the respondents there appears to be a sense of congruency, perhaps the difference being one of degree, regarding the influence of theoretical approach and

personal values. The value of being non-judgemental and respectful was mentioned by several respondents, and some respondents also explored the impact of studying on theoretical approach and personal values. The comments below illustrate.

“ ... they definitely influence, um, hugely ... as a therapist whatever approach I take its got to be me, its got to be an extension of me ... its got to have a personal aspect ... obviously we can extend our perspectives while we study and train, because we enlarge our repertoire ... I have more compassion for the family after studying, where before I was slightly more judgemental ... I think I'm a better therapist through the studies”.

“I think with extra studying I got an idea of other options ... this whole thing of us all having different experiences, each person in the room having a different experience of the family, so you have multiple perspectives, that sort of fits for me ... systems is how I think ... I think it comes from my earlier training in zoology, and seeing the world in terms of wholeness ... it fits with the whole systems theory, um, I think its not in opposition at all”.

“I think my, um theoretical approach is more based on a value system as opposed to a theory ... I would say the most important part of doing this work is to ... to not be judgemental, to not have a corrective approach to working with people ... creating a context for change, for exploring the possibility of change in a direction that makes sense for them, so its very much a second-order understanding ... so I hold to that value ...”.

For the respondent, there arises too, the issue of being in tune to the needs of the family, thus at times she will take a more directive, goal-oriented role, remaining focused however, on empowerment and the development of insight as a primary concern.

“Personally I like to have an understanding of where things come from and where they are going to ... and for me that gives comfort knowing, um, that things don't happen in isolation, there's no randomness about behaviour, that there's a structure that has developed and created and sustained a particular behaviour for whatever the family needs it for ...”.

Hence for this respondent there is a sense of congruence between the systemic approach and her own need for structure and a measure of predictability.

“They are so intertwined, um, I can’t really untangle the two ... my personal approach and my theoretical approach are both part of me ...”.

It can be concluded that personal values and theoretical approach are strongly linked in the perceptions of the respondents. The importance of knowing one’s values, having theoretical knowledge, knowing which theoretical aspects fit with the self, clearly impact on the choice of approach. However, as explored earlier, choice of theoretical approach is also affected by academic training and the approach favoured in the organisation. This does not imply though, that personal values are less significant.

- **Impact of chosen theoretical approach on personal/professional life:**

This theme seemed to be thought provoking for most of the respondents, requiring time to capture and verbalise their thoughts. The range of variation in responses reflects the individuality of perception with regard to the interpretation of the theme, and the meanings evoked.

One respondent, after some thought, believes the following.

“... Maybe it works the other way round, um, in that the value comes from me so it doesn’t impact me, it maybe ... um ... possibly it allows people to feel comfortable, to not feel ‘sick’ ... to feel safe to explore ... and yes, it feeds me because you know, I feel empowered to continue with that framework ...”.

This respondent believes that her values impact her professional life in that through helping others, she is enriching her own life, but with some qualification.

“ ... its for me, its what I’m doing for myself ... there’s just so much I don’t know and the more I get into it the more I’m aware of what I don’t know ... and if I ever start to believe that I can do this and that I hold the key, then I know I need to get out ...”.

Another respondent believes her current position to be in a process of transition.

“Well ... let me think ... the impact of my theoretical approach ... which is depth work ... on my personal and professional life has forced me to a deeper therapy ...”.

The conflict for this respondent has resulted in a return to her own therapy in an effort to find a more comfortable space. Confusion came about in not being able to put into practice the techniques of narrative therapy, despite a feeling of real comfortableness with the philosophy behind it. In addition, in seeing the value of deeper work with clients, there are difficulties in this approach that affect this respondent, as her comments imply.

“... I think what’s difficult for me is that where I’m at, at the moment does pathologise, so I have to be careful at not pathologising ... its very uncomfortable at the moment ...”.

The struggle for this respondent is her real belief in the necessity of working on a deeper level with families.

“... when you don’t work deep enough or understand in a deep enough way, our clients leave with inauthenticity, a wooden aspect of themselves as opposed to something that is really integrated in a really authentic shift ...”.

In some ways this respondent sees a lack in her personal growth, that her own work has not yet been on this deep level and hence, her choice to struggle to find an authentic fit.

One respondent feels the impact of theory on the personal and professional self relates to viewing clients within a context or framework that is relevant at a certain time, and that the approach may differ from time to time.

Another respondent believes that the approach used impacts positively on her own sense of anxiety.

“ ... I think giving structure ... unpredictability makes me anxious and because I’m a highly anxious person to start off with, I need to know that some things are ... there’s space for some control, and that there is some predictability in some things ... so I think from a professional point of view it gives me something grounded that I can work with, that I can hold on to ...”.

Other respondents view their theoretical training as providing a platform from which to work, that impacts on how they practice, but which feels ‘right’ in terms of their personal beliefs.

*“I think ... you know I was trained person-centred only and um, I think it’s given a breadth to the way I work with individuals as well ... how they fit into the system and how the environment reflects on them ... that gives a ... a more **whole** picture of their lives”.*

“...it’s not like I have to go in and put on the person-centred approach while I’m in the therapy session, its part of my personality”.

“ ... I think it does impact your personal life um, professionally obviously because that’s what you are choosing to do ... that sharpens how you work ... but personally you do apply those aspects into your personal life, in your own marriage, into your friendships, into your parenting style ... but I think personally, your own values and belief system is a stronger pull ... but there’s definitely a cross-pollination between the two, and obviously your experiences in the home will influence how you are professionally as well”.

In conclusion, the impact of the chosen theoretical approach on the personal and professional self is felt to impact to a differing degree by the respondents. Some experience the impact strongly, others less so.

- **Philosophy of chosen theoretical approach and fit with personal/professional preferences:**

Gilbert *et al.* (1989:10) believe that theoretical orientation reflects personal constructs and perspectives on life, that is, one’s philosophy. Understanding one’s paradigm is essential and according to Pocock (in Rivett & Street, 2003:49), without such an understanding there is a risk of being overly rigid or theoretically capricious, without consideration of the relevance to the client family. However Spinelli and Marshall (2001:169) suggest that a perfect fit is not a necessity and that a degree of dissonance may be growth-enhancing. Some of the respondents experience a comfortable fit

between the philosophy of their approach and the fit with personal and professional preferences. Others however, are still in the process of journeying towards finding this fit, or finding an alternative fit, as the comments below suggest.

The theme of a journey towards a fit is evident to a degree in the responses below.

“... ja ... I would say it’s a comfortable fit and it relates to my philosophy but that’s also because I’ve practiced in that way for a long time ...”.

“... if I was more at a distance from them (clients), if I relied more on a psychodynamic approach where self is always hidden it wouldn’t be as expensive in terms of energy and time and personal resources ... but I don’t think I would be as effective as a therapist so it’s a bargain I’ve chosen to make”.

“... I think I’ve chosen very broad approaches, they are not very specific, they are not very defining of how you behave which I like ... I have a problem with being too boxed in (laughs) ... they might be too broad and not specific enough but then I borrow pieces from other, um, insights to fill in a more detailed understanding ... its not a perfect fit, put it that way”.

“Ok, well let me reiterate ... I think that the human being, psychodynamically, spiritually, intellectually, is so complex! ... If we stop journeying or we take one theoretical approach and we put that as a fundamental approach I think we’re losing out and that’s why I’m exploring different things ... as a professional I’m obliged to explore the depth and complexity, (of the human condition) no matter where it takes me”.

For one respondent the philosophy of her chosen approach, namely empathy, non-judgement and unconditional positive regard, fit with her value preferences, however she feels at times the need for more directive intervention, to move the process forward at a faster pace. Another respondent states that her training was non-directive in nature and while she believes in the value of this approach, her personal inclinations may challenge

her at times. It would seem that the journey towards a fit is ongoing for some of the respondents, and that philosophy and methodology are at times in conflict.

“I sometimes find it quite difficult to ... I find it difficult not to give people advice, what I think would be the best way to go, um, and I have to restrain myself”.

One respondent related this theme to her experience as an intern, where she felt “... *you come in as the underdog ...*” and that this frame impacts on how you view or practice an approach because of the element of evaluation by a supervisor. Although the philosophy of the approach, that is helping families in difficulty, fits with the respondent, the actual methodology of practice of the reflecting team is a less comfortable fit.

“I would prefer to have the family and the team in the room together, thrashing it out ... the window thing didn’t sit right with me ... and I think you have to be very careful of how you choose your team, um, its important that the team gel ... and you also have to be careful of power imbalances in the team ... ideally that should not be there ...”.

Her feeling is that should she use family therapy as an intervention in private practice in the future, she would do things very differently in order for the approach to fit with her values.

Respondents who seem more certain regarding the fit between theoretical philosophy and preferences shared the following reflections.

One respondent feels that the philosophy of her approach, which is about trying to understand how meanings are constructed and deconstructing meanings, “... *strips away the assumptions of societal varnish of what people tell you ... the plurality of stories, no one explanation, that is close to my heart ...*”.

Exploring further, her preference for art therapy may create a difficulty for some clients, however she believes “... *it’s who I am, I’m an artist, it just comes through so it’s hard for me not to have that part in the room when I do therapy ... sometimes they don’t want to make art, maybe they’ve had a bad experience with making art ... and that can lead to tension ... but then I work verbally ...*”.

“I think, the philosophy about it for me is that, um, by anchoring me in a structure gives ... more security than feeling that everything happens at random, and that there’s no containment and that there are not boundaries that can be set in place ... so from a philosophical point of view having the boundaries of holding, for me, gives a family more security and a sense of mastery in specific areas ... and helps them contain some of the stuff...”.

Of importance for the respondent above is the degree of fit between the approach and her own anxiety which she feels, is allayed by having a structure from which to work.

“I think there’s a great fit ... there’s such an overlap between who I believe myself to be, where I’ve come from, how I’ve evolved as a therapist, that’s led to me studying further ... so its kind of like the heart thing with the head thing ... as you become more in tune with who you are at a deep level its led me to want to learn more and grow more and evolve as a therapist ... I can’t separate the person from the therapist, you are the tool in the work ... so the philosophy is again the value system that I mentioned ...”.

This respondent believes that the personal journeys of therapists and clients converge at times, which is about the reaching of potentials and growth. According to Satir (1987:19), techniques and approaches are tools with different results when used by different therapists, suggesting the impact of the self upon the client family occurs regardless of and in addition to, the espoused approach. Spinelli and Marshall (2001:169) believe that the experience of an authentic fit regarding approach is more likely to be practiced in a way that benefits the therapeutic encounter.

The journey towards finding an authentic fit with regard to self and theory is a challenge which may prove to be ongoing. Perhaps there are times in the career of the family therapist when the fit is more or less comfortable, with the latter compelling the journey to take other directions. The theme that follows may elucidate.

- **Changes in approach to family therapy:**

The issue of a changing paradigm is explored by Sexton (1997:11-12) and discussed in the literature review. Sexton suggests that a shift requires contemplation of theories on human behaviour, which may challenge beliefs and values and involve feelings of resistance and struggle. Clarke (2002:1) explored a personal epistemological shift that has the potential to be experienced as “... liberating or shattering”.

All of the respondents feel that their approach to family therapy has changed in some way over time, with perhaps one exception where one respondent feels as follows.

“It’s really such a new arena for me ...”.

For the majority of the other respondents their approach to family therapy very much relates to their personal journey into this field of intervention, as the reflections below illustrate.

“Oh, I think it changes all the time ... we’re influenced by the people, um, in the team ... by what you are observing in other therapists, by different approaches to a case ... I think that’s the joy of being in a peer group, you’re not limited by yourself (laughs) ... so there’s definitely change, and it’s a good change”.

“There was a radical change in that in the beginning, I was so aware of my own anxiety ... I had no experience of family therapy ... as soon as I was given a space to breathe a bit, um, I sort of calmed down and didn’t need to be directive ...”.

For this respondent change was reflected in a shift from the need to be more directive in intervention, as a result of inexperience and anxiety, to a more relaxed way of being that allows for an enhanced therapeutic relationship with the family.

“I think it has changed ... to be more encompassing ... starting to look at bringing in more things ... I think each of these theories is one way of looking at people and people are very complex ... the more ways you can look at them and the more bases from which

you can stand and look, the better your understanding of them is going to be ... so I would say that I've moved to a more eclectic approach".

"Before I did family therapy I thought it was more of a quantifiable process, something that had a beginning, middle and end, one could see the process and have an expectation of what that would look like ...".

With experience, this respondent feels that her perception of the process has shifted, at times leading to a sense of frustration, but at the same time eliciting humility in practice and an ability to be comfortable with not knowing.

"... in sessions anything can happen, the dynamics can be anything, the changes can be anything, you don't know the end of the story, you see a snapshot of the process ... change probably manifests down the line ...".

"So, initially it would be ... the way it's done at Family Life Centre ... which would be reflecting in the language of the family and I think that that's all beautiful but ...".

This respondent went on to elaborate on changes she would like to see in the theoretical aspect of practice at Family Life Centre.

"... I would want the team to have greater discussion on what is happening, exploring from multiple languages, which is narrative ... and really exploring in depth and then really talking in depth afterwards ... I don't think that's done enough, personally!".

For one respondent, her previous experience of family therapy was in a different organisation where a systems perspective was not used, thus for her the approach used at Family Life Centre is a change.

"... this is a better fit for me ... so I think because I've grown professionally I see the benefit of using a model that has more structure".

"I'd probably say its shifted ... I think inevitably you deepen your knowledge and you probably change the way you work ... I think probably in the beginning I was quite structured (structural family therapy) ... maybe to provide a frame that is secure if you're

not an experienced therapist ... as you feel more confident in your own ability you'll be OK to move away from that approach”.

Of interest, the last two statements of two of the respondents reflect a difference relating to change and experience in family therapy. The latter believes herself to have become less structured with more experience, while the former feels that as she has gained in experience, she sees the benefit of more structure.

The views of Sexton (1997:11-12) touched on above, as well as those of Hanford (2004:105) suggest that the process of shifting one's approach may result in the experience of confusion and a lack of confidence in practice. It would appear however, that this is not the case in terms of most of this sample of family therapy practitioners. While change has taken place, it seems to be experienced as positive and growth-enhancing. However, for one respondent, the approach favoured at Family Life Centre has caused her to challenge her thinking with regard to the issue of depth in working with families.

- **Theoretical approaches that do not fit with personal/professional preferences:**

The choice of theoretical approach that does not fit with the preferences of the respondents shows variation, but also some similarities, as the comments below illustrate. The respondents were all very quick to respond with their reflections to this theme, and seemed certain of their opinions and perspectives. Of interest to the researcher is that many of the respondents laughed when reflecting on this theme, and curiosity around what evoked the laughter arises. Perhaps it feels easier to contemplate approaches that do not fit, or could it be that one feels more certain of what one doesn't like?

“(Laughs) ... I would say behavioural therapy, although I use it with my kids! ... I found existentialism fascinating for a long period of time but didn't find it that much use in the end ... so, those two are probably the least close to me”

“I’m really not a behaviourist (laughs) ... really not! I think that there’s a place for cognitive-behavioural work and I think without realising it most of us work in a cognitive way ... we work with core beliefs, changing core beliefs, thinking patterns, all of that stuff ... but its too wooden, I can’t work in a behavioural way, but there is place for it ...”.

“For me a directive approach wouldn’t fit ... um, too much emphasis on structuralist, and too much emphasis on any approach ...”.

“Well, um ... I think maybe the structural ... you know, if you think of Minuchin and the whole structural thing, it fits to a certain extent but I think that this whole thing of moving people towards normality which is in the mind of the therapist is not always helpful ... I would tend to see myself as more postmodern ... there are a thousand billion different families and what is normal? ...So anything prescriptive ... wouldn’t fit with me”.

“I’ve never felt really comfortable with an approach that is totally psychodynamic, I struggle to get my head around that, and I think with a family it would be even more difficult for me to use (laughs) ... so that would not work for me”.

One respondent suggests a degree of pressure in work with families at Family Life Centre, in that there is always a long waiting list and to continue therapy with a family for some time denies other people the opportunity.

“ ... so when you’re feeling that way, working in a psychodynamic frame is quite luxurious, it assumes you have a long time to explore ... but I think for me working in that way doesn’t fit because you focus on one individual ...”.

“I don’t know if you can be purely psychodynamic and do family therapy, it wouldn’t work, and um, cognitive-behavioural, you know any purely first-order therapist that has this structured way of working ... although it’s very comfortable if you’re inexperienced to sit with say, the structural model, where you can set goals and give direction ...”.

This respondent went on to explore her belief that approaches focusing on an ‘identified patient’ while disregarding a systemic view of the entire family would not fit well for her.

In addition, this respondent believes it is important to be sensitive to the needs of the family when contemplating an approach to be used, for example to consider the cost for families who perhaps cannot afford long-term intervention.

“I’m not psychoanalytical ... I do to an extent, um, go into the history and past childhood experiences but I don’t like sitting with an adult problem and spending all our counselling time on the under 6 years... its too limiting ... I find brief therapy very frustrating, I feel it works superficially and I hate terminating when I see loose ends ... and there’s limitations to anything that is too individualistic ...”.

As with the respondent above, this practitioner believes in the importance of a systemic context in intervention with a family who have come for therapy.

The issue of the significance of the past is an important consideration which the respondents differed on in their views. As mentioned above, the respondent feels that dwelling on childhood/historical issues may be overdone. From an alternative perspective, another respondent explores as follows.

“I think pure social constructionist ... because I feel that it doesn’t take cognisance of the past and from a psychodynamic point of view, the past has enormous relevance to what is in the present, so I think using a purely social constructionist, um ... I would struggle with that ...”.

Criticism of the cognitive-behavioural approach to family therapy is based on it being less systemically-oriented than many other approaches, with learning focused on an individual or subsystem within the family. Family dynamics are less significant a consideration and a therapeutic alliance is not emphasised (Gladding, 2002:189). Held (1995:1-2) questions the theoretical and applied implications of postmodern theories such as social constructionism, believing there to be a lack of critical scrutiny and evaluation. According to Gladding (2002:209), structural family therapy is criticised for inadequately addressing the complexity of family life, reinforcing gender-based executive and expressive roles and ignoring historical family issues. Criticism of psychodynamically-

based approaches focuses on linear causality, cost in terms of time and financial outlay, and intellectual capacity of the participants.

From the above one can conclude that cognitive-behavioural and psychodynamic approaches seem to be the least popular approaches in terms of fit with personal and professional preferences. However, as seen in the explorations above of other aspects of theory, the psychodynamic approach is viewed by a few respondents as extremely valuable in family therapy. Other less popular choices are structural family therapy, existentialism and social constructionism.

- **The way you would have been personally/professionally without encountering your chosen theoretical approach:**

The hypothetical nature of this theme posed a difficulty for some of the respondents, suggesting a perplexity in contemplating how things might have been without the experiences they have had and continue to have, and a task of having to take a close and perhaps uncomfortable look at such experiences. According to Grobler (2005), theoretical knowledge is insufficient without knowledge of “... how we know what we know”. Thus practitioners need to know the paradigm that informs their thinking, even implicitly, and which contributes to the capacity for reflexivity. The researcher suggests that contemplation of how we might have been without encountering the chosen theoretical approach may give valuable clues as to dominant discourses or personal preferences that may impact on our thinking, and which have the potential to influence the therapeutic encounter.

“I can’t imagine, um ... I would have been more directive, more inclined to give advice, to be less empathic and not listen adequately ... I suppose ...”.

“... I probably would have remained quite a structured person because I think I can be very structured ... um ...”.

“That’s a hard question! ... how can I say how it would have been if it hadn’t happened ... you know when I was studying honours at Unisa, family therapy was a very important part of the module, I just gelled like this (clicks fingers) at Minuchin’s model because it gave me something concrete and so maybe I would be more locked into that...”

With exposure to postmodern views, as well as psychodynamic thinking this respondent believes her journey to be ongoing.

“... I have a feeling that as my, um, as I continue to do the work it will evolve into something other ...”

“I think ... I would have gone more with my gut which I do work with anyway, but without the structure and I don’t know how containing I would have been ...”

Earlier experiences of working with grieving families without the knowledge and structure of family therapy theory impacted on this respondents own anxiety, as her comments imply.

“...I didn’t have a model and we just felt like everybody had this huge pain that nobody could hold, so I think ... I probably wouldn’t have been as effective as I feel I am now”

“(Laughs) ... its difficult to know ...”

This respondent believes that without her additional studies, undertaken simultaneously with family therapy practice, she may have been more inclined to just go along with whatever the reflecting team were practicing. Further study however, has broadened her theoretical knowledge and facilitated a depth in understanding that which is authentic for her.

“Gee...”

After some thought the respondent went on to elaborate, believing that she would probably be more structural in orientation, with the expectation of a predictable pattern to family therapy.

A few of the respondents seemed more definite in their response, as the following suggests.

“I think I would have been too individualised, so what the systemic view has given me is a way of knitting together the family and holding the family ...”.

“I would have done it the way I see myself doing it in the future, either on my own ... I don’t necessarily feel the need for a team...”.

For this respondent it seems that the family therapy as practiced at Family Life Centre is a less comfortable fit, and that her former inclinations are more authentic for her, and will possibly guide her future practice. The positive outcome of the reflecting team experience is finding out for oneself what is authentic and congruent to the self.

Another respondent believes she has remained fairly consistent in her way of functioning, and that the theoretical fit was, and is congruent with her self.

“I would have functioned in that way anyway, because the approach mirrors a lot of what I feel ...”.

The impact of early training, with its focus on more individualistic rather than systemic thinking is evident in the responses. In addition, the initial adherence to a particular paradigm seems to shift over time and with experience, suggesting that the respondents are on their own journey of discovery towards an authentically meaningful way of being in family therapy practice. For a few respondents, the initial encounter with an approach feels authentic and thus change is unnecessary at this juncture.

- **Further comments:**

Some respondents elaborated on their views regarding theoretical orientation, the variation of responses indicating the individuality of meaning the respondents give to theory.

One respondent emphasised the importance of the fit between the therapist’s personality and philosophy, believing that authenticity, or the lack thereof, impacts on the effectiveness of the therapy with the client family, and also that the search for such congruency may be ongoing.

“You can’t ignore that self-search and say this is the best fit for me ... maybe there’s more work to do to find what really is the best way of working for me”.

Similarly, another respondent shared the following beliefs.

“I feel strongly that theory must reflect the persona as much as the person reflects the theory ... the approaches are there to serve the process ... I think they’re supposed to aid and sharpen our skill, and I think its an ongoing process ... I don’t know if my approach will be the same down the line ... it’s a dynamic growth process and as I get more confident maybe I’ll change my approach ... I don’t think its cast in stone”.

One respondent mentioned the importance of eclecticism, stressing working towards change as identified by the family and using *“... whatever works within the realms of psychology”.*

The opinion of Avis (1990:154) resonates with that of the respondent above, that is: the practice of family therapy is best served by studying the principles of both modernism and postmodernism.

The importance of keeping abreast of developments in the field was emphasised by one respondent, who shared some observations from her own self-study of a move towards looking at object relations theory in a systemic way. This respondent believes that Freudian analysis is misunderstood in that people do not recognise that one is always working with the system, exploring how the person interacts with the objects *“... whether they be internal or external objects, fantasised objects or very real objects”.*

The importance of theoretical knowledge is evident in the responses, although the self as integral to that knowledge is also emphasised.

5.4.2.2 Intervention

- **Consistency between intervention and chosen theoretical approach:**

Responses to an exploration of the consistency between intervention and theoretical approach showed some variation. Some respondents feel that there is a consistent fit, as the comments below indicate.

“I think there is consistency in terms of my intervention and the model ... I use the knowledge gained from them (the family) as a framework of the system, understanding how the systems are working in the family...”

“I think if it’s not consistent with your theoretical approach, if it really doesn’t fit for you ... goes against the grain, um ... are you going to give it? (the intervention) ... I also think one must learn to trust one’s intuition, and uh, if it really feels, uh, not great, then don’t do it”

*“I think it is ... I think it’s to do with the second-order practice in terms of my role as a therapist, to **not** be the therapist ...”*

An element of discomfort was expressed by this respondent however, in that in intervention with families with an expectation of direction and guidance, there may be some feeling of being stuck or uncontained. This view concurs with an opinion expressed by the researcher, which is that for some families, seeking professional help implies an expectation of a professional opinion and a solution, and possibly a sense of disappointment if this is not forthcoming.

Another respondent also feels a sense of discomfort at times, not in terms of consistency between intervention and theory, but more so in terms of congruency between the self and the practice of family therapy at the organisation under study.

“It’s more what is going on inside me where the fit doesn’t really happen ... I think it’s a matter of personal choice, some people love that approach and I’m not knocking it, I’m just saying its not necessarily the way I would choose to work”

For the respondents who are less convinced of consistency, the following reflections illustrate their experiences.

“Um ... I’m not sure, sometime I kind of feel like you go with your gut, you know, what the family brings ... I think sometimes you don’t necessarily decide I must intervene in this issue or make suggestions that are related to this approach ...”.

“... When I’m sitting with the family I don’t necessarily work in a psychodynamic way, my intervention is more systemic, utilising circular questioning, um, thinking about the family systemically ... so I don’t think my working is psychodynamic but my thinking about the family and my reflecting is more psychodynamic...”.

Thus for this respondent the actual intervention with the family is not really consistent with the favoured approach, although if one considers an eclectic ‘marriage’ of the two approaches, then perhaps it is.

Circular questions are used in a number of family therapeutic approaches, including constructivist family therapy, the Milan school and social constructionism (Gladding, 2002:230; Carr, 2000:124; 2000:127; 2000:129). Criticism of circular questioning centres on the possibility of it being perceived as controlling, distant and uninvolved.

The experience for another respondent is as follows.

“I’m not always conscious of the theory I must be honest ... um, I’m very conscious of the client and I find I just flow with it ... but my approach is not always, OK this is how the frame works, lets go from step A to step B ...”.

According to Gilbert *et al.* (1989:8), the more insecure the therapist the more inclined he/she will be to hide behind the use of technique, at times failing to listen and explore with the family, and hindering the development of a therapeutic alliance.

Consideration of the fit between therapist’s approach and family is the concern for one respondent, requiring flexibility and humility in the process of therapy.

“If I go with my paradigm, it may not be acceptable to the family, they may not relate, not want to work in that way ... and that throws the ball back into my court to tailor it, to find a better fit ... then come back with something closer to their way of understanding...”

Pocock (in Rivett & Street, 2003:49) suggests that a particular model is to be favoured only if it is useful at a particular time, to the therapist and the family. Thus, the concept of integrating theories is proposed as a way of working with the complexity of families in distress. This emphasises the need of being aware not only of one’s personal paradigm, but of a wider theoretical basis to enhance intervention with diverse client families. The question of being ‘purist’ in one’s way of working arises – is this model acceptable in terms of issues such as effectiveness with a particular family, ethical in terms of duration, fit with the family’s values and so on. These issues require exploration beyond the scope of this thesis but are nevertheless, important considerations.

Thus it may be concluded that the fit between intervention and theoretical approach is not necessarily an easy one, at times perhaps not really conscious, with intervention coming from an intuitive level of feeling right for the therapist with sensitivity to the needs of the client family. For some respondents however, the fit between theory and intervention is perceived as congruent.

- **Contribution of chosen theoretical approach to a positive therapeutic relationship:**

Baldwin and Satir (1987:153) emphasise that therapeutic techniques can never overshadow the self of the therapist, and that it is the therapeutic encounter that is potentially healing. From the perspective of the researcher, any theoretical approach used in family therapy would, of necessity, need to be congruent with the self of the therapist, but also to some extent fit with the expectations and needs of the client family. The way of being with the family is influenced by the chosen approach, but also by the role the therapist assumes, i.e. expert or non-expert, as the reflections below illustrate.

“I think that’s a difficult one ... how it works for me is, um, at opportune moments sharing knowledge of how patterns have occurred and how they’ve been entrenched, giving the insight to create a shift ... but you know, some people don’t like too much knowledge so with some members of the family it doesn’t always fit, but ... on the whole its given them an insight as to why the pattern is repeating itself and how to break it, and to have the knowledge that if they continue the pattern it becomes a choice ... so I think that’s how it helps the intervention process”.

“...I think if you work in an eco-systemic way ... there is a greater hope for change because when you’re in a system, by virtue of shifting one way, your outcome will change...”.

One respondent feels that her approach empowers the client family to “... *be connected to their own strengths, resources...*” and to facilitate the process of becoming ‘unstuck’ and hence more empowered.

“Total and utter acceptance of their point of view, their experiences and reality...”.

“I have such deep respect for the complexity of what’s going on inside a person, and I never want to take that for granted ... so they become my teacher ... for me that fosters a therapeutic alliance ... it allows for openness as opposed to expertness”.

“Well I think it’s very non-judgemental, um, and allows for difference and me not being the expert...”.

“They (the client family) perceive straight away that, um, they are valued, their input is of value ... I’m not coming in as an expert ...”.

The issue of what clients expect was a consideration for this respondent however, in that they may want more expertise from the therapist, thus making the therapeutic relationship less comfortable for them.

In consideration of the issue of expertise, Anderson (1999:5-6) believes that there is space for therapist expertise that is not instructing or rescuing. Rather it is based on dialogue, collaboration and a stance of not-knowing, which does not imply an absence of opinions, views or knowledge. Instead it is being open to the experiences and meanings the client family have. Minuchin (1999:13) and Bertrando (2000:92) criticise the not-knowing position, believing it to be pretence on the part of the therapist. Thus from the researcher's perspective, pretence would render the therapeutic encounter inauthentic. However, not-knowing does not have to be a pretence – it may be knowing our own views, beliefs and so on, but not knowing those of the client family, and being open to learning about them.

The issue of sensitivity to the family's needs with regard to theoretical approach and intervention was mentioned by one of the respondents.

“ ... not holding onto it at all costs, if it fits great but you need sensitivity to what the family needs rather than hanging onto my paradigm ... ”.

As mentioned above, Pocock (in Rivett & Street, 2003:49) suggests that a particular model and thus intervention, may or may not be appropriate to the family at a particular time, requiring the perceptiveness of the practitioner.

In conclusion, the respondents seem to feel that their chosen theoretical approach contributes positively to the therapeutic alliance. The non-expert role is favoured and respect for the client family's needs acknowledged.

- **Contribution of self to a positive therapeutic relationship:**

According to Hubble *et al.* (1999:14), the therapeutic relationship forms the core of the therapeutic encounter, while Tallman and Bohart (1999:102) see this relationship as a resource that facilitates client self-healing. The perceptions of the respondents regarding the contribution of the self in facilitating a positive therapeutic relationship with a client family show much similarity, as the comments below illuminate. Some respondents stressed the importance of aspects such as warmth and empathy, while others emphasised

being able to join and connect with the families. Asay and Lambert (1999:34) describe the basis of human relational skills as warmth, empathy, understanding and affirmation, and an absence of judgement, criticism and blame.

“You’ve got to form a connection somehow with everyone in the room, so its about acknowledging every one in the room, giving everyone a turn to speak and if they’re not speaking, trying to figure out why ... try to draw them in some way ... so its about being aware of everyone in the room ...”.

“I believe very much in the skill of joining”.

“I spend a lot of time connecting with the family before getting into the problem area ... it gives them a chance to size me up ... family therapy can be scary for people, so, taking time to really connect as one human being to another ... and being transparent ...”.

The work of Carl Whitaker (in Carr, 2000:137) stresses ‘being with’ the family to create a context within which new ways of being may be experienced, thus enhancing openness and opening up possibilities for change. Similarly, Hanna and Brown (1999:77) believe that the hallmark of effective family therapy lies in the ability of the therapist to develop positive relationships with diverse people who may be in conflict with one another.

“I hope ... because of my community work background, I’ve always felt like I’m as real as I could be ... obviously within the boundaries of the profession, that a lot about creating a positive relationship is about the client knowing you are a real person ... that your input is sincere ...”.

“I think by being containing, non-judgemental and very open ...”.

“ ... from a psychodynamic perspective there’s that initial holding ... which can contain...”.

For one respondent, the importance of self in building a therapeutic alliance lies less in connecting with the family, and more in the following.

“ ... its about reconnecting them to themselves, bringing them back to parts of themselves they’ve forgotten ... reminding them of their resilience’s and resources ... looking for the treasures in each person and let them see the value and the worth of that”.

This view resonates strongly with the solution-focused perspective (explored in Chapter 2:95), wherein the emphasis is on strengths, resources, meanings and positives (Lee, 2003:390; Carr, 2000:133; Mills & Sprenkle, 1995:371).

In addition to connecting, the importance of aspects such as realness, honesty and transparency were aspects that some respondents emphasised, as mentioned above and below.

“I think just by maintaining honesty, that has really been effective in relationships...”.

The importance of communicating with honesty and congruency, reflecting intuitive ideas to the family, even if not always accurate, is believed to be important by this respondent, as her comments go on to illustrate.

“ ... working with my gut, if I sense something in the room, I bring it out, um, I may not always be right and it may not be received well but its always food for thought ... often I do leap in faith ...”.

Lantz (1993:33) explored the issue of the internal responses of the therapist to observed family patterns, suggesting that such reflections allow for involvement and meaning in the emotional life of the family, enabling the internal state of the therapist to become relevant in the therapeutic relationship, facilitating growth for both therapist and family.

From the above it can be concluded that the respondents place value on the therapeutic relationship and see the self as an important aspect of developing this alliance.

- **Ways of relating to client families found to be most helpful:**

The views of Buber (in Baldwin D, 1987:34-35) (explored in Chapter 4:201) describe the I-thou relationship, wherein therapist and client relate openly and totally, facilitating wholeness for both client and healer. Buber suggests that even the most authentic and genuine therapeutic relationship is unequal in terms of focus, and that to leave a client untouched by the therapist requires the offering of one's total being to the other. This view goes beyond the concept of unconditional positive regard, authenticity, availability and empathic understanding. The reflections of the respondents to this theme relate strongly to the previous one, and reveal similar aspects to those already mentioned, as well as some differences.

As with the theme above, aspects mentioned were the necessity of listening, trying to understand the family from their perspective, allowing for differences, taking time to connect and build a rapport with the family, acknowledging everyone in the session, being aware and self-aware.

A further aspect mentioned is “ ... *role modelling respect and care, um I've found that to be more effective than telling people to be respectful ...* ”.

In the literature review (Chapter 2:130), Virginia Satir (in Goldenberg & Goldenberg, 1996:157) mentions role modelling by the family therapist as a way of coaching the family in more effective ways of communicating, that have the potential to validate feelings, build self-worth and create possibilities for change.

Two respondents specifically mentioned the issue of pathologising in family therapy.

“I think, um, for me what really helps, what comes to mind is not pathologising ... I really do believe in an ‘identified patient’ and I do believe that an identified patient is a product of the family dynamics ... so in not pathologising and looking at everybody's role, although sometimes that's very hard for the family ... but I think what it does is allows me to go in quite humble, teach me what's happening here ...”.

*“The very non-judgemental, the gentle approach, the non-critical, not looking for pathology ... but also, there’s a danger in only wanting to focus on the positive and then they don’t feel heard ... ja, its not **not** hearing their pain, not sitting with it, but at the same time having to give them hope ...”.*

For one respondent, the issue of the reflecting team has the potential to impact on the ways of relating to the client family.

“.. its about just being aware of everything that’s going on in the room and making sure that you are relating to everyone in the room, um, at the same time, trying to forget the team behind the glass, putting that out of your mind and staying in the room with the family ...”.

The awareness of a team of colleagues, as well as a supervisor, observing from behind the one-way mirror may be disempowering and create anxiety for family therapy trainees (Young *et al.*, 1989:72). Whether and how this impacts on the therapeutic relationship with the client family is a consideration beyond the scope of this thesis.

For one respondent the issue of clients expectations may at times impact on how the therapist relates to the family.

“ ... I think it differs with each family, you know, some people come in with an expectation about how a therapist is meant to be ... how you are as a professional and how you conduct yourself and how you relate to them ...”.

The issue for this respondent is that at times the family’s expectations may influence one’s response to them, and thus impact on the ways of relating.

Thus despite some differences, it would seem that the respondents are aware of the impact of their way of being on the therapeutic relationship, endeavouring to create a safe space in which the family can explore.

- **Values and beliefs about change in intervention with families:**

According to Friedman *et al.* (1995:203), the therapeutic conversation facilitates listening to the client family's goals which can be acknowledged and respected, thus creating the possibility for change, rather than the therapist being focused on a specific outcome. If one considers the possible impact of one's beliefs about change on the therapeutic outcome, the thoughts of the respondents are significant. As stated earlier, Van Dyk (1997:99) suggests that professional values reflect the way in which we practice, while personal values determine how we interact with clients. Many of the respondents emphasised the difficulty or complexity of change for families, while others were more expectant of change, even small changes, and experience frustration on occasion if it is slow to occur.

"... change is incredibly hard ... I mean hard on an individual level and when you are dealing with a family, and it's a blended family and it's her kids, his kids, our kids, it's incredibly hard".

"It's really hard to change, to change families, patterns of behaviour because they're so entrenched and any change in one person, um, the rest try to push them back into where they were because that's comfortable for the family ... change is difficult, and when its too difficult ... they opt out ... I think that happens often".

"Its difficult to quantify change ... families are dynamic, they come into family therapy because of stuckness or rigidity or the inability to move forward ... I never know what's going to shift that stuckness, which is intriguing for me ...".

For this respondent the role of the therapist regarding the change process requires consideration.

"... I don't have a concept of 'therapist as bullfighter', you know, I don't think I can go in there and wave the cape and make a miraculous change, but I think I can help them find what change needs to be".

Similarly, another respondent raised the issue of client responsibility regarding change.

“It’s their ... it’s what it means to them, and very early on when they’re feeling hopeless and helpless they look to you for what that is, and I try to avoid giving them that ... I bring the hope without giving them the formula ...”.

“Whew! ... I think, for change to really be sustained the family needs to be seen, but I also very much believe in part systems, so I think for the change to be sustained, um, therapy needs to be longer term ... and then the part systems need to be seen as well, be it the individual, couple, siblings ...”.

This respondent suggests that the insights gained from working with other parts of the family system can then be taken back into family therapy, thus enhancing the potential for change to be sustained.

“... I believe that families can change and I believe that when they seek help they’re at a stage when they’re ready for change, regardless of how small it may be ...”.

Two respondents mentioned the issue of goals of change, albeit from a different angle, and the expectations of the family with regard to change.

“I think as a therapist its got to start with flexibility because change for one family is a lot different to change for others ... your goals of change have to be realistic, sometimes the change can be very small ... sometimes you explicitly contract to agree on, um, a realistic outcome...”.

“I don’t set parameters or goals of change, I give them the opportunity to do that and regardless of whether they reach it or not, whatever has happened they will never be the same again ... because they’ve had an experience that’s different to what they’ve ever had before ...”.

In conclusion, the meaning respondents give to change is idiosyncratic, relating to how they see the family and the way in which they prefer to work with the family. Expectations regarding responsibility for change are mentioned and are likely to be

related to the self as well as the chosen therapeutic approach, which links to the following theme.

- **The influence of personal beliefs about change upon intervention with families:**

All of the respondents acknowledge the influence of their personal beliefs regarding change upon intervention, however the actual beliefs show some variation. For a few respondents, there is a strong expectation of change for families engaging in the therapeutic process, as the following quotes suggest.

*“Oh, it definitely influences, because I get **frustrated** (laughs) and sometimes I’m overly confrontational in that scenario, where I confront and maybe a different approach might have been more beneficial ... because I want to get the ball moving faster, and almost forgetting that its taken 30 years to create that pattern or whatever, and its not going to take a few sessions to change ... its something I’m trying to work on”.*

“Hopefully it comes across as a strong belief in their ability to change, which hopefully impacts on their efforts to change”.

Other respondents seem to believe that change is a slower, more incremental process, as the statements below indicate.

“Well, I think I like to take things very slowly ... you know, things like strategic would freak me out a bit because it almost, um, its so shocking ... for me its more important to have a good relationship and work on the miniscule changes rather than shocking people into change which may not be sustained...”.

“I think what it (belief) does is puts no pressure ... I think that they then realise that I’m not expecting them to be different ... I keep re-checking with them, where they’re at and where they want to go, so that my own stuff doesn’t get caught in the loop ... and that I don’t end up projecting what I think should be happening, onto them”.

Clearly, the above comment requires continual reflection on the self, personal views of change and client self-determination. According to Carr (2000:117), our beliefs about family behaviour, and our beliefs about theories and professional biases influence our ability to engage in a self-reflective process.

One respondent feels that her beliefs about change allow her to empathise more deeply with the family

“I think it helps me to have a lot of empathy, none of us cruise through change, its hard ... and the fact that you have a family sitting in the room tells you that they are definitely finding it hard, they are stuck, and um, sensitivity in helping them make the change and realising that you can't make the change for them ... they have to make the change”.

The issue of who holds the power with regard to change was raised by one respondent. She feels that one's belief about change *“... influences the power relationships ... I don't go in with big boots and a large whip, and imply I'm going to create the change ... and I think some families are quite disappointed by that ... they come expecting a professional swirl of the cape (laughs) ... that may be frustrating for some families ... others do get on board with the idea that lasting change is only going to happen when it comes from them”.*

As can be seen from the two comments above, there is a strong belief that change is the responsibility of the client family, rather than that of the family therapist. One respondent however, suggested that the family therapist may feel at times that she has not helped a particular family in facilitating the change process, which may be disheartening.

One respondent feels that while she may envisage an outcome for a family, there is a need to go at their pace.

“... maybe where they're at they can't do that just yet, so, then I go with them, it's their journey, they will deal with what they can deal with now ... let them bite off the chunks they can bite off, and be available, just opening the window that little bit, as much as they can handle...”.

For this respondent, the advancement of one's own beliefs about change may prove discouraging for the client family, making them feel that change is too difficult to achieve. Working at their pace enables them to deal with change as and when they are able.

One respondent reiterated her belief that change requires both long-term intervention, on an individual level, as well as on a family systems level.

Values and beliefs about change and the potential impact of this on client families are issues about which the respondents had clear opinions. Some emphasise the necessity of client responsibility for change and working at their pace, while others feel perhaps that their own expectation of change may motivate the client family.

- **Messages intervention may send to the families:**

According to Carr (2000:522), certain criteria are suggested in selecting the appropriate interventions for particular types of families and family issues. Such interventions need to be compatible with the client family's readiness for change, as well as with their beliefs, values and culture. The responses reveal variation regarding the messages interventions may send to the family, as the reflections imply.

One respondent stressed the issue of intervention giving the client family the message that the problem is a family system matter, rather than a family with one problem member (i.e. the symptom bearer).

"Well, the message might be 'hold on, you all need to work here', as opposed to pointing a finger ..."

This respondent feels that the systemically-orientated nature of the message could make some families angry, that often they want to believe that one member is the problem.

The aim of one respondent is as follows.

"... try and let them give their own messages, facilitate a process where they get their own messages rather than me giving messages ..."

In addition, this respondent emphasises respect for the family and affording every member the opportunity to have their say.

The issue of the message being respectful, honouring the family's story and way of being was stressed by a number of respondents, as described below.

"... that their way is the right way for them ..."

"... respect for each story, um, for the validity of each person's story ..."

This respondent believes her intervention gives a message of *"... challenging assumptions about paternalism ... which is sometimes hard for men to take ... and its hard for women to feel OK with their own power"*.

According to Hare-Mustin (1994:21), dominant discourses produce and sustain power against marginalised sectors of society and are maintained and perpetuated by both men and women. Reimers and Treacher (1995:194) (in Chapter 2:106) present a number of guidelines which may help the family therapist to explore the dominant discourses that subjugate people's lives. In addition, according to Collier (1987:53), differences in gender socialisation necessitates a careful use of the self and consideration of the fact that women speak in a different voice.

Giving the family a message of possibilities and hope is important for two respondents.

"... help them explore various ideas to make things different ... and that you are there to help them make a change ... so its kind of a support role, a helping role but also a way of exploring, showing them various options".

"I would hope it was a message of, that there's hope for change and that you can do things different ... that the family have left the process having learned something about themselves that they didn't know before ..." .

The importance of being aware of the self in any messages that intervention may give to the family was mentioned by one respondent.

Thus the messages family therapy practitioners aim to impart centre around respect, hope of change, client self-determination and support for the process, but also challenge of certain belief systems.

- **Changes in beliefs about families since entering the field of family intervention:**

According to Orange (in Zeddies, 1999:230), therapists need to be prepared to revise their ideas, opinions and viewpoints in response to new information. Awareness of personal biases and theoretical positions that inform one's perceptions of clients is essential. Zeddies (1999:231-232) states that holding onto a particular theory may shield a therapist from the exploration of difficult or painful personal issues, and could encourage the development of blindspots in therapeutic perception. This necessitates reflection on theoretical commitment and personal allegiances. As could be surmised, changes in beliefs about families since starting family therapy intervention are divided, with some respondents stating that their beliefs have altered, while others feel they have stayed the same.

“ ... I don't think my beliefs about families have changed ... I think I've always held onto the ecosystemic meta-theory ... that there's a broader system of the family and other systems at work that are impinging on the family ... I haven't lost that ... no, it hasn't changed my perspective at all”.

“I think maybe I'm just more aware ...”.

For one respondent, her earlier experience in forensic practice gave her an awareness of the difficulties family life may generate.

“... its all about families in trouble, and in therapy its also about families in trouble, so um, it kind of just cemented what I believe, um, that families are not always the greatest place to be ...”.

The prospect of hope for change was also an aspect mentioned by this respondent.

“... if you’ve got a family coming for family therapy they are saying something about the unit, about staying together or needing help moving apart, whatever it is ...”.

Belief in the relevance of family therapy was emphasised by a respondent who had this to say.

“... if anything they’ve (beliefs) become stronger because I’ve seen families change before my eyes and its given me an enormous amount of hope that, uh, this is the road to go ... family therapy is really where the family should be”.

“I don’t think they’ve really changed ... families can be very damaging but with support they can heal ...”.

Another respondent mentioned the issue of the family as a potentially destructive milieu, engendering a harsh realisation of the power of families.

“... (pause)... how destructive they can be, you know I didn’t realise, I think before, the power of destruction, the power of the family ... how destructive they can actually be ...”.

Several respondents mentioned their belief in the uniqueness of families.

“... you become more aware of the differences, how people, um, how different they are, and different ways of coping with things and um, that there isn’t one way ...”.

“Ja, I think they have ... you come in with an idea of the way a family should be, and that idea is largely influenced by where we come from in our own families ... over time you encounter many different families and different kinds of relationships ...”.

“I think its constantly changing, I think as you experience different problems, different client situations you perceive families and their needs differently ... as you look at each family your perspectives adapts to what you see in front of you ...”.

As can be seen, the final two comments by respondents emphasise their views pertaining to a process of changing beliefs about families.

Thus for some respondents, family therapy practice has not significantly changed their views or beliefs with regard to families. For others however, a shifting perspective is evident in their response to the uniqueness of client families.

- **The ways the chosen theoretical approach may have challenged views, beliefs and attitudes regarding intervention with families:**

As explored in the literature review (Chapter4:223), Karter (2002:66) believes theory to be a crucial element in our understanding and implementation of therapeutic practice. It is however, an aspect rather than the primary force. Theory is a necessary foundation for the development of a therapeutic style but without self-awareness and reflexivity it may be an obstacle to family intervention. All of the respondents believe that their chosen theoretical approach has challenged their views and attitudes towards intervention with the client family, although the extent of the challenge varies.

For one respondent her own belief in **not** labelling an individual or symptom bearer in the family system, usually diagnosed by an outside source, may be hard on the family who may be invested in that label, particularly if it means that other family members feel they don't have to or want to look at their part in the system.

“ ... I think I struggle when a family comes with a label on one of the members ... I find that very hard because then the family seem to get hooked into the label, and it can be a good escape for everybody ... to put everything on one person, whereas the problem is clearly a family issue ... ”.

One respondent believes that the theoretical approach she has been exposed to at university and at Family Life Centre has not really challenged her views regarding intervention. Practical experience has proved to be a challenge however, primarily with regard to clarifying that it is not the way in which she will work in the future, when she intends to enter private practice.

“ ... it became clear to me that this was not how I was going to work ... it just wasn't comfortable”.

Some respondents feel that one's theoretical approach does challenge intervention in that you realise that there is no one way of working that suits every client family.

“I suppose probably that you can't have one way of working and believe that its going to help everybody ... you have to be more ... realistic”.

“Well I think, you know, before I started I thought much more that there was a right way, a wrong way, and that has changed quite dramatically (laughs) ... I think that's probably the most important shift”.

As previously mentioned, Young *et al.* (1989:71) explore the issue of therapists who may have constraining beliefs about doing things 'right', and that this may impact on the acquisition of both cognitive and executive skills, while Biever and Gardner (1995:49) suggest that there is a tendency to either/or thinking, a search for the right idea. The reflecting process illuminates differences in meanings through the generation of dialogue. From the researcher's perspective, the valuing of multiple ideas may be experienced as liberating for the team members, lessening the need to be right and creating a context wherein many possibilities are respected.

“... you sometimes think you know how this is going to be solved, but just because it worked for one family there is no reason for it to work for any other family (laughs)”.

“... there's always times where you find that reality doesn't fit the theory and I feel I'd like to be flexible enough to accommodate that, and go with your gut ... I suppose your gut is really your value system plus your learning plus all kinds of things together ...”.

For one respondent theory has challenged her to develop as a therapist, as her comments imply.

“ ... its allowed me to grow, its allowed me to learn more, to explore more ... its allowed me to consider broader understandings, so its challenged me to think and study and cognitively engage a bit more with other perspectives ... ”.

The issue of integrating approaches in family intervention was significant for one respondent, challenging her to integrate theories in a way that works for her.

“Well, I think the whole thing is how do you marry a more in-depth individualised psychology with a systemic approach ... how do you bring the stories together?”.

From the findings it can be surmised that the chosen theoretical approach challenges the beliefs and views of the respondents with regard to intervention. What stands out is the sense that there is no particular theory that fits all families and problems, thus challenging the respondents to be flexible with regard to the appropriateness of intervention.

- **Importance of being aware of your chosen theoretical approach in intervention:**

Opinion on the importance of awareness of theoretical approach in family intervention shows variation. For some respondents, the awareness is more in the background, as the following comments illustrate.

“Its not something I do consciously at all ... I think because I work eclectically ... I think its become part of who I am so I don't think it's a conscious thing, its just that I'm an information gatherer, so I automatically do it through the process ... ”.

“Well I think you have to be aware, um, because it's the thing that keeps you accountable in how you actually will practice ... so one needs to always be thinking about (theory) ... I think you have to keep that at the back of your mind, I don't think its at the forefront ... its also important that it becomes part of who you are ... ”.

The comments of the two respondents immediately above emphasise the importance of theory becoming part of the person of the therapist.

“Its always a good awareness because it makes you more professional ... you are always working on a therapeutic level ... I like to go back and revisit theory, in the same way I like to read up if I’m dealing with a different client scenario ... but definitely to constantly keep the theory in mind, definitely makes me a better therapist”.

The role of theory with regard to professionalism and accountability to clients is mentioned by this respondent and the previous one.

“I think ... it depends ... as a family therapist you should probably always know what you are trying to do ... but I think you can’t always be thinking ‘am I conducting myself in a way that allows for narrative intervention, or am I following narrative theory’ ...”.

For this respondent, forcing the theory to fit the family is a limiting and potentially harmful process.

“One always needs to have a theory in your head, you are always interpreting and analysing in your head in terms of theories that you know, but I wouldn’t like to become a therapist who works purely psychodynamically or whatever, because I think that can set in a lot of inflexibility ... it mustn’t become the be all and end all ...”.

“Very important ... but I also think it’s not everything ... the approach is the basis, your intuition is important ...”.

The importance of the fit between theory and self was emphasised by one respondent.

“Because I think the theoretical approach has to fit your own values and because I, with my values, hold a particular theoretical approach, I am the instrument ... I have to know how my world is going to affect the way I intervene ... I have to know who I am and what language I am speaking, otherwise I’d be completely lost”.

For one respondent, it is essential to retain the postmodern emphasis on language as a collaborative system.

“Very ... absolutely! I think if I lost, um, the importance of the language in which the family ... you know ... it I started to have um, a kind of professional language and didn’t use their language ... I might lose them”.

Collaborative language systems is the work of Anderson and Goolishian, and is a social constructionist approach, where language is the medium through which the family’s problems are discussed and dissolved using dialogic conversation to allow meaning to evolve (Anderson and Goolishian in Hoyt, 1985:5). Minuchin’s (1993:13) critique of language systems suggests that privileging language is limiting in that emotions may be obscured or even silenced by language.

Thus it can be concluded that opinion varies with regard to the theme of awareness of chosen theoretical approach in intervention with client families.

- **Further comments:**

A few respondents added further comments to their discussion regarding intervention.

“... go with where the family is at and in a direction that is good for the family”.

“... have good managerial skills, enable each family member to have their say and get their point across”.

The comments reflect the importance the respondents place on skills in facilitating the family therapy process.

5.4.3 Perceptions, Opinions and Experiences Relating to Participation in a Reflecting Team

The perceptions, opinions and experiences of the respondents regarding their participation in a reflecting team are explored in the themes below.

- **Knowledge of reflecting team practice prior to participation:**

The use of teams in family therapy occurs in many schools of therapeutic intervention, although they are used in different ways. As far as the respondent is aware, Family Life Centre is the only organisation in Johannesburg subscribing to reflecting team practice as endorsed by Tom Andersen (described at length in Chapter 3). The respondents had either no knowledge of reflecting team practice prior to participation, or had a little theoretical knowledge gained during university training, as the comments below illustrate.

“None, none at all, I’d never heard of it!”.

“Nil, quite frankly (laughs)”.

“Purely theoretical”.

“Very little, just touched on in studies”.

“Basically theoretical ... in a very superficial way”.

“We did it in class ... it fascinated me”.

The knowledge of this respondent was based on the experiential undertakings of a university lecturer who regularly travelled to Europe to take part in workshops on family therapy.

For most of the respondents, the encounter with reflecting team practice at the Centre is their first introduction to this way of working with client families. Obviously, undergraduate and postgraduate studies cannot encompass every aspect of theoretical training, thus rendering the family therapy work done at Family Life Centre significant in terms of training, both theoretical and experiential.

- **Expectations of reflecting team practice prior to participation:**

Expectations of reflecting team practice prior to participation show some variation, with some respondents having few, if any, expectations, while others had differing levels of expectations.

“No expectations really, I went in with a completely clean slate”.

“I can’t honestly say that I had any expectations, um, I was keen to learn about it, keen to finally get to do some of it ... um, I was expecting that it would work!”.

For one respondent, her expectation was that the team would have an initial unstructured discussion about the family. Tom Andersen favours the hermeneutic tradition (discussed in Chapter 3:161), which refers to understanding and interpretation of meanings in everyday human behaviour. In creating meaning, we limit what we see and hear, thus inviting prejudice or pre-understanding of a person or situation (Andersen, 1995:12). In the reflecting process, the hermeneutic circle, the contemplation of different ideas may change the original meaning, and therefore our basic assumptions. Thus prior hypothesising about a client family entering counselling, typical of the Milan approach, would not be part of the reflecting process as propounded by Andersen.

A few respondents mentioned their own anxiety and nervousness in being new members of a reflecting team.

“Well, first of all I was terrified of opening my mouth ... I was with two other students who were very vocal and who had much more exposure to different theories ... it made me feel inadequate, that they were the experts and that I wasn’t”.

In addition, this respondent had the initial expectation that the team leader would do all of the ‘work’ while she could take a back seat, going along with whatever the rest of the team were doing. It would seem that this expectation possibly related to her feelings of anxiety and being new to the field, as well as being theoretically unprepared.

Young *et al.* (1989:72) discuss potential disadvantages in the use of reflecting teams, specifically around the issue of collective responsibility. Question raised include: who is responsible for the therapeutic outcome, and who controls the process and content of the therapeutic encounter?

“Um, I have to say I was probably a bit anxious ... I suppose going into a reflecting team as a new individual and you don’t know the people in your team, it can be a bit nerve-wracking ...”.

For this respondent her interest in working with families motivated her to engage in family therapy practice, without knowing at the time that the reflecting team format was the method used at Family Life Centre.

“... I didn’t even know about the reflecting team, so it was all very new”.

The experience of role-playing a reflecting team while at university created some expectations of reflecting team practice for two respondents. Such role-play had an evaluative dimension which proved more intimidating for one of the respondents, than actual practice in real life with a real family, as the comments below suggest.

“We did a few role-plays at varsity ... it was actually more scary at university because I think we were with peers and the judgement is much higher ... whereas with a family, they see you as purely a new opinion, a new viewpoint ...”.

Performance anxiety is an aspect that may occur in settings where the element of evaluation is present. In the experience of the researcher, there are also occasions when the client family may assess the family therapy practitioner, for instance in terms of age, marital status, experience. Perhaps however, this is experienced as less judging than assessment by peers and supervisors.

The other respondent experienced role-play and whole idea of family therapy as follows.

“... incredibly exciting ... I found myself wanting to do more of it”.

This respondent went on to say however, that family therapy in practice was a different experience.

“I thought it would be more directive, more measurable ... it turned out to be a lot more mysterious and complex than I thought it would be ... more intangible”.

The comments of the respondent reflect perhaps, the difference between a theoretical understanding and actual experience.

One respondent entered reflecting team practice with high expectations that became more realistic with experience, as the following statement testifies.

*“I had very high expectations, I did! I thought it was going to be this miracle tool (laughs) ... but it didn't quite work that way (laughs) ... I didn't realise how **careful** we had to be of what we said ... you have to present it in a way that is comfortable to receive and its not confrontational ...”.*

According to Andersen (1995:15), learning to go slowly, seeing how clients respond before saying or doing the next thing, being sensitive to cues that something is too unusual for the family, are ideas that led to early reflecting team practice. The shift from and either/or frame to both/and allows for a sharing of many perspectives on the same issue (Andersen, 1987:427).

The expectations of one respondent were met in the reality that is reflecting team practice.

“I expected it to be ... um, just that! To be almost like where the team becomes another therapist who's looking at another level of communication, of interaction ... and to present that to the family ... and I suppose, that is what happened”.

As can be concluded, the expectations of the respondents, or lack thereof, impact on the early experience and perception of reflecting team practice.

- **Experience of being an observer of the client family:**

The experiences of respondents observing the client family shows much variation. Some respondents focused more on how they felt early in their experience of being in a reflecting team, specifically with regard to the issue of observing fellow family therapy

practitioners in action, although this focus shifted to the family over time. Perhaps this indicates the anxiety inherent in exposure for practitioners new to the field, and their need to observe fellow team members, and perhaps compare or evaluate their own level of competence.

“I think in the beginning it was very much a case of observing the therapist with the family ... there’s such anxiety about your turn coming up ... and I think that’s often what drives people to want to go into the reflecting team because actually you learn so much more from observing a session in progress ... I didn’t realise that till now, that we are reflecting on it, that’s what it is! And it wasn’t just for me, I could see in the other students that being true as well ...”.

This respondent was alluding to her earlier experiences as an intern, wherein she underwent a quarterly evaluation by the team facilitator. Carlson and Erickson (2001:202) state that a didactic, hierarchical approach to training values expertise above personal knowledge and experience, possibility giving rise to self-doubt and even a sense of incompetence. On the other hand, as can be deduced from the comments of the respondent above, the need to learn through observation may be very motivating, perhaps transcending the experience of anxiety.

The theme of evaluation resonated for one of the other respondents who started family therapy in her intern year.

“Initially I was probably more keenly aware of the kind of, power balance in the room ... so it was around being careful ... I never felt I could kind of cross what was being said, argue or disagree with it ...”

Although for this respondent there was space for a different voice in the team, there was a power dynamic in the team that tainted somewhat, her intern experience of family therapy practice, *“... it was subtle ... but it was there”*.

The issue of power in training settings was discussed in Chapter 3 of the literature. According to Edwards and Keller (1995:142), a positivist position emphasises a hierarchical structure. These authors quote Michael White who states that such a position

emphasises learning ‘correct’ methods of intervention which may limit the opportunity for collaborative dialogue and thus a co-created concept of change that fits for the client family. While a hierarchical stance is not the intention of reflecting team practice at Family Life Centre, clearly for interns, and perhaps even for teams composed of colleagues, there is an element of evaluation and being ‘taught’ correct methods of intervening with the family by the more experienced team members. White (1990:77) suggests that disagreement on what is deemed correct intervention will be slanted in favour of the trainer or supervisor, and emphasises the importance of knowing the practices and ideas of a particular agency where training will be undertaken. On the other hand, Biever and Gardner (1995:50) state that a belief in the value of all ideas, regardless of the level of experience of the team member allows for fuller participation by all people in the process.

The opportunity for learning through observation was stressed by some respondents.

“Fascinating! ... you very seldom get the chance to actually observe another social worker interacting (with the family) ... so that’s a lovely learning experience ...”.

“Um, I actually liked being an observer, um, because you almost can stand back and watch what’s going on, and I think you get a different idea from when you’re in the room ... so I liked being able to see it from a different place or space”.

Lax (1995:161) believes that the role of modelling inherent in the reflecting process has received little attention. While in this context it refers to modelling for families by team members, the researcher is of the opinion, that modelling can be helpful to family therapy practitioners as well.

“As a therapist it gives you a valuable opportunity to see the relevance of particular ways of working ... I would say it’s a valuable and positive process ... for the therapist in terms of a learning opportunity, but I think sometimes its not always valuable for families”.

This respondent feels that family therapy with a reflecting team may be just too strange, too unusual for some families, thus limiting its usefulness. With regard to the issue of observing other practitioners, the researcher expressed the opinion that the opportunity to observe fellow team members is highly valued, and provides an enriching learning experience. The view of Reimers (1995:228) (discussed in Chapter 3:171), suggests that reflecting team practice is not only a different way of thinking but also a different way of relating to clients. While Reimers (1995:229) believes the approach to be both creative and “...refreshing...”, for some families the reflecting team may be too ‘different’, perhaps even alarming, intimidating or “...plain crazy”.

For other respondents, their experience of observing was more on the family, and less on the performance of the primary therapist in the room with the family. Some anxiety is however, obvious from the remarks.

*“I think initially ... I used to focus on the people talking, but my awareness now has shifted to the people **not** talking ... because that gives me an understanding of who listens to whom, who withdraws, or who carries, um, a lot of stuff ...”.*

For this respondent there is also some frustration at not being able to always intuitively sense the atmosphere in the room, and feeling at a distance.

“... what I find difficult is that I work very much from my gut and not being in the actual room with the family, not being sure of what the actual emotion is ...”.

This respondent went on to say.

“...initially it felt ... it was a bit anxiety provoking ... I felt as if I was an interloper, almost invading a space that wasn't mine, almost like spying I suppose ...”.

This theme of being uncomfortable for the family was echoed by some of the other respondents.

“I felt voyeuristic, I felt almost uncomfortable for the family ... their discomfort of being under the camera and being on the other side of a team of people they've never met, um,

talking about their family problems ... it did diminish with time, although every time a new family comes in I seem to be acutely aware of their initial discomfort ...”.

While families are well prepared (telephonically) for the format of family therapy with a reflecting team, it is possibly still something of a shock when they actually experience it for the first time – the process is unusual and if one considers that even with theoretical knowledge it still surprises family therapy practitioners, one can understand that for families the initial experience may be astonishing.

“Uncomfortable to begin with ... being a spectator and looking through a window into the family’s kitchen ...”.

Strean (in Karter, 2002:21) describes a certain “...voyeuristic pleasure...” derived from observing people who are “...emotionally naked...”. Viljoen (2004:34) also mentions voyeurism as an unconscious motivation for the choice of profession, suggesting that there is a wish to view tabooed scenes without having to be involved in them. Within the context of the respondents’ experience, while a voyeuristic aspect may be present, it is somewhat disconcerting, creating discomfort.

One respondent feels honoured to be able to observe a family in therapy.

“I felt very privileged to be able to sit and watch ...”.

Thus the experience of being an observer of the client family ranges from feelings of anxiety regarding their ‘turn’, to one of awareness of power differences in the team and a resulting need to be ‘careful’. Other experiences included feeling privileged to observe the family and other practitioners at work, and a sense of voyeurism that is perceived as uncomfortable to the respondents who experienced it.

- **Changes in experience of being an observer over time:**

Responses to the theme of changes in experience of being an observer revealed some differences. One respondent felt that her experience as an observer has not changed at

all, that enjoyment of the experience has remained constant. For others, the experience has become easier with time, as the following comments indicate.

“I feel less discomfort ...”.

“I became more confident ...”.

“As I became more involved, more comfortable with the team, with being a therapist myself, I think lost that (sense of discomfort) ...”.

The issue of a change in focus, from observing the family therapist to observing the family was again expressed by one of the respondents, who commented thus.

“I think over time it did progress to understanding what was happening within the family ... and less about the students, less about the therapist ... it became more about the purpose of why we were there!”.

A change in the nature of observation was expressed by one respondent.

“I think I get sharper, to look for different things ... initially I was so absorbed with what each one (family member) was saying, I was less structurally observant ... now I’ll notice more of whose not speaking, body language ... so I think you do get better at observing ... you learn what to focus on because there’s an overwhelming amount of information that comes out ...”.

According to Hanford (2004:47), in reflecting team practice trainees learn through observation of the observations of others, thus becoming part of the observing system. The capacity for reflexivity challenges the ways in which the therapist thinks about the client family, as well as the self. Zimmerman and Dickerson (1996:115) suggest that the capacity for reflexive thinking allows for the contemplation of multiple possibilities in understanding experiences.

The value of observing as an opportunity to learn was expressed by one respondent.

“I felt very privileged to be able to be an observer and learn techniques as an observer ...”.

However, for the respondent above, as well as others, there were also some negative aspects relating to change in the observer role over time, as the comments below describe. It would appear that the composition of the teams may affect the experience of being an observer.

“... but I used to get annoyed because the team used to speak all the time, about things that had nothing to do with the family! I feel so honoured to be working in this profession, that people let us into their lives, and then you sit behind (the mirror) ... and often make very judgemental comments about the people in the family ...”.

Gergen (in Andersen, 1995:34) states that the language of pathology developed by professionals has become part of everyday life and contributes to a sense of limitation and loss of hope. Similarly, White (1991:142) states that professional disciplines have developed 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. According to Cohen *et al.* (1998:280), hierarchical systems may create a position of dominance and submission. Ways of minimising hierarchies include not talking about the family outside of their presence so as to maintain respect.

“I became frustrated ... watching my colleagues who seemed to lack the confidence and/or training to really hold the family, hold that safe space so that change could develop ... watching people who weren’t effective in the role, seeing that it could become pointless”.

According to Biever and Gardner (1995:49), the idea of multiple perspectives is easily understood on a cognitive level. However, there remains a tendency to either/or thinking and a search for the ‘right’ or ‘best’ idea. It can be presumed that an element of evaluation occurs on a number of levels, and not only by supervisors, as the comments above and below suggest.

“It changes over time, depending on the people you have in your team ...”.

For this respondent, the experience of being an observer changed in relation to the level of skill and practice experience of fellow team members – with a relatively inexperienced team, questions arise around the capacity of the team to intervene effectively to facilitate change.

In conclusion, it would seem that with experience, confidence and comfort increase, and the opportunity to learn from colleagues is valued. For some respondents however, an element of anxiety relating to the efficacy of fellow team members may arise, contributing perhaps to the evaluative component inherent in a training setting.

- **Experience of being observed by the client family:**

There appears to exist little in the literature that focuses on the issue of reflecting team members being observed by the client family. Andersen (1995:19) does state however, that it is essential that participants feel able to say and do what is natural and comfortable. The responses reveal that this is not always the case. For the respondents, the experience evidences both difference and similarity. This theme links closely to the one that follows, (i.e. regarding change in experience of being observed over time) and some of the respondents explored the two themes together. As with some of the comments in the theme explored above, team composition impacts on experiences. The range of experiences encompasses the following.

“Um bizarre! (laughs) ... it was absolutely bizarre ...”.

Referring to a particular team leader the above respondent went on to qualify her statement.

“ ... she wanted us to communicate not just with words ... she wanted us to act it out! She had this dramatic way about her, um, so we would act out what we observed ... put on a little skit in a way ... and I found that so hard because its not naturally me ... I found that hard, to be performing, it was too much at too many levels, it was too much for me!”.

While being able to see the value this may have for family member, particularly children, the experience proved too challenging for this respondent.

“... it wasn’t an experience that I enjoyed, um, I didn’t always feel real ... I couldn’t always be myself, I couldn’t say really what I wanted to say ... I felt like I was putting on a performance, and that’s not me”.

Developing a therapeutic style that is both personal and professional is a central developmental task. Goldenberg and Goldenberg (1996:365) explore the journey of professional growth which includes learning theoretical constructs and intervention skills, mastering specific interventions, and the discovery of a therapeutic style that is authentic to the self of the practitioner.

The potential for anxiety in the process of being observed was mentioned by some respondents.

“I think, initially it was a bit nerve-wracking, initially I had very little understanding of it and as I got a better understanding of what I was thinking and why I was thinking it, I think I got a bit more comfortable with myself ...”.

For this respondent, better theoretical training for new family therapy practitioners may facilitate enhanced understanding – furthering her own studies was instrumental in the experience of competency and efficacy in being part of the reflecting team.

“ ... from a family therapy point of view, I would have enjoyed it sooner, because I like to have a good theoretical base from which to work ...”.

This viewpoint resonates with the researcher’s perspective, in that the paucity of theoretical material provided for training at Family Life Centre contributes to a sense of inadequacy and anxiety for some practitioners.

“It was very nerve-wracking at first ... it was very uncomfortable ... I suppose it was having the camera, reflecting my thoughts about a family who was watching, how accurate they were ... hoping that they were going to value what I had to say, and hoping that what I say doesn’t reflect badly on the rest of the team ...”.

*“Initially absolutely terrifying ... but then you focus on the family and I was able to let go of that ... it got very much easier ... I think you owe it to the client at the end of the day, its not about **me**, its about the family ...”.*

“Um, almost a sense of unease ... seeing the family for the first time or them seeing you for the first time felt uncomfortable ... um, a bit jarring ... because we had the continuity of having looked at the family for a whole hour, now they have to swap over and look at us and that, uh, felt a bit jarring, as though there was no flow of meeting us first perhaps ... knowing that we’re there and all of a sudden four heads pop up and we’re going to have our say ...”.

Two respondents mentioned the issue of the extent of the reflections offered to the family.

“ ... there’s an awareness that we need to highlight the most important, or most obvious ... we need to highlight what we are going to discuss ... we give far too much information, and even if its all accurate information, all of value, its too much for clients because of where they’re at or what they are able to absorb ... so to me, the team is improving in that process, being more useful to the clients ...”.

According to Lax (1995:145-146), there are occasions when the team’s reflections are not useful to the family, one of these being when the reflections are too long or too many ideas are presented. Clearly this is an issue of concern to the respondents above and below.

“At times, in the team, it’s a case of who can get the most points across ... the most observations ... and that needs to be reigned in, to a few useful points for the family to go away with ...”.

For this respondent, it is important to realise that at times the reflections offered to the family may not always be accepted.

“... however good the feedback, sometimes the family don’t want it, don’t get it”.

One respondent had no anxiety or discomfort in being observed by the family, as her comment testifies.

“That didn’t bother me I don’t mind it, don’t mind being in a situation where you have to comment or whatever ...”.

From the reflections explored it can be concluded that the experience of being observed by the client family is not an easy one for most respondents, at least initially. This perception is mostly related to other factors, as explored above, and less to do the client family themselves.

- **Changes in experience of being observed over time:**

Some of the respondents linked this theme with their responses to the previous one, thus the theme has already been partially explored. From aspects mentioned above and the following, it appears that most of the respondent’s experience of being observed became easier with time.

“... after a while it was no longer a big deal to me ... I was less conscious of being observed ...”.

“... initially I was terrified, what will I say, how will I say it, will I get it right, so in myself there’s a high anxiety level and the longer I do it the less anxiety I feel ...”.

“It just felt a little easier, I felt less anxious ... but not completely un-anxious because each family’s different, so a degree of anxiety always remains ...”.

This sentiment was echoed in part by another respondent who had the following to say.

“I think each time it’s a new family the same feeling is there, but as they get to know us, as we swap over and they say ‘hi’ or whatever it feels easier”.

Two respondents commented on the issue of the generation of multiple perspectives by the team members, an aspect that may enhance professional growth.

“ ... in the team you’ve got the benefit of different perspectives and different insights, and somebody would hear something I didn’t hear at all, so that in itself obviously benefits the client, but it benefits you in your own personal growth”.

“... because each one (team member) can hold onto different things for different people and see if there is change over time ... those little nuances that one may fail to hear, the team could bring up and reflect and then that brings a different dimension ...”.

From the perspective of the researcher, one of the advantages and ‘comforts’ of working in a reflecting team is knowing that fellow team members will inevitably pick up on aspects that the primary therapist may miss in the dynamic and complex process that is family therapy.

One respondent reported her feeling of discomfort with regard to aspects of participating in the reflecting team did not improve over time.

“It got worse!”.

Thus for most, but not all of the respondents, experience seems to bring a sense of enhanced confidence and lessened anxiety. In addition, the advantage of multiple perspectives for both the client family and the reflecting team members is an issue of importance mentioned by some the respondents.

- **General impression of participation in a reflecting team:**

Respondents varied in their general impressions of reflecting team participation. Some of the responses to this theme were positive, although a few respondents felt some ambivalence with regard to various aspects of participation, as the comments below illustrate.

“It’s a superb way of working, if its used, more deeply ... it’s as if you can’t say certain things in case you offend the family, which means it doesn’t allow for challenge ... its just

providing a mirror ... you can't really challenge the behaviour or anything to facilitate change ... and I find that incredibly frustrating”.

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, a ‘stuck’ family system may need new ideas to broaden perspectives and the task of the reflecting team is to create these ideas even if rejected by the family (Andersen, 1987:415). Andersen believes that the family will select the ideas that fit and which may pave the way for change.

“I’ve learned a lot ... where else would I have had the experience ... I’ve learned a lot about myself ... I think its very good to work with other therapists, brainstorming different ideas can be immensely beneficial to the whole process ... I’m not knocking teams, if its done properly ... but I would just work in a different way (in future private practice)”.

“Its very interesting because I had assumed that we were all professionals in a professional field, so, that no ego’s were involved, and I’ve learned over time that ego’s are actually involved and I find that very difficult ... we can’t focus on the family and their issues, that our own stuff keeps coming through ...”.

For this respondent there is a sense of disappointment, even sadness that personal issues and egos can, at times, interfere with the reflecting team process.

“ ... their own issues are there, are big, and in the room ... I didn’t expect that, I just assumed objectivity because we’re all professional and that the focus was on the family ... that’s been a huge shock”.

In the literature review (Chapter 3:180), the views of White (1990:76) regarding the expectations of those involved in training and/or supervision were discussed. While not specifically addressing the topic of personal ego’s and issues, such expectations are closely related to the beliefs held by both parties concerning the nature of the therapeutic encounter and training/supervision. 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.

“Its something that, uh, you know if I think of all the different reflecting teams I’ve worked on, for instance with the other Unisa students (MA studies) it was very different because it was much more controlled, and um, at Family Life Centre it’s sometimes really scary because, um, they (team members) would sometimes say outrageous things and then what to you do with it ...”.

According to Young *et al.* (1989:72), 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. Differences of opinion among team members can be usefully explored through emphasising that these are in addition to, and not instead of or opposed to (Lax, 1995:162).

“... as an intern I think I wasn’t just an equal member of the team, so my role was different from the staff ... it did move to more of a sense of a team, instead of they (the staff) are there to observe us ...”.

Again, this reflects the perception of hierarchy and power within the team and the organisation. Biever and Gardner (1995:49) pose the question of how one trains people in a manner that suggests that knowledge is negotiable. Just as different families will respond in different ways to the same therapist, trainees will develop a different understanding of the supervision process. This theme is reiterated at several points throughout the reflections on various aspects.

Responses that reflect a positive experience for team participants are narrated below.

“I find it very, um, it has this wonderful support element, its fantastic to be able to listen to other people’s point of view and ideas on theory, their insights ... perhaps a different perspective from one’s own ... its nice to get other therapists points of view, for your own growth as well as for the benefit of the family ... its made me a better listener, you have to listen very carefully, so you have to focus your listening skills ...”.

“Its very valuable ... being in the reflecting team, being part of it, gives you an opportunity to learn from other people and to see things in a different way and I think that’s as much of a learning experience as anything else ...”.

“It’s a very positive experience, its very encouraging, not judgemental or condemning for you ... you’re always free to give your opinion and even if people agree or disagree it doesn’t take away the fact that you have an opinion and your insight ... it’s a very comfortable scenario ...”.

According to Du Toit (2002:34), experiential learning in the training context suggests that a postmodern approach which focuses on meaning and understanding as central to learning is preferable to the didactic acquisition of skills that have a modernist flavour of objectivity and ‘correctness’. With regard to the client family, the respondent above expanded her views.

“ ... I wouldn’t say that you ever get to the stage of complacency and a totally relaxed state because you’re dealing with people’s (the family) feelings, their life experiences, so you can never become too casual about it ... definitely not ... I think stress is a good thing for sharpening how you do things”.

Thus it appears that most respondents experience reflecting team practice as beneficial in terms of learning, personal growth and its value for the client family. However, some aspects of the responses above clearly suggest, once again, that team composition is a critical component of how reflecting team practice is experienced by participants.

- **Feelings typically experienced during a family therapy session (about the family, team, self):**

A range of feelings experienced by respondents during a family therapy session were explored. As could be anticipated, a multitude of perspectives were presented, with many similarities as well as differences.

Anxiety is a typically reported feeling experienced by the respondents, not only for themselves but also for fellow team members, and even for the family at times. The themes discussed below describe aspects of the respondents' experiences. One respondent recalled an incident where only the mother in a family booked for family therapy arrived, and her own experience of feeling “ ... *quite shaken ... not a pleasant experience ...* ”.

“Often anxiety, and if you were behind the mirror watching, anxious for someone else ... I think you pick up on that ...”.

“I think, obviously initially you feel very self-conscious and you are anxious to make notes or to note something, to have some kind of take on the family ... so there's a certain amount of stress and uncomfortableness ...”.

A few respondents reported a feeling of relief when it is not their turn to be in the role of primary therapist, and sometimes frustration with team members, as the comments below suggest.

“... there's always a sense of relief when I'm not going to be the one with the family (laughs) ... in general, a big sweeping term – relief! (laughs)”.

“Honestly, sometimes there is a feeling of relief that you're not in her (primary therapist) seat (laughs) ... and there can be frustration with the therapist in there because you feel maybe they've picked up on the wrong point or something ...”.

“ ... frustration that we, they, weren’t getting it, weren’t helping the family to make the changes they want ... sometimes anger sitting watching a therapist not grasping what’s there, being the ‘nice person’ ... ”.

As previously mentioned, the idea of multiple explanations and descriptions is easily understood by trainees, however a tendency to either/or thinking or the ‘best’ idea remains. The process of reflecting team work illustrates the difference in meanings that people generate through dialogue. It is interesting for the researcher that the belief in differences in meanings, so important in working with the client family, does not always seem to extend to the team.

Again, for one respondent, the issue of team composition is relevant.

“About the family, humble ... about the team, irritability ... irritability and frustration”.

One respondent experiences at times, a resonance from previous work with families, albeit in a different environment. Such a feeling reinforces for her that *“... my beliefs and my approach to family therapy, the values I have are confirmed ... ”.*

Some of the respondents explored the way in which work with families has the potential to evoke personal feelings and responses. Lax (1995:50) discusses the issue of situating comments within what has been observed and personal experience, thus bridging the gap between objectivity and subjectivity. His view is that the value of transparency and equality are brought into being through open dialogue that explores personal experiences that may have led to certain thoughts about the client family. Of significance to the researcher, is that the explorations reveal a difference in the position of the therapist regarding first- and second-order principles in family therapy, in other words, being an observer, and being part of the observing system.

“... I’ve been amazed how emotionally you are affected, being an observer, which I didn’t realise would impact, I thought you would be more distant from it but you aren’t actually excluded from being part of the system ... ”.

“I think what I try to do when I’m observing a family, is pinpoint for myself what my identification points are in each person, so that I can put my own stuff aside ... I try and identify who in the family is going to hook my stuff so I can separate that ... and be as objective as possible, but bearing in mind my feelings obviously do come into play ... sometimes its difficult to separate but I think acknowledging that that’s my stuff frees you from it to a certain extent ...”.

According to Haber (1990:378-379), experiential methods of training such as the reflecting team setting, may provide an opportunity to focus on the issues of the therapist and enhance awareness of how the self may interact with challenging family therapy situations. In the experience of the researcher, such an opportunity is critical for team members to be able to explore any issues or conflicts. However, the need to feel safe, accepted and not judged within the team could be factors that may inhibit such exploration.

“ ... sometimes I knew in myself that, um, I was responding to a particular individual ... I was getting upset for that person, being in that role in their family ... sometimes you feel despair for them, because you can adapt and change your behaviour and it will result in something being different somewhere, but it will never take away the entirety of the pain ... ”.

In addition to this sentiment however, this respondent also feels that family therapy is a positive process for both the family and the therapist involved, specifically in that it has such potential for feedback.

“... a lot of the value of family therapy is that it creates an opportunity for feedback, both feedback to the therapist, feedback from the team, and feedback from the family as to how things are going and how they’ve experienced the process ... and that means you can constantly re-evaluate and assess what you’re doing ...”.

Feedback was also mentioned by one of the respondents, albeit in a less positive way.

“ ... interestingly enough when we do the final feedback together at the end (as part of the reflecting team, being observed by the family) my anxiety is elevated because at times

*I don't feel, um, not, uh, **not** valued, but not trusted ... so at times I've got into a position of self-protection where I monitor what I say ...”.*

According to Carlson and Erikson (2001:199), family therapists-in-training bring skills, experience, knowledge and ideas which are seldom validated in traditional training settings. For this respondent, peer discussion with colleagues helps her to understand and create meaning relating to her understanding of the family and her self, in an atmosphere where she feels less guarded.

“... we do peer supervision ourselves, alone, where we rehash what's happened ... we're more free to say what we need ... I think it may boil down to an authority thing, the hierarchy issue ... ja, we're not seen as equals, not, um, competent enough”.

Zimmerman and Dickerson (1996:115) suggest that reflexive thinking allows people to wonder about multiple possibilities for understanding experiences. A helpful way to do this is for reflecting team members to interview one another, raising questions about aspects relating to the client family interview, and creating space for new associations.

Positive reflections from the respondent's relating to their experiences are narrated below.

“... I find it very positive, I enjoy the intensity of it ... the dynamic-ness of it ... and you don't have to do it alone ... I find being in a team much easier, less demanding ...”.

“Also, I think enjoyable ... I enjoy working with families, that interaction, and um, challenge ... very conflicted families challenge you to stay with them, to actually understand ...”.

“Very intense, being part of the team and being the therapist ... excitement, curiosity ...”.

In conclusion, the feelings typically experienced by the respondents in a reflecting team context show much variation, ranging from anxiety, irritation at team members, personal affective responses to the client family, and enjoyment and excitement.

- **Incidents (positive or negative) that may have significantly influenced you during participation in a reflecting team:**

According to Young *et al.* (1989:73-74), the evolution of the reflecting training team is consistent with second-order cybernetic and systemic principles. 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.

As will be shown, many of the responses to this theme focus around aspects relating to being a member of the reflecting team, rather than on issues relating to the practice of family therapy in a team context. As has been explored on a number of occasions throughout the discussions on findings, the composition of the reflecting team seems to have enormous impact on the experiences of the respondents.

“Yes, one ... I was the therapist and for the life of me I don’t know what the team said ... they took a theme and tried to narrative around it, and they went round and round ... it was an absolute waste of time ... and the family refused the team again, and I could understand!”.

“... the influence was that team behind the mirror, and that feeling of being intimidated ... ”.

“I think a negative impact that occurred is that even when I have a gut feeling about something, I’m not always keen to express it ... so I will guard that opinion, for peer supervision, rather than saying it out loud (in the team context)... ”.

“... I said something in the reflecting team (during feedback to the family) and it obviously came across as being quite, um, rejecting of the persons feelings ... and I remember (the team leader) saying whatever, and it made me more aware of the way I come across, and that was very valuable input, because I think it came from a good place ...”.

This respondent made a distinction between constructive and harmful feedback from team members, as the comments above and below illustrate.

“... whereas when (a fellow team member) made a comment about me, that experience was negative, and it wasn't done in a good way ...”

The importance of the reflecting team being a safe space, and of the fit and relationship between team members was reiterated by this respondent, as well as the respondent that follows, and is illustrated in their narrations.

“... I think also when you get together with your team members and you feel like they're interested in you as an individual, you feel much freer to participate, and much more comfortable with saying what you think ... you're not worried someone's trying to catch you out ...”.

“A disagreement with a fellow intern ... just different points of view but its sad because the other intern left the team ... we didn't get to work with that ... different voices can get into conflict and voices can be so different that they can't bear to be heard next to each other ... it could have been useful to explore it ...”.

What seems significant to the researcher about the comments above, is how the reflecting team itself becomes a system, with similar conflict dynamics to those that can occur in a family. This systemic view is shared by the respondent below, as her views illustrate.

“Well, obviously everything influences you ... if you have an experienced team, or if you have a team with new students ... so I think everybody in the reflecting team has some influence because it's a system ... sometimes you have people you know are reliable and wouldn't say things that are off the wall, and sometimes you don't ... it's the same behind

the mirror, sometimes you get someone who doesn't stop talking ... I think that talking behind the mirror is one of the things that gets me down, especially if its very negative ... ”.

Clearly for this respondent the issue of being disrespectful towards the family, even covertly behind the mirror, is a painful experience, one that has been mentioned in other sections by other respondents. With regard to a systemic view, Duhl (1987:74) states that systems are not only between persons, but within, and that any therapist must necessarily become aware of these systems within the self.

One respondent recalled an incident of something said to a family member by the primary therapist.

“... something jolted in me when she said that, I think it was something I would remember never to say”.

Although a negative experience for this respondent, the learning component of team work is evident in her response.

More positive experiences that influence reflecting team practice are explored in the comments below.

“ ... there's a sense that the more you experience it the bigger your repertoire of experiences are when it comes to therapy, so yes, every experience you have adds to that ... ”.

“From a positive point of view I've been exposed to people with completely different views and it's given me a different viewpoint of the family ... its given me food for thought ... ”.

“I think it's a wonderful experience to work with a team, to have many heads to think about the family ... ”.

For this respondent, picking up on aspects missed or overlooked by fellow team members can be positive for the family in that *“... it provides a much fuller space for the therapy,*

a bigger container for the whole family ... it's a wonderful experience if it's used correctly ... ”.

“I think the fact that our reflecting team leader was very non-critical, how she practices as a family therapist is exactly how she is with the students ... its about letting you grow ... that was very comforting ... and it takes a while for you to internalise that kind of permissiveness ... that was very freeing, uh, to be me ... ”.

Reflecting team practice has the potential to be experienced as extremely rewarding in terms of personal and professional growth, but also as very challenging, particularly with regard to relationships between team members.

- **Learning (skills, knowledge, self) from the experience of participation in a reflecting team:**

Despite an overall impression of the anxiety that participation in a reflecting team may engender, the comments relating to learning from the experience reveal it to be an extremely challenging and edifying opportunity.

“Tolerance ... I was actually quite surprised because the Christian thing is that there is one way to see or do things ... and uh, I've sort of broken right away from that, and that's a good learning thing ... in terms of skills, what I can do, um, I learned I can be quite creative, which was a surprise (laughs) ... I enjoyed that, its great! About the reflecting team, its amazing how many different angles you can talk about the family from ... its quite an amazing variety, ja, people often surprise you”.

“About myself it helped me to be able to express something to a group of people in a family in fairly concise terms, because I tend to ramble on a bit ... it has forced me to summarise things, to make my points clearer ... ”.

This respondent, while valuing her training which provided a theoretical base from which to work, nonetheless believes growth is necessary in terms of being more eclectic.

“... I need to look more deeply at other theoretical approaches, and skills of working with a varied group of people, a very emotionally bonded group of people ... so you are prepared for any kind of eventuality ... expecting the unknown to become known”.

Perhaps this last comment signifies a degree of insecurity in family therapy practice, and the hope that theory and experience will allay this? In the literature review (Chapter 4:213) Sussman (1995:16) describes a number of motivations or ‘illusions’ that may be part of the experience of the therapist’s professional journey. One such illusion is the wish that training may allow one to become all-knowing and all-seeing.

“ ... in terms of myself, the ability to be watched by people who are assessing you and not mind, to just get over it ... if I had been younger I would have been intimidated ... if I’d been fresh out of university I think I would have probably left (laughs)”.

“You know, on a purely selfish level its learning to manage my own anxieties and I’ve had to do that at various levels ... because family therapy, out of the whole internship was the hardest part for me, although it was what I was most excited about ... that was going to be new territory ... so getting to a point where I’m at peace with myself and being effective with the family ... it’s a positive experience”.

“I think what family therapy teaches you is that, sometimes what you see across the mirror is exactly what you grew up with, and you actually have to, um, come to terms with that and accept that that’s part of it ... so it teaches you that families and individuals are not infallible and are not all perfect ... it taught me a lot about myself as a therapist ... its more valuable to me a lot of the time than one-on-one supervision”.

Sussman (1995:17) mentions a further illusion that may occur in a therapist’s personal journey as being the hope of resolving family-of-origin issues. Satir (1987:21) suggests that in family therapy it is likely that at some point, the therapist will experience a scenario similar to his/her own family-of-origin. Difficulties not yet resolved will impact on the therapy, perhaps leaving the family stranded because the therapist him/herself is

lost. In the experience of the researcher, team members often share resonances from their own lives that coincide with aspects observed in the client family therapy session.

*“I think you learn all the time, there’s so many stimuli ... the therapist, watching her, family dynamics, learning from your colleagues and their insights ... how to correlate your insights into a useful message ... there’s also learning your emotional state, when I see this or this upsets me and that doesn’t ... why does it affect me so much .. on a personal level, your own generational issues or your own history being mirrored and to work through that, because it **will** impact ...”.*

The comments of the two respondents above illustrate their awareness of the potential impact of family-of-origin issues upon the self and the family therapy process.

For one respondent, learning centres on confirmation of the way she would like to practice in the future, while for another, it reiterates her sense of confidence.

“Confirming for me that this is not the approach for me ... it was good to know that the way I saw myself working was confirmed ... that was a good learning curve ...”.

“... I’ve never been quite sure how I would handle a family, where people are joined through an emotional experience ... but I think what has happened for me, its elevated my own sense of competency, that I can do it and that I am able to contain 4 or 5 people in a room, um, without it falling apart ...”.

As far as learning about families, this respondent reflected as follows.

“I’ve learned that people are amazing, just so different, and that there’s no such think as the norm ... you work in such different ways that work for one but wouldn’t work for somebody else ... I have to keep an open mind at all times ... and that the awareness and insight they (the family) gain is often through something that’s said in passing, you know, that may not seem profound to you, but it is to them”.

The theme of family diversity and family dynamics was one echoed by a number of respondents.

Some of the respondents remarked specifically on the issue of self and the importance of knowing the self, as illustrated by the following.

“... the self is the biggest thing you bring to the therapy, you don’t come with a cookie cut-out approach ... the self is the biggest factor you bring”.

“I think what I’ve learned about myself is my capacity to challenge ... I am a challenging therapist”.

Therapeutic styles (discussed in Chapter 4:227) are explored by Gilbert *et al.* (1989:11) who make the distinction between styles of containment and confronting. Containment involves a focus on empathy and acceptance of the clients’ feelings, comments, and actions and so on. This is the basis of unconditional positive regard, viewed as a core factor in the humanistically orientated therapeutic relationship. Confronting occurs when the therapist puts pressure on the client to talk about sensitive issues they may prefer to avoid, or to approach various feared situations or stimuli. Rigid adherence to either position may be inappropriate to the needs of different clients.

Thus to conclude, it seems that the experience of learning within the context of reflecting team practice is one that is perceived as enriching and enhancing on a number of levels, from skills, knowledge of family dynamics and diversity, to self-awareness and insight, and hence the capacity for reflexivity.

- **Ways in which participation in a reflecting team may have influenced your choice of theoretical approach:**

Dallos and Draper (2000:179) state that the practice of family therapy has replaced therapeutic secrecy with openness, direct observation and live supervision in a way which demonstrates the therapist’s journey of change. One of the positive legacies of postmodernism is dialogue about the various approaches as different ways of explaining problems, rather than arguing about which is correct. Opinion on the influence of the reflecting team upon choice of theoretical approach showed variation. Two respondents

were quite emphatic that no influence had occurred, although one respondent feels that her approach facilitates understanding of the team as a system.

“No, the reflecting team didn’t influence my theoretical approach ... but I use my theoretical approach in the reflecting team, because the team almost becomes like a family of its own, develops its own patterns of behaviour, its own hierarchy ...”.

Others were less certain of the influence of the reflecting team, as the comments below illustrate.

“Not in terms of change ... um ... it might have solidified my thinking about working with more than one person, a system ... it might have confirmed for me that that’s the better approach ... but no, not radical change”.

“Um ... its quite difficult to say ... I think maybe tolerance (for different approaches) ... that influenced how I thought, how I saw things ... but I don’t think the reflecting team really influenced ... maybe I wasn’t quite as open to some because they didn’t fit”.

The theme of eclecticism was raised by a few respondents, as one of the reflections illustrates.

“I will always have the person-centred approach as my base, and ... build on that, the rest will be eclectic ...”.

For one respondent the influence of the reflecting team is more a confirmation that a blind adherence to a particular approach is not for her, her preference being as follows.

“... using what fits and what is appropriate for that particular family”.

Three respondents believe that reflecting team practice does impact on theoretical approach, as the following remarks reveal. As can be seen however, the opinions differ in that one respondent experienced this as positive, one was more ambivalent, while for the last, it raises awareness of a less than ideal fit.

“I think you’re definitely influenced by your peer group, your colleagues, the team ... because in sharing ideas there’ll be agreement ... uh, I agree with this or disagree with that ... so they do shape your approach to a degree ... I suppose when you try things with a family or you observe something that’s not working, you have to reflect that there are other options ... so yes, I think the experience challenges your approach all the time ...”.

“Well, I suppose it teaches you that (certain approaches) ... not entirely effective or relevant when working with a system that is dynamic ...”.

“I think it scared me away from the narrative approach! Now that I think about it!”.

Opinion on the influence of reflecting team practice upon theoretical approach appears quite divided, with some respondents believing it to be minimal or even non-existent, while others see it as more influential, albeit more or less positively.

- **Feelings when fellow team members evidence different theoretical approaches in family therapy practice:**

According to Dallos (1997:xii), theories come and to in the field of family therapy, which emphasises the need to reflect critically on these theories, as well as to develop a reflexivity that facilitates critical thinking and practice. Merry (2002:29) suggests that conditions of worth are acquired through learning that we are acceptable only if we think, feel and behave in ways that are positively valued by others. From the perspective of the researcher, the implications of this for family therapy practice are evident, particularly in a training setting and in reflecting team practice, where a feeling of being judged and not accepted by the team may give rise to incongruency within the therapist, making it difficult to be authentic in the therapeutic encounter.

The exploration on the use of different theoretical approaches evoked mixed feelings. Some respondents feel positive about the use of different theoretical approaches by fellow team members, as the following statements reveal.

“Really interesting ... different paradigms can be an interesting way of viewing something that I interpreted differently”.

“Well, if I feel that its working well, then I feel I must remember that, its something to learn from and perhaps look deeper into ... conversely, if I question the benefit ... see that it doesn't work, then it confirms it for me”.

Despite some initial discomfort, the respondent below feels positive about multiple approaches.

“Initially, it was sort of strange ... but you know, people are different and I think that's one of the good things, people come in with different ideas ...”.

For this respondent, the benefit of difference is good for the family as well as the team.

“... the family can take what they want ...”.

Some responses illustrate a theme of similarity regarding approach used among the reflecting team members.

“I think our team is quite similar in our approaches ...”

Difference, for this respondent, is experienced as follows.

“... but if there is a difference of opinion I think its easily accepted because the team's stronger for the diversity ... it doesn't have to be completely the same ... so I think different approaches and different ways of doing is positive ... I think from a learning experience I'm so unfinished ... still trying to find my way, what works for me, so I'm open to other people's opinions and approaches ...”.

“... I wouldn't say that I necessarily observed people doing something that's completely different to what I would have done ... maybe that's why it's a positive experiences for me ... I felt like I understood, and I had something to contribute ...”.

For this respondent, the experience of radical difference may have resulted in a more personally challenging ordeal.

“... whereas maybe if something was done in a completely different theoretical frame I would have felt under pressure to, um, be responding in that way, to be thinking about issues in that particular way ... I probably would have felt uncomfortable, less effective or ill informed ...”.

The composition and dynamics of the reflecting team once again impact on the experience of the respondents regarding difference of theoretical approach. The issue of team power dynamics and hierarchy are seen as significant, particularly but not exclusively regarding the experience of being an intern or student.

“There isn’t space for it ... the therapist can be however they want to be, can use any theoretical paradigm, but the feedback by the reflecting team has to be a certain way ... that’s where there’s inflexibility”.

A study on therapist development by Hanford (2004:51) suggests that the influence of second-order cybernetics on training emphasises a non-expert stance, wherein trainer and trainee co-construct understanding and value multiple perspectives, thus challenging issues of power, control and hierarchy.

*“Again, the power imbalance ... the approach the supervisor took became **the** approach ... it was subtle and maybe it was just me ... it wasn’t that one was saying black and the other was saying white, it was never that extreme ... it wasn’t always there, just times when I kind of felt, just don’t rock the boat”.*

“... I think it was (the supervisor’s) approach ... the reflections made me feel uncomfortable, it made me feel like it was too far out of, um, familiar ground, safe territory ... I wasn’t confident enough to say, um, no, maybe not ... so discomfort and maybe anxiety ... discomfort is the word”.

“Quite difficult ... particularly if it’s a person in a higher hierarchy ... um, the openness for change may not be there, so criticism may be harsh ... I think had I not had a strong sense of self it would have destroyed me...”.

For this respondent her own self-awareness has enabled her to retain a sense of confidence and integrity in practice. Clearly however, the experience of criticism of difference within a team has the potential to be crippling for the less secure participant.

As can be deduced from the responses above, differing theoretical perspectives may be experienced as enriching by some respondents, but as a prescriptive by others.

- **Ways in which participation in a reflecting team may have fostered a higher level of self-awareness (personally and professionally):**

Hanford (2004:47) explored aspects relating to counsellor training and education, and suggests that trainees learn through observation of the observations of others, in other words the therapist becomes part of the observing system. As the following comments testify, responses to this theme were fairly unequivocal in confirmation that reflecting team participation enhances self-awareness on various levels and through various mechanisms.

One respondent believes however, that therapeutic practice in general enhances self-awareness, rather than specifically participation in a reflecting team.

“... it’s not for me that family therapy stands out as better or more influential than other experiences ... you always have to be very aware of yourself in the work that you do ... I think initially my levels of self-awareness (in the reflecting team) were higher, but really in the wrong way, in terms of being watched (laughs) ... but you get past that, so that was actually negative self-awareness, but positive in the sense that you get over it ...”.

However, this respondent went on to add that participation in a reflecting team enhances self-confidence, as well as awareness of the uniqueness of families and family dynamics, and that *“... personal and professional awareness kind of tie in ... I think in this job you have to have high levels of self-awareness ...”.*

Conversely, for other respondents the experience of participation in a reflecting team influences self-awareness more than other methods of intervention, as the following reflections suggest.

“Ja, absolutely, you know when you are part of the team, you’re considering how you are in the room, you’re thinking, how am I being observed ... so it engenders a far greater self-reflection ... it makes you think about your effectiveness ... your stance ... how you are coming across ... how you choose your words ... whether you’re giving each member of the family equal voice ... you don’t get that to such an extent in a one-on-one setting ...”.

“Ja, definitely ... because you get an opportunity to observe what other people do and say and sometimes you know that’s what you also do, so you can see whether that does or doesn’t work ... it triggers stuff that maybe you never thought was pertinent or had much significance ... it probably fosters more self-awareness a lot of the time than an individual process”.

“I think I use every opportunity to develop self-awareness so ja, in a way it has increased my self-awareness of the way I am with a family, because you’re obviously being seen through someone else’s eyes and how you are in a family ...”

“Definitely, in my personal capacity, the ability to listen to a multitude of inputs at the same time and to be aware of the emotional levels around you, the body language of many people ... you have a much more panoramic view ... I’ve become much more aware of being a member of a family ... you know you belong to a family, but your role isn’t often clear or even thought about ... my role as a mother, wife, sibling, I’ve given much more thought to that ... its made me look at my past and my family-of-origin more intently and less scathingly perhaps ... less critical, more accepting, you look at things with more compassion ...”.

“Definitely! I think it allows for constructive criticism, it allows for constructive validation ... we see who we are in comparison to others ... and it builds confidence”.

“I think, yes ... I think you can’t take part in a reflecting team and not become more aware of your self on both levels (personal and professional) because if you are with a

family and you have a team of peers observing you're more keenly aware of what skills you use and how to use them, and so you become more aware of yourself, and your interaction, and how you relate to people ... you become aware of your own values, your own ways of seeing things that affects other people's ways ... so you do become more aware, um, just through interacting with all these people".

For one respondent, despite an initial experience of “ ... *self-consciousness about my mannerisms ...*” and feeling as if she was “... *performing in front of an audience ...*” the overall sense is that participation in a reflecting team enhances self-awareness.

The opportunity of the post-family therapy session consultation was mentioned by one respondent as valuable in enhancing self-awareness.

“To be honest, the benefit I gain is after the counselling session, being able to talk about it, what you experienced, what went on ... and then to get advice or to ask about what I did or what I did wrong, or whatever ... my biggest learning experience I think is afterwards, being able to discuss ...”.

This respondent also elaborated on her experience of participation in the reflecting team “... *you're gaining from your insight of the family and your experience, as well as theirs (team members) ... so it's a wonderful collaboration”.*

As previously mentioned, Young *et al.* (1989:72) explore the issue of the use of the reflecting team, collective responsibility and the experience of a sense of losing control of the process and content of the therapeutic encounter. It would seem that these issues are not in the realms of experience of the respondents who touched on the topic. Two respondents specifically mentioned the issue of support by team members.

“... in a way knowing that if I miss something the team is there and they're going to catch it, so that they can be a support if I miss something that is vital ...”.

“... its such a wonderful experience to have the support of a team, where they're actually working with you ... I feel that's a very positive support ... and in what they bring out, I

don't feel negative if they picked up something I didn't ... I just feel it adds to the whole ...”.

In conclusion, the overwhelming majority of the respondents believe that reflecting team practice has a definite and positive impact on the enhancement of self-awareness, both personally and professionally. In addition, having the support of a team of colleagues was valued by some.

- **Further comments:**

A number of respondents added further comments to the theme of reflecting team participation.

“Well, what I think is unique is that it makes you think about the ethics of the reflecting team ... I think we need to do a lot more of educating the family, um, preparing them, not just on the phone before they come in, and not just the one person who liaised with Family Life Centre ...

For this respondent it may be more ethical to allow the family the opportunity to experience reflecting team practice and then decide if this feels right for them. In defence of the way family therapy is practiced at the Centre, families are always at liberty to refuse the team, recording of the session, and so on, at any stage of the process. Concurring with the respondent however, is the researcher's observation that the initial session often seems to be experienced by the family as very strange, even something of a shock, despite adequate preparation.

“ ... I think as a way of supervision its par excellence, you can't get a better way of supervising the process”.

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.

“I think it’s a very useful way of working ... I think there’s a huge richness in the reflecting team that you miss when you don’t have it ... but uh, I also think that on the other end of the scale it can become more of the same (for the family)”.

In addition to seeing the value of reflecting team practice, the issues of practicality and suitability were raised by some respondents.

“I think it’s wonderful, but it’s very expensive to have that degree of expertise on one family ... I don’t know if it’s practical for everybody ...”.

“I think that it’s extremely valuable, extremely useful ... but it’s not always practical in that there are five people holding the family, not just one ...”.

This respondent went on to add however,

“... being part of the team has been really an amazing experience in terms of gaining more from it than just sitting and being bogged down in a family with a lot of issues, where you become emotionally entangled and can’t separate ... and become part of the system”.

“I think it has value, and there are people who obviously work well within that framework ... certainly the experienced therapists have a very good connection and gelled, and it works well ... it can work and be positive ...”.

This perception was coloured however, with her experience as an intern and position in the team.

“... there was always a bit of, uh, a barrier there ...”.

For one respondent, the experience of reflecting team practice may not suit all families or all therapists.

“It’s really not everybody’s cup of tea, for both family and therapist ... being part of a reflecting team is not for all therapists”

Most respondents believe reflecting team practice to be an invaluable experience for both therapist and family, although some reservations are felt with regard to issues such as ethics, expense and practicality.

5.4.4 Perceptions, Opinions and Experiences Relating to the Self in Family Therapy Practice

The following themes explore the perceptions, opinions and experiences relating to the personal and professional self of the family therapy practitioner.

5.4.4.1 Personal self

The development of the personal and professional self is a continuous process of reflexivity that is unique and specific to every practitioner of family therapy. It is not the intention of the researcher to suggest a path to follow on this journey, merely to illuminate its complexity and highlight the necessity of undertaking the task. The aim of this section was to raise awareness of the significant impact of family-of-origin and family-of-procreation issues upon family therapy practice, rather than a gratuitous curiosity about the personal self of the respondent. The researcher felt honoured and privileged to experience the trust, openness and honesty shown by the respondents in reflecting on these aspects of their lives.

- **Description of family-of-origin/family-of-procreation:**

McGoldrick and Carter (2005:28) state that the development of a mature, independent self requires an appreciation of our interdependence on each other, and that the “...connected self...” is based on recognition of the interdependence of people and is seen as critical to the development of psychological health. Berger (1995:316-317) explored the impact of his family-of-origin upon his career choice, and came to the realisation that many of his stressors and frustrations regarding his work were paralleled in the dynamics of his earlier family life. While family-of-origin issues remain relevant to professional practice, the sense of perpetuating long assigned family roles needs

resolution. Duhl (1987:74-75) too suggests the significance of knowing the systems within the self, being aware of one's thinking and beliefs relating to the stages of life, exploring the myths, rules and stories of one's own family and others in order to become aware of how we get hooked into certain scenarios and thus risk becoming reactive within the therapeutic encounter.

The respondents preferred to verbally describe their family situation, although two sketched a quick genogram while discussing. A summarised discussion of the family descriptions follows.

Respondent 1: This respondent is an only child in her family-of-origin, growing up in the United Kingdom – her father is deceased while her mother still lives in their country of origin. In her family-of-procreation she has been married twice, with two adolescent sons from her first marriage.

Respondent 2: This respondent is the middle child of three in her family-of-origin. Her father passed away when she was in her early twenties. Her family-of-procreation consists of her husband and two young sons.

Respondent 3: The family-of-origin of this respondent was composed of parents who both came from very large families, however there was no contact at all with the extended family on her father's side "*... so there's almost like half a family ... we don't have roots from that side ...*". She is the youngest child of three. Both parents are deceased, with her father passing away this year. This respondent is in her second marriage, with three adult stepchildren.

Respondent 4: In her family-of-origin, this respondent is the oldest daughter of two siblings. Both parents are deceased, with her father passing away this year. The respondent is married, with a daughter and son in the life stage of late adolescence/young adulthood.

Respondent 5: This respondent is the youngest child of three siblings in her family-of-origin. Her father passed away when she was an infant, and her mother passed away two years ago. She is married with two adult sons, and one adult daughter.

Respondent 6: In her family-of-origin, this respondent is the middle child of three siblings. Her mother suffered from depression, relating to the trauma of relocation from their country of origin, and committed suicide when the children were of school-going age “... *the family broke up, we were put in boarding school ... we (the siblings) became the family*”. Her father currently lives overseas. The respondent is married, with one adolescent son.

Respondent 7: This respondent is the oldest child of four siblings in her family-of-origin. The siblings are all between four and five years apart. She was born to young parents “... *in complicated circumstances ... my parents had to get married ...*”. She is married with a young son and daughter.

Respondent 8: In her family-of-origin, this respondent is the oldest child of three siblings. Her parents and brother currently live overseas, and she grew up with no extended family in South Africa. She is engaged to be married.

Respondent 9: This respondent is the youngest child of three, respectively eleven and eight years younger than her siblings. She is married with an infant daughter.

Themes of loss relating to death, divorce and family dispersal are evident in exploration of the respondents’ family situations.

- **Role in family-of-origin/family-of-procreation and feelings regarding that role:**

In an exploration into the backgrounds of therapists, Goldberg (1986:53-55) suggests that the helping professional tends to observe and be reflective, wondering about other people’s motives as well as their own, and has often been cast into the role of helper or nurturer in their family-of-origin. Family position also plays some part in the role of

family nurturer, with many therapists identifying themselves as the dominant sibling. A further factor appears to be experience of distress in early life (e.g. illness), periods of loneliness and sometimes loss, which develop a heightened sensitivity to others (Goldberg, 1986:57-58). Thus, in choosing a career in the healing professions, the therapist in adulthood ‘chooses’ the educational and life experiences that allow him/her to feel more adequate in dealing with human suffering. Goldberg (1986:59-60) further suggests that for many practitioners, their clients provide a “...psychological route...” to the riddle of their own family-of-origin.

The respondents were amazingly insightful and frank regarding their roles and feelings in their family situations. What was interesting for the researcher was the change in pace and tone of voice of the respondents at this point. Many of the comments in the dialogue process were spoken much more softly, and were thoughtful and tentative in presentation. The rewards and challenges of the roles played by respondents in their family situations are clearly evident in their narratives.

“... I was always the person who wanted to try and make things right ... a nurturer, looking after things, wanting things to be better, and healthier... all of that stuff ...”.

For this respondent being the oldest sibling was experienced as distancing in that *“... the gap was quite big, so my sister and brother were closer ... in a lot of ways I was kind on the one that was on the outside ...”.*

“... my role was one of social worker, rescuer, facilitator ...”

This respondent was very aware of both the difficulties and secondary gains related to playing such a role in the family, *“... struggling with the level of dependency (of family members) ... but enjoying the power (laughs softly)”.*

For this respondent however, this role has changed and is not perpetuated in her family-of-procreation. The respondent below also shows awareness of the complex pros and cons that certain family roles entail.

“Peacemaker (laughs) ... especially in my family-of-origin, um ... and in my family now, well I’m the mom, so you know ... everything (laughs) ... I often feel frustrated (as peacemaker) ... but it can also be quite rewarding ... its quite nice having the connections with both sides ...”.

“... to a degree I was a parentified child, because I acted like a parent to all the kids ... because of the age difference I always had a very strong sense of responsibility ... my parents are only 20 years older than I am, so I don’t have a typical parent/child relationship with them ... I was too responsible, too serious in some ways ...”.

In her family-of-procreation, this respondent enjoys her roles as wife and mother, having to some extent, her sense of responsibility alleviated in that her husband is also the ‘responsible’ one in his own family-of-origin.

One respondent describes her role as close and supportive sibling. The events and dynamics of her family-of-origin are experienced as she describes below.

“... the children (herself and siblings) became a unit ... my father feels like an outsider ... the bond is not great ... it shook the unity of the family, from relocating, to mom’s suicide, to having to cope on our own ... kind of being unparented in a way ... left to my own journey of healing, of finding out who I am and what do I want to do with my life ...”.

This journey is reflected in her family-of-procreation, as the following remarks suggests.

“... my family-of-origin grew me to be who I am today, to where I am today ... so it was important for me to then, in choosing my new family, to find someone who would be OK with what I need to be ... I think because I was rebelling from my father and what he expected his daughters’ to be like ... I wasn’t going to then seek a life partner who wanted me to play a role as well ...”.

For this respondent, the acceptance of her ‘self’ by her family-of-procreation allows her to continue on her journey of personal and professional growth. Complicating the picture however, is a certain tension with a father who still wants to define the respondent’s role to some extent, which compels her to *“... police the boundaries ... and that’s tiring and frustrating ...”.*

“... in my family-of-origin, I was the eldest ... I had a role of too much responsibility because my mother was sick, she was always sick from the time of my birth ... in fact I was blamed for her sickness, because she had a thrombosis and she was never well after that ... when my sister was born four years later I did have the role of taking on quite a lot of responsibility, for my sister as well ... my sister always said she had two mothers ...”

For this respondent, there came a time of rebelling against this designated role, of challenging it but with difficulty that played out in her family-of-procreation, as the following remarks suggest.

“... my role as a mother was fraught with anxiety at first because I was determined not to be the same sort of mother as my own mother had been ... so without a proper frame of reference to work from its quite difficult to invent yourself ... you find yourself reverting back to what you know ...”.

Resolution of this difficulty came with time for this respondent, although the caretaking role as older sister continues.

“... I was in a caretaking role when we were little, but with my sister I still have to take care of her ... she developed multiple sclerosis ... um, she is married, but I’m her emotional support ...”.

“... my father was an alcoholic and my mother was deaf (from diphtheria at age 7) ... me being the youngest I became her ‘ears’ ... hence my good auditory memory ... and being able to, ja, hear five people at once ... I had to develop that (skill) ... I was the people pleaser, my sister was the perfect one and my brother was withdrawn ... so I was the clown and the people pleaser ... I kept everybody laughing and happy ... because there was always heightened tension”.

For this respondent a role change has occurred in her current family, which consists of husband and stepchildren (all adult).

“... in my family at the moment I’m very much the withdrawn one ... I don’t have much to do with them (stepchildren) ... I get on best with the youngest ... um, I prefer the withdrawn role, because the clown ended up being the stupid one ... which gave the family license to, um, make me the scapegoat ... whereas now I am the scapegoat for

nothing ... the negative is that they tend to walk over me, not consider me ... if I do make an opinion its dismissed ... its less pressurised being withdrawn, I understand now why my brother did it ... it's a lot less responsibility, for keeping the family happy”.

“I’m the responsible adult (laughs) ... in both (family-of-origin and of procreation) ... it comes to me naturally ... its not even something I question ... I do get a bit irked sometimes when my siblings come to me if things have to be sorted out, especially now studying as a psychologist ... there’s a perception that I’ve got it all together (laughs)... that irritates me a bit at times ...”.

Although not in the same context, Madigan (in Lax, 1995:148) describes how 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. The researcher is of the opinion, based on personal experience and the comments of colleagues, that the scenario of friends and relatives requesting emotional support and ‘advice’ is not uncommon. This respondent went on to describe how her role came about and how it was resolved for her.

“... my dad died when I was 23, so my mom was left widowed quite early ... then the responsibility kicked in hugely ... but I took it on myself, it wasn’t expected of me ... but suddenly I was having to fill that gap for her ... I was very young and I felt that’s what I had to do ... it was guilt driven, a guilt thing ... with age and experience and studying you realise that actually you can’t, and so I’ve let go of that ... at the end of the day we are all responsible for our own lives and choices ...”.

“... definitely a caretaker ... I was the only child with two fairly emotionally absent parents ... I felt like I was parenting them ... always felt like that ...”.

Thus it can be concluded that the views of Goldberg (1986:53-60) expressed above, relate strongly to the experiences of the respondents in terms of their role in their family-of-

origin and of procreation. The theme below resonates with relevant aspects as already mentioned by Goldberg.

- **Origin of desire to help others:**

It was explored by Goldberg (1986:5) (in Chapter 4:212) that those who are called to the healing professions tend to have an intense interest in learning about themselves. An ongoing curiosity about examining one's own life and the development of personal growth provides impetus for interest in a conscious examination of the human condition. The view of Keith (1987:61) concurs with that of Goldberg, in that many therapists are drawn to the profession in an attempt to understand and deepen the connection with the self.

According to Viljoen (2004:39), motivation for entering the field of counselling may centre on the conscious and unconscious hope that personal needs will be satisfied in the therapeutic relationship. Nevertheless, Viljoen (2004:40) states that it is inevitable that the counsellor will look for need satisfaction in the professional context. Lack of awareness and insight into one's motives is clearly hazardous, both to our selves and to our clients, hence requiring a continuous reflexive attitude with regard to our work.

The findings relating to this theme are clearly and perceptibly linked to the experiences of the respondents in their own family situations, as the observations below elucidate.

"I think probably because of (daughter) ... because you know, uh, with her difficulties I became aware of, I went to see at therapist at one of the schools she went to and became aware of things in my family ..."

This respondent came from a family where the women were high achievers in professional or academic positions, which impacted on her initial career choice.

"... I was sort of just expected to do science, so I did science ... and so I expected her (daughter) to achieve and it sort of shook me ... it affected how I related to her ... and it took a long time to accept ... from that experience I developed more empathy for people"

“ ... I think the desire was, I suppose stemmed from wanting people to have skills to be happier, in families ... and because of my own experience, of what was going on in my own family ... ”.

This respondent had the early experience of childhood friendships with a family very different from her own, which illustrated for her that there were alternative ways of being a family.

“ ... I was fortunate to have twin friends in a very close family, so I spent a lot of time with them ... and that instilled my desire for family work ... because this was where people could heal ... ”.

Some of the narratives illustrate the theme of helping as being a natural part of the person, going back even to childhood.

“ ...its, what comes naturally for me ... and it's not appropriate to do it with your family and friends (laughs) ... its just a natural progression, it's the way that I am in the world ... it absolutely invigorates me ... it drains me as well at times, so I manage it”.

“I think a lot of it ... I've always cared ... and I think as an oldest child maybe I get tied up in that ... and being a Christian there's a sense of, uh, wanting to be there for people ... I've always had a concern for the underdog ... I don't know if I ever went out to be the saviour of the world, it was never that ... but often people would speak to me ... so it's a natural progression ... it sort of just evolved and it seems to fit ... ”.

“When I was in grade 1, I used to write stories about the poor people on the street ... so the origins of caring go back to early childhood ... ”.

“I think it was ... I wasn't political at the age of 17 but it was a decision, a kind of orientation towards wanting to make a difference in the country ... I'm a person with lot of empathy and understanding for people in difficulty ... ”.

For this respondent, her own childhood challenges impacted on the choice of career in the helping professions.

“... I’ve grown up in my life always having a difficult, um, not in relation to my family but as a person ... I was born with a dislocated hip so I could only learn to walk when I was two years old ... as a child I was epileptic... I changed a lot of schools ... in high school I was probably quite depressed, that kind of stuff ... my decisions, maybe unconsciously, were informed in that way ... if you are a person who has had stuff in your life that hasn’t been easy I do think you’re better able to empathise ... its somewhat innate ... but that also doesn’t mean that people who have had problems necessarily always make good therapists, or have empathy ...”.

Some respondents mentioned other career decisions and paths, both in the helping and non-helping professions, in their journey towards family therapy practice.

“That’s interesting because when I first started studying I was doing teaching ... I wanted to be a geography teacher ... psychology always fascinated me but it clashed at university in terms of the timetable ... I then taught and did a bit of training and got very bored ... then, being pregnant I was going to be at home, so, I needed to keep my mind going ... I picked up psychology I through Unisa and it hooked me ... I never intended actually to become a psychologist ... it just drew me ... its kind of as if I’ve found myself ...”.

“I think the origin is that I had a sick mother ... being a child with a sick mother there was always a sense of helplessness, and not being able to do enough which I think compelled me to learn how to care, to take care more adequately of those around me ... I mean I started off nursing ...”.

One respondent referred to the journey undertaken in her own therapy and the healing outcome of this.

“... in doing my own work, own therapy ... in dealing with my pain, my father’s violence, and my first husband’s emotional abuse ... healing myself from that ... its difficult to be much use as a healer unless you’ve had to do your own healing ... it’s a job I have to do in this lifetime ... its seems unavoidable”.

As mentioned above, it seems that the issues of loss, distress, family position and so on explored by Goldberg (1986:53-60) are evident in the reflections of the respondents.

- **Skills or abilities relating to helping others developed in life:**

Goldberg (1986:60) proposes that the struggle with suffering is a universal human condition and that denial of one's own suffering poses a problem for the client in his/her own personal journey of suffering. Personal struggle is necessary for the practitioner's growth as a therapist, and serves as a resource for the client (Goldberg, 1986:61). As can be surmised, different and similar themes were evoked in the exploration of the skills or abilities the respondents feel they have developed in their lives. One of the shared aspects mentioned, is the skill of listening, as the comments below illuminate.

"I think the ability to listen really, has been my greatest gift ... because not only do I hear the words, but because I used to listen for my mom, I used to listen to the nuances, and tone ... I would filter for my mom what was being said, if it was hurtful for her ... so I learned an incredible ability to understand nuances, tone, and work with my gut ... its taken me a long time to actually trust my gut, but I work a lot with it ..."

"Well, I've always been a good listener ... I've been told I'm a good listener, um, from early on ... friends and family have come and dumped on me ... as I've gotten older I think I've learned to put boundaries in place ... because you've got to protect yourself ..."

This respondent also mentioned the importance of life experience as necessary to work in the helping professions. Goldberg (1986:6) suggests that effective practitioners utilise their own life experiences as a major source of expertise in guiding others on their journey.

"... I wouldn't have been able to do psychology straight from varsity because life experience, having had a family, being married, having your own children ... all of those kind of enrich your own experience and help you to be able to relate ... so I think age, although not a skill, is, um, made it more possible ..."

“... I think I had, even before I was trained, like an ability to understand what people were saying ... I was always the person that people asked for, kind of ideas, or whatever ...”

“Listening ... I think I’ve become more and more confident over the years ... I’ve been confident in my family but we grew up isolated on a farm in the middle of nowhere, so I think in my peer group I was more quiet ... so I learned to listen ... and I suppose, that skill developed more than others (laughs) ... and I think empathy to a degree...”

The skill of empathy was mentioned by a number of respondents.

“Empathy ... and also the ability to think on a systems level ...”

“... understanding ... understanding and caring, and hoping that would change a situation...”

Other skills mentioned by the respondents include the following.

“ ... mostly dealing with people different levels, from different walks of life ... without being the expert, without being prescriptive about change ... that’s given me a lot, a lot of learning ...”

“... self containment! I have my own life, and feelings, and feeling something, containing it and then knowing what I’m feeling in the room, and if its my feeling, putting it down, if it’s the other person’s feeling, using it!”

For one respondent, her artistic skills have been significant in her own development as a family therapist. She believes that her past teaching efforts had a therapeutic effect upon the recipients, albeit that a therapeutic outcome was not the primary intention at the time.

“... when teaching art ... I didn’t realise it at the time, but it was often an informal form of art therapy ... I had a lot of cancer survivors in classes I taught ...”

This respondent also believes in exploring other forms of alternative healing that have been part of her own life experiences.

One can assume that the respondents have been on a journey of skills training in helping throughout their lives. Important aspects mentioned are listening, empathy, life experience, confidence and the ability to engage with people at many levels.

- **The importance of developing these skills:**

Zeddies (1999:231) states that the relationship between a therapist's personal and professional identity is continuous, reflecting a dynamic relationship between what is meaningful or significant on a personal level and the theoretical/technical aspects that are learned and practiced. The importance respondents place on the development of their inherent skills shows, in general, a shared theme of significance. An aspect mentioned in the theme directly above, was commented on by another respondent, and for her, the importance of alternative forms of healing, especially the development of intuition, was emphasised. Comments on the importance of skills development in relation to a career in the helping professions are illustrated in the following.

“Very important ... I just feel that you can't stop learning ... um, even if its not concrete learning in books and things, but the learning from experiences ... analysing yourself, how can I do it differently, how can I do it better ... learning is important, and also learning from my weaknesses ...”.

“I think it is important ... I think people are a lot happier doing things that they are good at ... so being able to follow a career in something you feel you already have some knowledge or experience in ...”.

“Critical ... and ongoing ... it's knowing the self in relation to the other...”.

“... you need them ... you absolutely need the skills ...”.

“Its very important to me ... it's not something that I just regard as a job ... really, its part of who I am”.

Regarding the issue of therapeutic intervention being a job, another respondent had this to say.

“Its important for as long as its good for me ... at the end of the day its also a job ... it is fitting for me but its also a job that, at a basic level needs to meet my needs financially ... I’ve invested a lot of myself but I’m no martyr, I’m no do-gooder, and I’ll continue doing it for as long as it continues to fulfil me and meet my needs ...”.

One respondent believes that ongoing skills development “... gives me a sense of confidence and self-esteem ...”.

“That’s an interesting question, because um, I think in order to grow, these (skills) are part of the equation ... so from that point of view I would say it’s really important ...”.

This respondent went on to suggest that it is not only the development of existing skills that is important, but also building a repertoire of other skills. Family therapy is experienced by this respondent as a “... challenge...” which requires many skills.

In conclusion, the respondents believe that skills development, both innate and acquired, is essential and ongoing.

- **Experiences in life that invited entry into the field of family therapy:**

The concept of the ‘wounded healer’ (explored in Chapter 4:216) refers to the personal hurts and wounds of the therapist that motivate not only the choice of vocation, but also the power to heal (Viljoen, 2004:28; Miller & Baldwin, 1987:139). A number of similar themes emerged from the dialogue around this theme, with the obvious difference being the personal life experiences of the respondents. For some respondents, family therapy was an option or requirement of internship or training, but one that resonated with personal interest, as the comments below indicate.

“Well, it was just an option (at Family Life Centre) um, I must say I was quite keen to do it because its part of my belief system ... because I think the family is the building block on which everything else depends ... and so few people do it!” (family therapy).

“I think it was mostly my honours studies through Unisa ... um, that was the root, the foundation ... for me what was an immediate connection or an immediate fit was the thinking that there doesn’t need to be an IP (identified patient) ... we don’t need to scapegoat one person, we don’t need to pathologise ... there really can be, um, another way of looking at people in a way that doesn’t further make them ‘patients’, make them sick ...”.

“Well, if I think of my own family-of-origin, my dad dying when I was 23, the impact of that on my family was huge, dealing with my mother, dealing with my own grief ... you know, that whole being strong for her and she’s being strong for us ... we didn’t actually handle it very well now that I actually think about it ... we grieved separately and away from each other ... well, that’s not necessarily what invited me into family therapy because it was just part of what I had to do (intern requirements) ... but having had an experience of trauma or crisis in my own family I was better able to relate to a family in crisis ... but having said that it doesn’t mean as a therapist you have to have been through everything your clients have been through ...”.

“Um, ja I think I sort of fell into it, in my masters course ... I hadn’t really given it much thought before ... um, wanting to work with families was there but I never really thought of the practical implications of it until I experienced something like working in a reflecting team ... how powerful that is ...”.

“Because I was doing my internship here, (at Family Life Centre) it was offered as a choice ... I chose to do it for the experience which I knew would be invaluable ... and because I had come from an uncomfortable family and I had a sense of identifying with a family that doesn’t function well, and also to improve my ability to function, um, to improve the function of my family ...”.

The theme of growing up in a less than ideal family was one shared by a few respondents, as the comments above and below suggest.

“Growing up in a family probably labelled dysfunctional now ... with a mother and father who were incapable of parenting to any degree ... being a mother myself ...”.

This respondent echoes the comments of the one above, in that she needed to understand the functioning of families related to her own life experiences.

“... what was it that made a family functional, a safe place to live, what distinguished one family from another ... once I experienced family therapy in training I became hooked ... I wanted to understand more, to know more”.

Some of the respondents entered into family therapy practice as a way of enhancing their own sense of competency in practice and gaining a systemic understanding.

“Well, because I had come from (an organisation) and there I had worked only with individuals, then I went to (another organisation) I was put into a situation where I had to work with families and I hadn't been trained ... so when I went to Family Life Centre I asked for family therapy ...”.

“I think dealing with issues where I felt limited in the personal perspective ... the fact is the family has such a big influence ... and obviously having children of my own and becoming a family ... you realise the complexity ... so, ja, I think individual counselling, my own life experiences, made me think that family therapy was a strong way to go ...”.

One respondent's interest in family therapy came about in part as a result of her own sense of loss when her family-of-origin relocated, as the comments below suggest.

“I think some of it was curiosity, in that the year before that my parents weren't here and I had no family ... I was living by myself ... I didn't have a lot of interaction with family because I don't have any extended family ... I had a lot of feelings, impressions, ideas and stuff about the consequences of my parents leaving and how I changed as a person ... I certainly changed as an individual and not all of it was good, I know that now ... it could have influenced my decision to want to do family therapy, not necessarily to make

right ... I suppose to observe that kind of interaction in a way ... and maybe what I've taken out of it and what I've learned about myself, is different to what I would have if my parents were still here ...”.

Thus the experiences of respondents that led them into the field of family therapy range from study requirements, personal beliefs about families, experiences in their own family-of-origin and a quest for professional growth.

- **Significant influences that nurtured an interest in the field of family therapy:**

Findings on influences nurturing an interest in family therapy practice reveal the numerous paths taken by the respondents in their career history. Some similarities are in evidence, as the following comments illustrate.

“Well I think that, um, I'm sure that (team facilitator) did ... it was partly through her that I got involved ... and then my own beliefs about families”.

The issue of personal beliefs about families was mentioned by another respondent, who had the following to say.

“... my own belief is that family is core to a person's health ... the family should be able to affirm, discuss, help with problems, find options, support ... the family should be fulfilling all those functions and if its healthy it does ... so that quest for the health of a family is quite a strong drive”.

“(Team facilitator) ... mm (nods) ... and then when I was at (another organisation) and I didn't know what to do with the family ... I had read about family therapy and I applied it and it didn't work ... ja, (team facilitator) is more a natural worker, less theoretical, more spontaneous ...”.

This respondent went on to state however, her opinion that Family Life Centre is weak on the theoretical component, although the experiential aspect has enormous value. The impact of working with families in other organisations was mentioned by another respondent.

“... when I was studying psychometry and I did a year of forensic practice which was pure divorce and I was dealing with clinical interviews with each parent separately and then also assessments of the kids, and then having to write reports ... and I saw it very much from the child’s perspective ... maybe the adults are cruising but the kids are not ... maybe those were influences ...”.

“I think my lecturer at RAU, um, really nurtured that ... when I saw it in practice like that, doing it in role-plays, seeing the benefit, the power of that, that really grabbed me ... and that’s what made me come to Family Life Centre ... this was the only place I could find that does it, so that’s my main reason for coming here (as an intern) ...”.

“... I remember the first time we had a module on family therapy, we spoke about how the family has symptoms ... and I just felt, gee, why are they sending this child for years of individual therapy when she’s the symptom (of family dysfunction) ... I think that was quite a defining moment for me ... a light came on ...”.

“I was fascinated by the Milan school when I read about it ... it was such a radical departure ... and the complexity of working with a group of people fascinated me ... I’m not convinced we were well trained at university ... and at Family Life Centre, the influence of (team facilitators) helped me get involved ... I began to feel confident that I could do this ...”.

This respondent stated her appreciation for the opportunity the reflecting team afforded her to bring in other ways of working with families.

“The leader of our team influenced me ... she’s someone I feel comfortable with and appreciate how she deals with families ... and reading, Tom Andersen definitely influenced me ... and Michael White ... also the other members of the team”.

As has been mentioned throughout a number of themes, the importance of team members and team composition is also of significance for another respondent, as the following comments intimate.

“ ... I think having a good team ... a good team fosters and keeps that continuing interest in it ... you’re in an environment where you feel you are always learning, you want to learn more, you’re learning about yourself, about the process ... it was also nice going to the Michael White workshop, seeing how valuable it (family therapy) can be ... its rich and interesting ... it’s a fantastic learning opportunity”.

This respondent went on to say that team dynamics and personal issues with fellow team members may interfere with the experience of family therapy practice in a reflecting team situation.

“... I think if you feel like you’re being supervised by someone you don’t like or you feel you have to work with someone you don’t like, um, you disconnect ... so you don’t participate in the way that you could ... you don’t feel like it’s a conducive environment...”.

The issue of a society that focuses on an illness/medical model approach to family health was mentioned by one respondent, who stated that this perspective *“... made me want to explore another understanding ...”.*

Thus a number of significant influences that nurtured an interest in family therapy were mentioned by the respondents, including team facilitators at Family Life Centre, workshops, lecturers, and personal beliefs and experiences.

- **Aspects of self brought to the family therapy context:**

A number of aspects of the self are mentioned as significant by the respondents. As with a previous theme, the issue of the wounded healer arises, albeit in differing contexts. The reflections below illustrate.

“Feeling I can contribute because I have a sense of what it’s like to be in a family that doesn’t work well ...”.

Conversely, for another respondent, there is a sense that her own absence of trauma in her family-of-origin means that client family issues hold no resonance for her, that pain is not evoked by their experience of pain. Her comments below testify.

“You know, its often written about, if you have experienced something you have greater empathy and you know what it feels like ... but I also feel that I come in without that baggage in a sense, where I’m not listening to my own hurt when I hear something ... I don’t have the baggage, I don’t have the trauma they’ve experienced ... so I think what I bring to the group ... um, I feel uncluttered in a sense because of my own experiences, um, yes I’m limited because of a lack of experience in some of the trauma ... I think if you’ve gone through any difficulty and got over it, that’s sufficient, it doesn’t have to be the same ... I feel I come from a place of peace”.

Of interest to the researcher is the difference of opinion regarding the concept of the wounded healer. The comments of one respondent seem to bridge these opposing perspectives, and resonate for the researcher.

“My own experiences ... maybe having grown up in a family without a father ... but everything about you is part of what you bring ... and also there’s difference, and maybe that’s what is important ... you introduce difference, simply because you see it from your point of view which is different from theirs”.

The issue of respect for client self-determination was important for a respondent, who commented thus.

*“Strong values around family ... I’ve seen a lot of trauma with divorce, with friends as well ... so I know I’ve got quite strong values around that ... but **not** to the point where I’ll ever say to a client, you must not go that road, and if they’ve chosen to go that road you’ve got to assist them and have a very open mind ... you have your theory and own personal values but for me they must never determine the road the client has to take ...”.*

“Ja, I think honesty, openness, my ability to hear, not just the words but to understand the feelings behind them, and to reflect them ... and to risk, to risk saying some things that are not often said”.

“I would hope I bring my sense of respect for other people ... I hope I don’t, um, come across as judging or assessing ... I would hope that I brought an openness, that people would feel like they could say something to me, whether it be a family or a team member ... that they would know that I would try and listen with the best of intentions ...”.

This respondent went on to emphasise the value she places on being present and committed during the therapeutic encounter.

“... I’m also a person who is quite consistent, I don’t muck around, I take things seriously ... so I would try and participate in the process as much as possible, try and give of my best at all times”

The personal values of respect and openness echo in many of the remarks made by the respondents, as can be seen above and below.

“Curiosity, openness, respect ...”.

Acceptance, not knowing, not being the expert, allowing each family member a voice and validating their perspectives, are aspects of the self one of the respondents feels she brings to the family therapy context.

A further aspect mentioned by a respondent regarding what she brings to the family therapy context, is a sense of authenticity regarding self and theoretical approach. According to Spinelli and Marshall (2001:169), an approach that feels right for the therapist is more likely to be practiced in an authentic way, thus benefiting the therapeutic encounter.

The respondents bring many aspects of the self to the therapeutic encounter. Significant aspects mentioned are personal family challenges, the values of respect, self-determination and acceptance, a sense of dedication to the work and authenticity regarding theory and self.

- **Awareness of personal responses during the therapeutic encounter:**
- **Knowledge of when/when not to use personal responses to facilitate the family therapy process:**

Carr (2000:137) and Snow (2002:298) describe the work of Carl Whitaker who believes that being with the client family involves the intuitive use of self-disclosure. Andolfi and Angelo (in Haber, 1990:376) state that personal affective responses in the form of images, moods and symbols may be used to initiate and develop the therapeutic process, and that these are a constant source of information that allows the therapist to be more congruent, flexible and creative. However, this involves a risk, whereby the therapist becomes undifferentiated in the family system, loses perspective and is unable to facilitate the construction of new perspectives and solutions.

The responses of the participants regarding the above two themes were often spontaneously linked during their reflections, thus making separation of the themes cumbersome and arbitrary. Numerous similarities are evident in the responses, although some differences, particularly relating to the use of self-disclosure, are apparent.

“... it takes huge, huge self-awareness ... it’s a hard job that we do ... being aware of what you believe but being aware that the client may see it differently ... personally, I don’t use a lot of self-disclosure at all ... for me the boundaries are very firm ... but I think you can do a lot of damage with self-disclosure because its not about you, its about them ...”.

“I’m very aware ... I maintain as much as is humanly possible a meta-perspective so I’m constantly aware of whose hooking me, why ... so I filter out my own stuff before its presented to the family ...”.

This respondent went on to say however, that this awareness is still a work in progress, something she continually strives for. Regarding self-disclosure, she believes in following her instinct and intuition, and commented as follows.

“... purely going on gut ... because sometimes when it seems inappropriate I say things that work! Sometimes they don’t, but often they do ...”.

Another respondent listens to her inner processes to guide her as to the use of appropriate self-disclosure, as the comments below illustrate.

“(Nods) I do have it (awareness) ... because if I’m feeling something I’ll know what I’m feeling, and I’ve developed a skill that will tell me, is this mine or does it belong to the process ... if it is, then I think to myself, is it an appropriate time to bring it in, and if I feel it is, I’ll say it ... if its mine it doesn’t get shared ... and timing is very important, crucial ... I’ll use it for the purpose of driving the therapy forward if its appropriate to the process, and the timing is right”.

Conscious emotional responses can provide important sources of information, revealing subtle processes in the therapeutic relationship. Arons and Siegel (1995:126) believe that problems arise when emotional responses are unconscious, and that to be effective as counsellors we need to recognise and understand the source of our emotional responses. These views appear to resonate strongly with those of the respondent above, and perhaps for many others.

“I think self-disclosure is really quite valuable when its relevant, especially if its something I have worked through in my own life ... it may give the family a feeling of ‘well I’m not alone in this’ ... but of course, within serious limitations ... its very important to have that knowledge (self-awareness) ... you can’t just use your experience and impose it on other people ... you have to use your discretion ...”.

A few respondents remarked on the choice of words, as well as the delivery of them, as the following suggest.

*“... not to be impulsive in your responses ... try and consider **how** you respond, and what words you use”.*

*“I think I am aware of, um, I think of the responsibility of saying what I say ... more **how** you say it than what you say ... always ensure you are responsible for your point of view”.*

“Because you’re in a reflecting team you become aware of how you are with each family ... aware of the language you use ...”.

For this respondent, sensitivity to the family members as well as awareness of one’s own propensity to be drawn to certain people or issues is critical to the process. The significance of this issue is shared by another respondent, albeit from a different perspective.

“I think because I feel strongly about a lot of things, about particular issues, like if something happens that pushes my buttons in a way, I’m quite in tune to it ... you think and reflect on it, and you can make sense out of it ... I would say I’m fairly aware of my self ... I wouldn’t say I use a lot of self-disclosure or share a lot of myself ...”.

This respondent feels there are times when self-disclosure is used too freely and is unnecessary to the process.

Two respondents shared a similar perspective of self-awareness being more elusive and enigmatic, as their reflections reveal.

“I’m not always aware ... I sometimes pray before a session to find the words to connect ... and I’m not sure always where they come from ...”.

On the issue of self-disclosure, this respondent believes that with experience she has found an appropriate balance, whereas in the past she *“...used to use too much, and then I used none ...”.*

“I don’t feel it during the therapy ... but I do feel it post-session ... I’ll analyse myself and realise something ... I am aware of, um, there are things that ring a bell for me, or resonate ... even if its just an alarm bell that might not relate personally to my experience but there’s a sense of alarm, or discord in something ...”.

With regard to self-disclosure, the respondent shared these views.

“I used to not do it ... but now I try and use my self, I use my responses ... I love Virginia Satir because she was one of the first to advocate self as a very important factor ... systemically you are part of the group, you are in the system ... but I won’t give personal information easily, um, in the sense that it creates an awareness of me ... the idea for me

to disclose is to create a greater awareness of their interaction, so I don't want to create a fascination with my life, create a distraction ... I'll use myself, my emotions as far as their interaction goes, and the focus remains with them ... it keeps me in check, it keeps me more professional if I don't go over that boundary ”.

Thus to conclude, it can be deduced from the views of the respondents that the use of self-disclosure requires enormous awareness of self regarding many aspects, and that there are risks for clients that necessitate continued reflexivity on the part of the therapist.

- **Personal qualities believed to be critical to the use of self in the family therapy context:**

The theme of critical personal qualities evoked the reflection of many shared elements by the respondents, as the quotes presented below reveal. Of interest to the researcher was how emphatic and definite the respondents were in reflecting on this theme, the tentativeness and even hesitancy of earlier explorations on personal self evaporated. Shadley (1987:128) states that the self encompasses not only professional expertise, but a level of self-awareness that provides clarity regarding which parts of the self to withhold in order to preserve strength, health and integrity.

“Self-awareness ... it's critical! Knowing yourself, knowing your family-of-origin, knowing your internal objects ... because that's going to evoke certain stuff ... ”.

“Self-awareness firstly! And knowledge of your own family dynamics, those are vital ... ”.

The respondent reiterated her view that exploration of one's own family issues is essential in order to be aware of “...where the hooks are...”.

According to Worden (1999:49), the therapist's personal experiences and issues involving their family-of-origin and life cycle stage shape the unique worldview of each therapist and impact on the capacity to form therapeutic alliances. Therapists carry with them the “...paradigm of their family-of-origin” and are thus susceptible to family

systems at work (Worden, 1999:50). Despite many shared elements which enable both client family and therapist to feel comfortable and connected, a danger could lie in a mirroring of family dynamics which may prolong a sense of being ‘stuck’ and make change more difficult.

“Extremely high levels of self-awareness ... a lot of insight not only into yourself but into the client ...”.

This respondent also mentioned the issue of developing a “...*style of working ... you’ve got to find your own way ...*”.

“The self is a fundamental part of the person-centred approach, so there is a lot of attention given to the self of each individual, the self of the family and of course, my self ... I must know my self, look at my family-of-origin ... so self-awareness is very, very important ... and also communication skills, building a rapport, compassion, respect, non-judgementalism”.

Duhl (1987:74-75) emphasises the significance of knowing the systems within the self, being aware of one’s thinking and beliefs relating to the stages of life, exploring the myths, rules and stories of one’s own family and others in order to become aware of how we get hooked into certain scenarios and thus become reactive.

“I think you have to be a person that assesses things well and be in tune with both yourself and the family, and the things happening around you in the session ...”.

The respondent went on to emphasise the importance of self-awareness in the context of knowing how to respond to the needs of different client families, as well as regarding self-disclosure. She believes too, that “... *self-awareness develops over time ...*”.

“You must have a certain amount of self-confidence ... sometimes I’ll start with a new client and I know they’re assessing me, whether I’m going to do or not (laughs) ... I don’t think you must feel threatened ... so I think confidence is a quality you need to have. Your ability to be humble, to be able to learn (from the family) ... to admit you don’t

know all the answers ... um, honesty, and integrity ... and caring, you have to obviously have a quality of genuinely caring ... I mean I have had clients that I really didn't like, so I needed to find a place where on some level I could care, just a sense of connecting and, uh, compassion ... because you don't feel the same about every client”.

Perhaps in a different context to the above, one of the other respondents mentioned the issue of “... *valuing difference ... encouraging or embracing difference ...*”. There may be occasions when a therapist feels that the difference is too great, or the dislike too compelling. In the literature review (chapter 4:254), it was mentioned by Treacher (1995:205) that it is no dishonour to respectfully transfer a family to a colleague if the therapist can acknowledge his/her inability to help a particular family.

Finally, one respondent emphasised the importance of the self as a key element in a therapeutic encounter, illustrated in her comments below.

“The use of the self is a personal quality! It is in itself, the ability to use the self, because the self is the tool ... you are the tool! I think that is the magic, in therapy its very hard to pinpoint what clients get out of what you do in the room, and often what we think is what it is ,it isn't! Its something else ... its you as an individual and how you connect with them ... its communicating an acceptance, a hope ... if you are aware of self then you can communicate that, and if you are spilling over your own personal stuff, you can't ... you've got to be self-aware ... ”.

Satir (1987:23) sees the use of the self as integral to the therapeutic process, believing the self to be a tool for change that should be used consciously in intervention. The respondent went on to ponder on what makes an effective therapist.

“... book knowledge on its own, or theoretical knowledge, that's not it ... there's a magic that occurs, that no-one can put a finger on ... ”.

According to Baldwin and Satir (1987:153), therapeutic theories and techniques can never overshadow the self of the therapist.

As can be concluded from the responses above, the importance of self-awareness and the self are essential qualities of the counsellor in the therapeutic process. Also emphasised were knowledge of own family dynamics, family-of-origin issues and knowing when these may be impacting on the therapeutic encounter with the client family.

- **Discussion of the way a personal crisis was dealt with and resolved – new outcomes or conclusions that became available and contributed to family counselling career:**

As with all of the themes in this section of the interviews on personal self, this discussion was intended to be less about the actual details of a personal crisis, and more about the outcomes and conclusions that may facilitate the process of family counselling. As has been evident throughout the interviews, the openness and willingness of the respondents to share personal experiences and explore how these impact on the counselling context is deeply moving for the researcher. Once again, the tone and voice inflections shifted to a softer, more reflective stance.

As mentioned in the literature, and previously in relation to the findings, Goldberg (1986:57-58) suggests that the experience of distress and loss may result in a sensitisation to the suffering and struggles of others and of self. Some of the respondents explored issues of loss, as the following reflections testify.

“Well, my mom died and uh, I think I’ve resolved that ... because we were very close ... and talking about it dealing with loss, that’s one way ... but when she died my brother and sister reacted differently, and that was useful ...”.

The learning from this experience of loss created a very real awareness of the uniqueness of the individuals within a family, and of the idiosyncratic responses people have to the same event.

“Well, when my dad died, before I even started on this road, (family therapy) and now I can look at that with hindsight ... I think that as you deal with crises in your own life,

difficulties in your own life, um, you're better able to understand the clients perspective ... ”.

The respondent went on to share a more current aspect relating to her personal life that brings new knowledge and has the potential to influence her work with some families.

“ ... and having kids, dealing with my little boy whose kind of borderline ADD ... oh definitely, if I think about the journey I'm on with my little boy ... he hasn't been diagnosed but he's quite, uh, fidgety, and he need a lot of hands on stuff, so I did a lot of research on my own, in terms of diet and whatever ... so I'm able to share that with clients if appropriate, and refer them to various people ... not that its resolved, its kind of an ongoing process ... ”.

With regard to personal issues being a journey that is ongoing and still in the process of being resolved, one of the other respondents had the following to say.

“... the issue of respect between family members ... I think that has impacted a lot on how I feel about families and children, the lack of respect between family members is so damaging ... I probably felt that I wasn't given enough respect for who I was as a member of a family, and even with my, um, distant family there's been a bit of that ... its not 100% resolved but is resolution in progress, and its much better ... being able to express you feelings ... without being dismissed and disregarded ... I've seen so much of that in families and its something I feel should be worked on ... ”.

“Um, I suppose the biggest one really was my divorce I don't know if I resolved the issues around divorce ... I think what it taught me was that there's no perfect relationship in the family, and that its importance to explore every option before you make a decision ... because in my case I don't know if I made the right decision, but I made it with limited knowledge of resources at the time ... and I might have made a different one had I, had I been given different options, helped to explore different options... ”.

The outcome of this painful loss for the respondent is the awareness of facilitating a process for the client family, of considering all the options, not limiting understanding of choices and as far a possible, consequences and “... yes, exposing to them what the broader picture looks like... ”.

“I think I would have been a very different person if my family hadn’t left in the way that they did, you know, if my moving out of home was a natural transition and it wasn’t a situation of being forced to ... being forced to be by myself and get my act together very quickly ... I suppose for you to succeed in a time of crisis, when you have so little other recourses, you have to be strong ...”.

This experience has left the respondent with a sense of looking for the strengths in a family, as the following suggests.

“... when you’re with your clients, affirm their ability to cope ... often people feel they can’t cope, don’t realise the extent of their coping capacity, so I think it probably made me more conscious of trying to push people’s strengths, not be so deficit-focused ...”.

The main thrust of solution-focused family therapy is its emphasis on strengths and positives, with intervention seen as a collaborative and empowering enterprise (Lee, 2003:390; Carr, 2000:133).

Other respondents focused less on experiences of loss and more on the impact of self-awareness and the capacity for reflexivity, so as to facilitate a more positive therapeutic outcome for families.

“Because I’ve been the rescuer in the family its very easy for me to spot the rescuer in a family (in a counselling context) ... and how addictive that role is, I can identify with that ... so in therapy, to shift her (the identified rescuer) forced me to shift mine, in my family ... you can’t ask of a client what you can’t do ...”.

The experience for this respondent was one of recognising a familiar role being played out, both in the context of her own family, and in the therapeutic encounter. If one considers transgenerational family therapy theory, Gladding (2002:133) states that the differentiation of the therapist from her own family-of-origin is crucial, and that the family therapist may experience difficulty in working with a family whose level of differentiation is higher than her own.

Another respondent had an experience in counselling where a husband made comments to her of a sexual nature, in the presence of his wife. After an initial feeling of shock the

respondent feels she was able to separate the personal and professional aspects, as the following suggests.

“... I could actually look at his behaviour separate from me ... and it was helpful, for me this insight and the learning was about not being thrown with what people say but to try and work out what is the meaning of it, what function it has within their relationship ... in a sense, not taking the responses towards me personally ...”.

Other aspects mentioned by respondents relating to this theme, are being able to empathise deeply with families as a result of resolving personal issues, but with the capacity for reflexivity in knowing when this is appropriate to the clients' process, and when not.

The personal life experiences of the respondents have clearly impacted not only on their choice of career in the helping professions, but also on the capacity for reflexivity and self-awareness, and thus in contributing to their professional development.

- **Ways family therapy practice may have affected your personal life:**

According to Viljoen (2004:23), the hazards of practice are extensively described in the literature. Four potentially problematic aspects are considered: the impact of professional relationships on personal life; the dangers of reflection; the loss of intimacy; stress and burnout (Viljoen, 2004:23- 28).

For one respondent, there has been a price to pay for therapeutic work in terms on her personal life, although not specifically family therapy. She has had certain physical health issues to contend with, which have taught her to set limits in order to conserve her own health. In addition however, she feels that family therapy practice has given her an new appreciation for her husband and children, normalising for her certain aspects of sibling rivalry and patterns of family interaction. This theme arose for many, if not most of the respondents, as an outcome of family therapeutic work. The comments below illustrate.

“I think probably in a similar way to what forensic practice did, in that it makes you aware of what you have, and you must be careful of what you have, watch out for what you have, and value what you have ... and that families are work, relationships are work, and not to take things for granted”.

“I think its allowed me to reflect stronger on my family interaction ... yes, very often I’ll be sitting with family (at a family gathering) and I’ll start observing the interactions ... I’ve become more of a family observer ...”.

Viljoen (2004:25) states that the continual reflection and monitoring of one’s self and professional development may contribute to a sense of isolation. While this may not be true for this respondent, it seems that for her, as well as the respondent below, that the capacity for reflection has deepened.

“Well it has affected my personal life (laughs) ... because you go somewhere and see people interact ... it definitely affected me as far as observing other marriages and systems ...”.

The respondent above feels that the experience of family therapy practice has enhanced her own capacity for both self-analysis and analysis of family situations, crediting the reflecting team as being an important aspect of this growth process. In addition, she expressed the following comments which reflect her growth as a therapist.

“... um, family therapy has helped me not be put off emotion, and I find I handle marriage counselling better, and I handle individual counselling better because I’ve come to a greater acceptance of high levels of emotion, where it used to alarm me slightly before ...”.

“I think its given me, um, when I’m with my step-kids, its quite interesting, I look as it from a different perspective, and when I’m with my own family-of-origin, my siblings, I have a better understanding of what the patterns are, why the patterns are there, who wants to break the patterns, who doesn’t ... so its given me a broader picture to work from ...”.

“... makes you aware of how stuff can be very powerful, and can be very destructive ... makes you aware of things you would try and guard against in your own family in terms of the way parents treat each other, treat particular children ... the way people try and solve problems ... you have a conscious awareness of identifying your own destructive behaviour ...”.

One respondent feels that family therapy practice has not impacted on her personal life, as the following testifies.

“No, I don’t think so ... but professionally, yes”.

In addition, a few respondents stated that their responses to the previous theme reflected what they felt in relation to the issue of impact of family therapy practice on their personal lives.

As can be concluded from some of the responses directly above, the respondents feel that family work has provided new insights into therapeutic work on a more general level, as well as enhancing the depth of understanding both personally and professionally.

- **Further comments:**

Most respondents felt that they had fully explored the topic of the personal self and had nothing further to add. One respondent added her thoughts that family therapy practice has helped her to realise that in her work with children, it is often family issues that come into play, and stated her belief that *“... family therapy is never **not** applicable, in any therapeutic environment”.*

5.4.4.2 Professional self

- **Describe your career story (i.e. personal experiences that contributed to the decision to be a family therapy practitioner, resolution and outcome that may have shaped your counselling career):**

White (1990:88) suggests that counsellors come to family therapy with a story that he refers to as a “...counselling career...” which has a significant effect on the course of

training and hence, practice. Sharing the view of White, Street (1994:159) believes we come to the profession with a story that led us to helping others and that we need to address the issues and processes of our stories that may prevent our being authentic in our interactions with clients. Some of the respondents felt that much of the information relevant to this theme has already been dealt with in previous explorations. Of those who chose to add information regarding their career story, certain similarities, as well as differences, are apparent.

*“I think coming from such a strongly dysfunctional family, um, influenced me wanting knowledge of understanding ... to gain understanding of why things happen the way they do ... I think each situation I come across, like the divorce, my mother dying, having an unsettling period between my divorce and meeting my present husband, um, sort of gave me an exposure to issues and problems in life that made me, **forced** me to look for other resolutions or better ways, or better skills for dealing with things ... and I think the mastery of those skills gave me the desire to want to be able to help somebody else find a solution for themselves ... not give them an answer but help them find skills that would work for them”.*

Goldberg (1986:60) proposes that the struggle with suffering is a universal human condition and that denial of one’s own suffering poses a problem for the client in his/her own personal journey of suffering. Personal struggle is necessary for the practitioner’s growth as a therapist, and serves as a resource for the client (Goldberg, 1986:61).

“There was this offer made at the beginning of the intern year, there was an option to join the reflecting team ... so it wasn’t like it was something I’d heard of and wanted to do, you know, given a lot of thought to ... I realised it would be very good experience ... everybody comes from a family ... I had a bit of a dysfunctional family and I think that the dynamics within a family always contribute to relationship difficulties and in my personal experience that’s exactly what happened ... so it just made sense to get involved”

As can be seen, the respondents above identify their own family struggles as part of the journey into the family therapy arena. According to Sussman (1995:24), an appreciation of how practice facilitates personal growth is gained by allowing us to use the best of ourselves while providing opportunities to face and accept our shadow sides.

The issue of family therapy being an opportunity provided by Family Life Centre was mentioned by another respondent, as well as her additional studies which required work in family intervention. The theme of a desire for professional growth emerges in various ways in some of the respondents explorations. The realisation that one is never fully 'trained' or all-knowing allows a fundamental creativity, and according to Lantz (1993:38), the therapist's own willingness to change may be a vital asset in helping others.

“My lack of experience, that was really it ... my lack of experience in family therapy ... I knew I was missing, um, there's a complexity in the individual that I need to know, that's not the whole story ... because I wanted to be able to work with the whole story ... if you are truly working with the system, then you've got to work with all the components”.

“We have mentioned this but I think that there is now, a continuous family perspective, maybe because I put so much value on family ... and I almost feel that if you don't resolve family issues they go on and perpetuate ... and almost for the whole family's mental and emotional health, its so important that they have a healthy family life ... that's a strong feeling, I think that is a prescribing feeling for me, as far as doing family therapy”.

“Again, it wasn't anything I was necessarily aware of up front, um, because it was part of my studies ... but when I kind of knew that psychology was in fact the road I was going to follow, that one of the areas I would like to work in was families ... but no, I can't say that anything specifically led me in this direction ... I think because I have strong family values ... strong Christian values as well ... they definitely do guide the choices I make ...

so I suppose it wasn't really fate or chance ... maybe there's a higher hand at work here ... ”.

For one respondent the influence of wider social systems on herself and her career choice is illustrated in her discussion.

“I grew up in a family that was very aware of social issues and stuff like that ... like my mom started the first black inner city school at the time of the Soweto riots ... I had an acute awareness of discrimination and injustice ... we had a bomb put in our letter box when I was ten years old ... so I had an awareness of that kind of thing at a socio-political level, and that made me want to do social work ... I think sometimes there's a danger that people choose to live by ignoring the broader environment, every problem is located in a context and you have to be aware of that context, whether it be political, social, economic or whatever ... having that awareness because of my past, that influences ... and my family-of-origin probably influences my attitudes to family therapy and my work with families ... ja”.

White (1990:88-89) suggests that the retelling or re-authoring of the career story has positive effects on counsellors work and life in general. It is the hope of the researcher that this is how such retelling is experienced by the respondents. The career stories of the respondents are varied and fascinating, illustrating their challenges and the diverse paths taken. Of interest to the researcher, was the fact that in the weeks after the qualitative interviews had taken place, many of the respondents spontaneously mentioned how much they had enjoyed doing the interviews, and how it had made them contemplate their stories.

- **Preferred ways of being as a person and as a family therapy practitioner:**
- **Experience of fit between preferred ways of being as a person and as a family therapy practitioner:**

Lantz (1993:37) states that effective Franklian intervention requires a commitment to authentic communication, and that the role of the therapist cannot be “...divested of its essential humanness”. This view is shared by Satir (in Baldwin M, 1987:10) who

believes that healing which can only be achieved through the “...meeting of the deepest self of the therapist with the deepest self of the client”. As with some of the other themes already discussed, the reflections on preferred ways of being and experience of fit were often combined spontaneously by the respondents, and are thus explored together.

“Its to be available, to be holding, to give them a sense of hope ... not my hope but theirs ... to create a context which is a relationship where they can be heard ... ja, there’s a big fit ... absolutely, because I think at the core it fits with me, its what’s fulfilling for me, as an individual and as a professional ... they don’t necessarily overlap but there are a lot of overlaps ... I think being vulnerable, not being perfect, not having the answers but just being available ...”.

“I think as someone who can be as real possible, while demonstrating respect to your clients ... ja, I think being as authentic as possible, being available, being consistent and being open and approachable ... and maintaining your own boundaries ... ja, I think its quite congruent ... sometimes I wish I had more theoretical insight into family therapy, once you get into it you realise how complicated it is ... there’s so much going on...”.

For the researcher, the comments above suggest perhaps, that the respondent would feel a sense of enhanced congruency if her theoretical knowledge was greater, thus making the self and the intervention a more unified whole.

“I try and be as natural as possible ... I’ll try and speak less than I normally speak (laughs) in the sense of, um, facilitating ... I try to be as relaxed as I can be, obviously stress is important because it hones your ability to function on a professional level, but I need to be at peace with who I am and where I’m at ... in a way I use myself as a tool, a conduit ...”

With regard to authenticity of fit the respondent commented as follows.

“... they are very similar, pretty much the same ... I think that individually, in my friendships, in my family, things like that I don’t have the licence I have as a family therapist ... even when my friends share things I don’t have liberties to probe or to challenge ...”.

The difference for this respondent is the fact that if a family requests professional intervention it is within the mandate of the therapist to provide that, whereas in a personal capacity one must guard against intrusive observation or comments, no matter how insightful.

“I think I’ve touched on that, but whew! A lot of empathy and high levels of self-awareness ... I don’t see myself as better than them (the family) or that I have the solutions to their problems in my head ... I think we have to figure it out together ...”.

“Authentic ... spontaneous ... utilising my intuition ...”.

This respondent shared her belief in the importance of the spiritual dimension, which is important in both her personal and professional life, and which serves as a guide for her. A difficulty for this respondent however, is the feeling of not being able to be authentic specifically in the reflecting team feedback “... and that’s uncomfortable for me”. The perspective of this respondent is that while the primary therapist may use a theory that fits with the self, the team reflections follow Tom Andersen’s approach and these, for her, may lack challenge at times.

“Forthright and honest! (Laughs) I think honesty is high on my list of criteria and that’s both personally and professionally ... having respect for your clients and confidentiality, and your friends and family, is vital for me, that when people share, they share from their heart and its important to respect it and hold it in that place ... I believe if you don’t have a strong ethical standpoint in your work then I don’t believe you have the right to, um, do it ... ja, my values are basic and simple but they are the same in everything ... I believe in walking the talk ...”.

For one respondent, the experience of authenticity came as a result of her postmodern perspective, which is congruent with her sense of self and her experiences in her own life where the recent acquisition of two daughters-in law brings difference into her family.

“It’s a good fit ... embracing difference and multiple perspectives ... it’s very interesting to sit and observe the family ... you become aware of the differences ...”.

Figley and Nelson (in Hanna & Brown, 1999:82) explore therapist flexibility. Being respectful of difference and understanding that one reality does not work for everyone are characteristics of a family therapist who has learned to be flexible. The constructivist position is central to the view that reality is subjective and individualistic.

“Um, I’m not sure ... I do think that who I am is who I am, and I more or less interact with people in a therapy session in a very similar way as I do in general day-to-day life interactions ... perhaps I’m a bit more serious and I’m a better listener ... generally I would say who I am in there, is who I am ... I don’t feel like I’m changing hats, maybe adjusting the hat a little bit, adding or subtracting some or other bow or decoration to the hat (laughs) ... but ja, they’re not completely different hats”.

The issue of being similar in both the personal and professional contexts was also mentioned by one of the other respondents.

“... I don’t think I’m necessarily that much different when I’m sitting with a client than I am when sitting with a friend ... obviously in terms of the content of the conversation yes, but in terms of my demeanour ... I think there needs to be congruence ... maybe I’m more aware of the boundaries when I’m with a client but no, I don’t feel as if I’m playing a role”.

As can be seen from the comments above, the respondents believe in the congruency of their preferred ways of being, both personally and professionally, and that this congruency runs like a thread through their lives on all levels. Some difficulties are apparent however, and it seems that at times the reflecting team context may hamper the sense of professional authenticity in family therapy intervention.

- **Hopes about how families experience themselves when with you:**

Many of the responses illuminate the wish of the therapist for the session to be a safe space for the client family to explore, and that the process will prove facilitative of change, as the following indicate.

“I would like for families to um, feel safe, to feel a sense of honesty and confidentiality, a sense of professional interaction ... to feel enabled to drop the defences which block growth and honesty between themselves”.

“Well, I hope their experience is that they’re OK ... that they haven’t done something wrong and terrible”.

“Comfortable, relaxed, open, trusting ... recognising the need for change and having the courage to change ...”.

One respondent believes that family therapy can be a difficult experience, especially at first, and her hope is that by being her self, they are enabled to be themselves, suggesting the importance of congruency for this respondent.

“My hope is that they know that they have the strength to get through this and that they have the abilities, or the skills, they just haven’t discovered them ... and that there are better ways of being and more constructive ways of being than they perhaps are experiencing at this time ...”.

“That’s a major impetus for me ... the sense of regaining self-worth ... definitely hope to change ... to validate the strength of emotion, there’s a sense that they lose respect for themselves, um, devalue themselves and I feel to regain your self-respect and the way that I treat people, I think I’m doing it the right way ... they can regain a sense of pride ... feel empowered and strengthened in the process ...”.

“Well, one hopes it will be a comfortable place for them to be, and that’s one of the things that jars for me, um, that window thing ... it isn’t always comfortable ... it might take a little bit more time to get the bonding going and get to a point where everyone feels comfortable , so they all feel they have a voice ... that what they say is heard ... that you make it possible for them to express to each other what they need to say, help them find some kind of a way to move forward”.

As can be deduced from the above comments, the respondent feels ill at ease with the one-way mirror, and believes that it may inhibit, at least initially, the ability of the family to relax, thus impacting on the development of a therapeutic alliance with the primary therapist.

Thus, creating a safe therapeutic environment and facilitating the change process are hopes respondents have for the client family.

- **Awareness of professional role during a therapeutic encounter with a client family:**

Zeddies (1999:231) states that the relationship between a therapist's personal and professional identity is continuous, reflecting a dynamic relationship between what is meaningful or significant on a personal level and the theoretical/technical aspects that are learned and practiced. Developing a therapeutic style that is both personal and professional is a central developmental task. Awareness regarding the professional role during a therapy session with a family revealed a mixture of responses, as the following reflections illustrate.

“From that point of view I know that I am a professional in terms of my theoretical knowledge but I’m not the professional in terms of their family ... they have better knowledge and understanding of their own family ... I don’t profess to know why they do things or tell them how they should be different ... I rather allow them the opportunity to find ways that might be constructive to them ... so I try not to take a role of authority ... I just try and take a role of facilitator”.

The respondent below echoed very similar themes.

“Well, in my head I’ve got the theory and the skills but I’m not there to impose those on them ... I’m there to figure out with them what’s the best way to move forward ... I’m not the expert, I don’t see myself as the expert, rather a facilitator, mediator”.

Some of the other respondents believe their professional role is more to the forefront of their thinking, while a few suggest that it takes on less significance during the actual therapeutic encounter. That is not to imply however, that professional aspects are forgotten. The comments below elucidate.

“I’m very aware of that, confidentiality, the manner in which I do things, the responses I give, the way I direct it ... I’ve got to give excellence, they can’t come and just waste sessions, I’ve got to give them value, so that is very much paramount”.

“I don’t think you can lose that awareness, I don’t know that we can just see ourselves as having a chat or having, you know ... ja, its not possible to be there with a family and not be (professional) ... that’s why you’re there”.

“I think that when I’m with the family , my role is part of that family, and that my being there is going to shift the dynamics of the family ... so that my being there is going to be a variable that shifts the dynamic of the family ... so I’m very aware of my role as influencing the family dynamic”.

“I’m fairly aware of it but not to the point where it takes the humanness out of me and I become cold and professional and clinical, not to that extent ... but yes, I am aware of the ethical, professional side that has to be between therapist and client ... I am aware of that, I’m part of a professional team ...”.

“I’m probably, um, I come across as quite professional ... I’m quite aware of what I’m meant to be doing, I’m not there to have a random conversation about interesting things ... so I’m quite conscious of what we should be doing ...”.

This respondent feels however, that there are times when it can prove difficult to maintain the focus fully on the client family, which puts one at risk of becoming unprofessional.

Two respondents shared a similar view regarding their professional role, that in really being with the family, the professional role becomes less prominent, as reflected in one of their statements below.

“You know, I actually just forget about it ... I suppose it is part of your professional role but one becomes so aware really, of trying to listen to the family, to understand them, that they become the focus rather than your role”.

In conclusion, awareness of professional role is viewed as an important aspect of the therapeutic encounter, the difference in responses centring on whether or not it is more in the foreground of the therapist’s perception.

- **Beliefs about the impact of your professional role on the client family:**

Amundson *et al.* (1993:111-112) refer to the twin temptations of power and certainty, and refer to “...colonization...in therapy” where a commitment to expert knowledge blinds us to the experience of the family and fosters a “...colonial discourse”. Gilbert *et al.* (1989:8) suggest that the more insecure the therapist, the more likely he/she is to hide behind the use of technique, without listening and exploring with the family. Technique can hinder the development and process of the therapeutic relationship, removing the person of the therapist. The personal characteristics of the therapist determine how a particular intervention is presented to the family. An aspect raised by many of the respondents in contemplation of this theme, is the issue of client’s expectations regarding the role of the professional. The comments that follow illuminate.

“I think a lot of families, people, clients, come to you thinking that you are the expert and they come wanting you to give them a prescription of how they must go away and behave, and usually when you don’t do it, those are the families who don’t continue with the process ... they come with their own agenda and you don’t meet that agenda, so they move on, yes, they move on to find someone who will ...”.

“Well, I think they have this weird idea that you might be the expert ... that’s obviously going to have an effect on them, because they’re going to be on their best behaviour ...”.

and I think that's why it takes a bit of time to build a relationship ... to feel they can be real ... I think that's where children can help (laughs) ... they're less defended".

"Sometimes some clients expect you to be the expert ... and they're disappointed when you're not ...".

"I think it probably depends on the family ... and also depends on the belief or attitude of different people towards a therapy session ... if you have some people who want it to work and others who see no value in it, then it becomes difficult ... its much easier when people have a mutual understanding (of the process)".

"... my professional role is as a healer and I'm hoping that the impact of the that on the family is that they realise I'm here to heal and not to judge ... although I don't think we can be naïve about being judgemental because we're always in a judging role ... so its to know that what I'm doing is in the interests of healing, not in the interests of my position, my expertise ...".

This respondent also emphasised awareness on the part of the therapist regarding the issue of judging, and that a lack of awareness is more dangerous to the power dynamics than acknowledging it as part of the reality of being human.

According to Satir (1987:20), power has "...two faces...", one controlling, the other empowering, and the use of power is a function of the self of the therapist, related to self-worth. A lack of therapist awareness regarding choice of an approach and a fit that coheres with the values and beliefs of the self, and unawareness of own ego needs may result in denying, distorting or projecting needs.

One of the respondents' emphasised the element of stigma that persists with regard to therapeutic intervention, as the following comments describe.

"... there's still this view in society that if you're seeing a therapist or a counsellor then it means there's something wrong with you and people want to avoid that ... but maybe you can reframe it for them ...".

The respondent mentioned too, the issue of clients expecting expertise and to be ‘fixed’, an aspect that also requires reframing.

“... but I like to let people see that there’s another way of looking at it, they’ll be more open to taking ownership ...”.

The issue of ethics with regard to client’s perception of the professional role was mentioned by a respondent, who had the following to say.

“It’s a huge impact, professionally I mean, there’s codes of conduct and they are there for a reason, to protect the client first of all, but also to protect the profession ... this is about how I conduct myself with integrity ... I need to know that I did it to a standard that I find acceptable”.

The reflections of one respondent indicate a feeling of satisfaction that her professional role impacts positively on the families she has dealt with thus far, while for another, her lack of experience makes it difficult to assess.

“Well, all I can say is its working up to now ... so it must be working for them ... I think because I remain congruent in the way that I am and that I don’t take sides, um, I try to share the load with everybody and be as honest as possible ... its containing for the family”.

“Its difficult for me to say because I’ve only really seen one, um, dealt with one family and um, the rest of the families, I’ve been part of the team ... but even as part of the team one makes comments, so, um, I don’t know what peoples’ expectations are in family therapy ... hopefully the impact is that you are a professional ... the organisation involved is also very important, you know, Family Life Centre is a very well-reputed professional organisation, so clients would expect professional, um, because of the reputation”.

Creating a therapeutic encounter that facilitates the co-negotiation of solutions requires dialogue, curiosity and empowerment, rather than certainty and power (Amundson, *et al.*,

1993:117). Rather than seeing the therapeutic encounter as aimed at attaining certainty and security, it is more a recognition of the uncertainty that is part of living, and an opportunity to explore options that may enhance quality of life. The difficulty at times, for the respondents, are the expectations of client families which may impact on how the professional role is experienced and implemented.

- **Awareness of client issues that challenge you or contribute to feelings of discomfort:**

McGoldrick and Carter (2005:28) believe the most challenging aspect of the development of the self to be one's beliefs about, and interactions with people who are different from ourselves. Baldwin M (1987:7) concurs, stating that ideas about the self are connected with our emotions and belief systems rather than our intellect, and thus we react strongly to views which differ from our own. Responses to this theme showed variation, with some respondents stating specifically the issues that would prove challenging to them, and others being less certain, either through a lack of experience or the belief that they are able to work with most client populations encountered thus far. In the latter category, the comments are as follows.

“Again, that relates back to self-awareness so that if a client is struggling with something that maybe I’ve struggled with, that resonates with me, and to be very mindful of keeping my stuff separate from theirs ... but I can’t say that I’ve encountered up to now, I don’t think I’ve got something I particularly, um ... maybe I need to experience it but no, there’s no issues that I think will gob-smack me ... I don’t think so”.

“Um, I suppose where it really goes against my values ...”.

The respondent went on to state however, that she has come to both tolerate and appreciate difference.

“I can’t say I’ve had a lot of stuff where I’ve been the family therapist with the family and I’ve had a lot of, um, issues that have made me uncomfortable ... because I consider

myself fairly congruent in terms of my personal and professional self, if I feel uncomfortable or something is triggering me, I'm fairly aware of what's going on".

For the respondents who were more convinced of their position regarding challenging issues, the following aspects were mentioned.

"I think that the issue of addiction is obviously huge for me ... its something I can understand intellectually but still hooks me emotionally, and I have to be aware of it, um all the time ... I think being the product of an alcoholic home I would struggle with counselling an alcoholic ... though if they're coming for help maybe they want to change, so that might be positive ... but because addiction is such a, is a disease of denial, the addict often doesn't understand the impact on the family ... so I find that very hard".

Substance abuse was also mentioned by another respondent as a challenging area to work with, as is paedophilia. The respondent feels that she would be able to work with such client populations but would not hesitate to refer out if she believed an attitude on her part hampered the process for the client family. As previously mentioned by Treacher (1995:205) it may be necessary on occasion, to refer a client family to another practitioner.

"I find it quite uncomfortable to listen to parents, um, criticising and uh, running their children down ... and also when the couple begin to discuss issues where the children shouldn't be privy to ... that always gives me a bit of a palpitation ...".

The issue of patriarchy and male dominance was mentioned by one respondent, as well as *"... passivity challenges me ... people just not attempting change ... where they maintain the counselling purely to maintain stability, its like a pressure release valve ... they don't actually do the process ... that is something that challenges me".*

In a similar vein to the above, two other respondents described challenges for practice as follows.

“Resistance ... um, fear rather than resistance, fear of change ... if they can’t self-reflect, they don’t have their own observing ego or they’re not prepared to develop their own observing ego ... where they sit back ... that’s very frustrating”.

“Um I think if you have one parent in the family setting who is extremely resistant to being there ... it (a particular family therapy encounter) made me feel like I was on show, like, what are you going to bring, what are you going to do for us ... maybe its their attempt to end the whole process, to manage or avoid their own anxiety ...”.

The respondent feels, with some wisdom from hindsight, that her own anxiety may have contributed to the experience for all concerned, and that with experience she would have brought up the issue for exploration sooner in the process.

According to Amundson *et al.* (1993:113), clients who are disposed to insights or are sufficiently malleable are viewed as the ideal therapeutic population – these clients embrace the worldview of the therapist, persist with therapy, and make progress or get better. Other clients have problems which persist - they fail to ‘understand’ what the therapist says, and have a tenacious hold on their own view of the issue, on personal knowledge. Such clients are viewed as ‘resistant’.

While some of the respondents feel able to work with most client populations, others were specific with regard to the issues that would prove very challenging to them.

- **Further comments:**

Two respondents chose to elaborate on the themes discussed relating to the personal and professional self. As previously mentioned in the findings, Zeddies (1999:231) states that the relationship between a therapist’s personal and professional identity is continuous, reflecting the relationship between what is meaningful or significant on a personal level and the theoretical/technical aspects that are learned and practiced.

“I think your professional and personal self have to be the same ... you behave differently in different scenarios but you need to have a congruency between the two ... at the end of

the day its your integrity in how you behave and how true you are to yourself ... and if I feel that I got into a situation where I'm, uh, I will terminate or refer if I feel there's a client that I'm not aiding or I'm not behaving or can't trust myself to behave professionally".

"Well, it must be borne in mind that I'm new at this, (laughs) so maybe I've still got a lot idealism that's going to be knocked out of me when I get into private practice (laughs) ... but that's how I see it now ... speak to me in two years time, it may be different!"

According to Sussman (1994:24), no therapist enters the profession free of illusion, and a "...mature sense of disillusionment ... necessary for our full professional development, can only come within the context of accumulated clinical experience".

The development of the personal and professional is an interrelated process demanding awareness of the many aspects that combine to form the self.

5.4.4.3 Burnout

Berger (1995:303) explores the topic of sustaining the professional self over the career span, stating that little has been researched regarding this issue until recently. Of the studies that are available, there are certain identified consequences of the toll taken by therapeutic work.

- **Level of satisfaction (or not) with work as a family therapist at Family Life Centre:**

Most of the respondents indicated a high level of satisfaction with their work in the family therapy field, as the comments below suggest.

"Very satisfying ... I enjoy it very much"

"I enjoy it ... I don't think I've ever got to the point of burnout"

“ ... its one of the most satisfying parts ... I enjoy it much more than working with couples ... it’s a much richer, denser process ... there’s so much more opportunity for change, for learning ... ”.

The respondent went on to state that the reflecting team members contribute to, and enhance the learning opportunity.

“A high level of satisfaction ... I think because you can see all of them (family members) shift and change ... its not just working one-on-one where you don’t understand what’s happening at home and what the impact is at home ... you can see it happening there, and you can see it moving ... and that gives a high level of satisfaction”.

“Very satisfied, I love it! I love the dynamics, yes I get down by the emotions and I get incredibly drained in the process but I love the stimulation, the mental stimulation ... so it appeals on lots of levels ... I love the idea of being, um, the fact that I’m contributing to something that’s getting better, that I’m part of a process that is bringing health ... so that’s very gratifying ... ”.

“Well, I find it very satisfying ... because its so dynamic, every family is so different, although there can be similar issues ... I find it satisfying because I learn so much, the input is always great and I think peoples stories are always so interesting ... it can also be tedious at times because the same issues arise (in a family therapy session) and its difficult to get beyond them sometimes ... so it can be pretty frustrating at times”.

“Well, lets give it a level ... I’d say I’m sitting at a 6 now, um 6 or 7 ... if I’m presented with a family or a problem that I feel would be perfect to be dealt with at a family level, then I think its such an effective way of working, with families and relationships ... ”.

A few of the respondents were more ambivalent about the level of satisfaction in their work as a family therapist. The comments of the respondent below relate to an experience within a particular reflecting team.

“... Fair ... I loved the process but that reflecting team drove me insane ... if it was handled differently I think it’s so useful... to be able to be authentic and honest in the feedback, not to skirt and scout around the issues”.

One respondent describes her level of satisfaction as fairly low, stating that it is *“... not one of the most pleasurable experiences ... there are times when I just feel uncomfortable with the way it’s done”.*

It can be concluded from the comments above, that while working in the family therapy arena is very rewarding, there are some aspects that are less so, specifically the issue of the process becoming ‘stuck’, and aspects relating to authenticity and fit.

- **Level of satisfaction (or not) with your personal life:**

Most of the respondents indicated that they were satisfied with their personal life. Of the few who mentioned some less satisfactory elements, there is a sense of being able to keep separate to some extent, the personal and the professional. Also evident however, is the link between the two aspects, and that they are interconnected with life satisfaction in general.

One respondent stated that part of her level of satisfaction related to being both financially and emotionally stable in her own life, which enables her to be in a comfortable space, personally and professionally. Personal and professional satisfaction are reflected in the statement of another respondent.

“I’m content with where I am in life”.

“That’s very high too ... the only limiting factor is time ... having to manage my different roles ... my dominant role is not my professional role ... my dominant role is my wife and mother role (laughs) ...”.

The respondent went on to stress the importance of balancing her personal life and professional role.

“I think, ja, because I’m in a career I want to be in, I have a high level of satisfaction, and even if things aren’t always working at home, this works for me ... being able to master something in my life this important gives me a high level of satisfaction”.

“Fine ... if I am having problems (personal) those can affect the way you relate to things but generally I try to keep the two separate”.

“Pretty satisfied”.

“Ja, my personal life is, touch wood, OK ... it hasn’t always been but at present it is (laughs)”.

“My work is my life so I’m very satisfied ... but work is also my defence ...”.

The respondent explored how her awareness of the significance of work, and perhaps how consuming it can become for her, has resulted in her re-entering personal therapy.

Thus, personal satisfaction for most respondents is high, and for those who experience it as less so on occasion, being able to separate the personal and professional is paramount.

- **How you sustain yourself in your career as a family therapy practitioner:**

Storr (in Karter, 2002:52-54) states that it is essential for the therapist to find some area of self-expression to ameliorate the sense of becoming a non-person through living vicariously through one’s clients. Maintaining a life outside of the therapeutic world is vital to minimise stress and burnout. While the focus of the theme is family therapy practice, the aspects explored by the some of the respondents relate to therapeutic practice in a more general sense.

“Self-management ... I don’t take too many clients ... and I give myself breaks ...”.

This respondent believes high self-awareness allows her to be aware of her needs and she feels knowledgeable in knowing how to nurture the self.

“I think its being mindful that I need to give myself time after intense therapy ... and also to teach my family not to expect too much (laughs) ... I’m brain dead after family therapy (laughs) ... I do need to debrief on a certain level ... I need to sit down and process it, and a lot of it happens when I’m doing my report writing ... I work through the different things and analyse ... and exercise, I’m not a mad sportswoman, I just need to do something, uh, outside ...”.

“... probably because I’m not full time I don’t really have that issue to face ... my intern year was hard, it was incredibly hard because I had two small kids and it was long hours and it was a tough year ... then I needed to sustain myself, but I did it by you know, having time for coffee with friends, going to movies, just taking time out ... but where I am now I’m doing minimal work ... so I’m not needing to sustain, in fact if anything it’s in the opposite direction (laughs)”.

“Walking the dogs, visiting with friends, movies, lunch, all the usual things (laughs) ... I don’t go to the gym and pound it out (laughs)”.

“Well, I meditate every day, I do transcendental meditation ... if I’ve had a bad day I pamper myself, having a long bath, relaxing, reading junk novels ... and doing fun things for me ... I believe its important to be, as much as possible, present with my clients ... and um, I need to be healthy and whole myself ... so I’m quite vigilant about looking after myself”.

Meditation was an aspect mentioned by one other respondent, together with music, art, massage and personal therapy. In addition, the issue of not taking on too many clients arose, with this resident believing that *“... the emotional demands are great ...”* and that the importance of self-care cannot be underestimated.

“ ... because of the fact that we alternate (in being the primary therapist with a client family) means that you’re not constantly, um, because being a therapist is draining ... and so um, shopping, reading, movies”.

The respondent went on to add however, that “ ... *there was one point in my career where I felt like I was burnt-out, or I was burning out ... and I think the experience forced me to change the way I worked, not only at a therapeutic level but in terms of what I became involved in, particularly in the community ... it wasn't about not coping but I was tired and had had enough*”.

Self-awareness allowed the respondent to recognise the potential for burnout, and thus to make the necessary lifestyle changes.

“I can understand how one um, can burnout ... I mean sometimes after a particularly heavy family session you feel quite depleted for a while ... and you recover yourself and your energy by talking about it between the therapists, which is always a great thing ... ja, the debriefing afterwards always assists to, uh, debrief the whole thing ... I just feel that, um, without that and other kinds of ways of managing the stress, that it would be very easy to burn out ... personally, um I think what I do is have a cappuccino (laughs), but really just to do normal day-to-day stuff that I enjoy ... going back to one's own family and looking at them with a different light ... savouring the good stuff, it really anchors you, it gives you a feeling of contentment ... holidays, weekends away, quality time, all that stuff ... balance is always good”.

One respondent mentioned sustaining aspects for herself as being ongoing learning, as well as the importance of supervision, both within and outside of Family Life Centre.

It is evident from the issues mentioned above that family therapy practice, while rewarding, can also be experienced as a demanding and even draining process. The fact that the respondents seem to be very aware of this, and thus the risks involved, suggest that burnout prevention is part of everyday life.

- **Challenges to your ability to sustain yourself:**

A number of challenges present themselves to the respondents in their efforts to sustain themselves.

One respondent believes that a challenge in family therapy practice could occur if difficulties experienced by a client family resonated with the personal experiences of the therapist. Her feeling is that this has the potential to impact on the way one practices family therapy. Satir (1987:21) suggests that in family therapy it is likely that at some point, the therapist will experience a scenario similar to his/her own family-of-origin. Difficulties not yet resolved will impact on the therapy.

“Ja, there are challenges sustaining yourself ... I can become quite anxious and feel possibly, inadequate to keep it (the process) going ... I need to work on that ...”.

“I think sometimes no matter how much you’re in touch with yourself, sometimes you’re not always in tune with, um, the extent of ... I don’t always know exactly where I am and sometimes, you try and just keep yourself going and then eventually you’re exhausted”

“My husband, ja, he’s very demanding, he’s an only child and he finds it very difficult to share me ... he’s quite a drain on me emotionally ...”.

The challenge for this respondent is balancing the needs of her relationship with her own need for separateness and alone time on occasion.

“Yes, the other roles in my life ... other demands and other stresses, personal life stressors ... um, the fact that my therapy (her private practice) has to pay, so it’s not only a love but it’s a business ...”.

The issue of additional private practice work was raised by another respondent, who raised similar themes and issues to the respondent above.

“Taking on a new role (private practice) ... the financial responsibilities and debts of setting up practice ... I feel I’m not in a position to turn clients down ... trying to maintain equilibrium between the therapist versus the business role ...”.

The importance of balancing work and personal life was stressed by the respondent.

“Yes, my addiction to work ... I don’t know if I experienced it in full force, where I wasn’t working well ... but I did experience times where I felt I was developing empathic failure ... I felt exhausted, dead”.

For this respondent the challenge in sustaining herself is her own sense of being driven and work-focused. She has taken time off, gone for personal therapy, and tried to achieve more balance in life, in order to prevent further experience of burnout.

Empathy makes considerable demands on the person of the counsellor, and Viljoen (2004:30) describes consequences such as empathy contagion, empathy fatigue and empathy depletion which link to the issue of burnout. Grosch and Olsen (1995:275) state that working long hours may be revered in certain professions, eliciting a sense of pride and importance, but with the price being an increased potential for burnout.

“Guilt, at the cost ... it (self-care) feels like an indulgence ...”.

While the respondent understands the necessity of taking care of the self, there are times when she questions the cost.

One respondent feels that at this point in her life, there are no challenges to her ability to sustain herself.

While the respondents may not have experienced burnout in full force, there is an awareness of the fact that it can occur, that aspects of their lives may challenge their ability to sustain the self, with a potential cost to the self and hence authentic practice. Awareness of the importance of the need for self-care is high.

- **Further comments:**

A few of the respondents added to their exploration of the theme of burnout, as the comments below describe.

“I worry when ... I don’t know how it works when you have more and more clients ... I have a small caseload, what happens when you have a bigger caseload, how do you

manage that ... I'm hoping that its going to increase at a pace I can grow at ... I'm a bit concerned that a lot of the areas of my life have counselling components, very few of them are completely recreational, which could lead to burnout ... um, we're involved in church leadership, even in my social life, some of them are people I need to walk along with or support through a time ... so it gets difficult ...”.

“I haven't experienced it in this sphere ... but I did nursing before and I did experience burnout there and I know that if you don't nip burnout in the bud before it happens, or at least early, um, you can be so put off the profession that you actually don't want to go back again ... I'm sure the same applies in any of the helping, uh (professions) ... so its important to prevent it”.

“I do try to keep in contact with my creative side as well, I do a lot of creative things, because I feel that its important to keep both, you know, the right and the left brain active, so I use that as relaxation as well ...”.

“Self-awareness and self-management ...”.

Of significance for this respondent is feeling at peace with accepting the business and financial side of private practice as the outcome of her years of study.

“Just to be avoided at all costs”.

The respondents are thus aware of the potential for burnout and the need for prevention.

5.4.5 Opinions of Family Therapy Practitioners on the Future

The themes explored below focus on the opinions of family therapy practitioners regarding the future.

- **Hopes for the future of family therapy:**

Many of the respondents shared similar views regarding the future of family therapy, with a significant theme being the need for wider availability, and a drawback relating to the expense in terms of human resources and cost. The comments below illustrate.

“I would hope that it became more accessible to more people ... most organisations don’t have it, and it seems to be almost a kind of elitist thing ... so it would be a hope, that more people in the profession would focus on it”.

“That it would be more widely used ... that more therapists consider it as an alternative ... it takes effort to arrange, it’s a lot easier to get one person, rather than a whole family ... and if its not possible for an individual therapist, refer to a place that does do it ... we need a more systemic understanding, to become more aware and see it as an option ...”.

The importance of a systems perspective in family therapy, as opposed to individual therapy with the ‘symptom bearer’ were themes also explored by another respondent.

“Well, that more professionals would be prepared to give up time to be in reflecting teams ... because I think in the private sector its hugely expensive and I think that if therapists would be prepared to give up time to part of a reflecting team it would make it much more accessible, and that much more powerful ... and to get more exposure on what, you know, on the benefits of coming as a family for therapy, rather than just the individual ...”.

“I hope that it would be a growing thing, and practiced in a lot more places ... I think its very sad that there’s only one place in Johannesburg, with all the families ... I know its expensive but you know, its needed”.

The issue of the future of families in society was of concern to some of the respondents, as their reflections describe.

“I think there’s an incredible need out there ... so many families out there are in crisis, I mean, divorce is destroying the family unit as we know it ... so I would say the family is in crisis ... one hopes that work will be done that will assist them ... and I’d like to have a role in that, I do see myself working with families”.

“I think its got a lot of merit ... its got huge impact ... in our society the definition of the family is changing ... there are a lot of challenges and somehow we’ve got to maintain family function, even if it doesn’t look like a typical family ... divorce, death, AIDS, the structure of family life is changing and family life needs to be healthy, it still needs to meet the family’s needs and that’s a challenge, not just for the individual’s health but for the health of a community ... I almost feel that if family therapy isn’t becoming a focus we’re going to lose everything ... there’s still a need for individual counselling, for community support and resources, none of it can work in isolation ... but I think its (family therapy) got the maximum impact as far as intervention goes ...”.

The respondent went on to emphasise however, that as an intervention family therapy is expensive, difficult to coordinate and challenging in terms of practicality.

Two of the respondents mentioned the issue of theory and technique, albeit from a different perspective. The hope expressed by one respondent is that the postmodern techniques continue to grow and develop to match theoretical development. Another respondent commented as follows.

“I think it would be useful if new ideas and approaches were developed ... a lot of it (family therapy) is focused around quite a limited body of theory relating to family therapy ... that might be in terms of Family Life Centre, what they provide ...”.

The issue for this respondent is the lack of theoretical preparation provided by the Centre, which may contribute to a sense of inadequacy and lack of confidence in practice.

The hopes of one respondent centre on the integration of family therapy with other modes of intervention, specifically individual and couple work, and the wish that therapists would work more effectively as team members.

The theme of wider availability is reiterated by a number of respondents, as well as the value of family therapy as a method of intervention. Other aspects of significance mentioned are theoretical preparation and team efficacy.

- **Hopes for your future as a family therapist:**

A number of shared themes emerge from an exploration of the hopes of the family therapy practitioners with regard to their future. Most of the respondents hope to be in a position to do more family intervention, either at Family Life Centre, or in private practice, as their comments affirm.

“To do more, ja”.

“I’d like to do more”.

“Well, one day hopefully I will be in a position to open up a private practice and I would like to be able to confidently carry out family therapy ... I do really believe that it could be so valuable to so many people, because you know, we all come from a family, those dynamics are life-forming, and um, they can be very damaging ... and if the family heals, gee, its fantastic because there’s so many people (impacted on) ... and its perpetuated down the line ...”.

Transgenerational family therapy is based on the belief that family problems are multigenerational phenomena resulting from patterns being replicated from one generation to the next (Carr, 2000:159; Hanna & Brown, 1999:15; Goldenberg & Goldenberg, 1996:165).

“To introduce it to my practice, to consider it as an alternative (to individual counselling) ... but it requires perseverance and flexibility”.

From an alternative perspective, another respondent believes that family intervention may be achieved through work with the parents, as her comments imply.

“To be involved in a different way ... to work with couples because very often I think that’s the route ... that’s where I see myself and hope to go”.

“I’m hoping more and more people will buy into the fact that family life, healthy family life, is where its at ... obviously I’m making this my business (laughs) so the more people that buy into that, the more business I have, but I also believe it’s the way to go ... if there’s a problem in the family, for the family to come for therapy and interlink that with the individual, that’s how I’d like to work ...”.

One respondent expressed some reservation regarding family therapy in private practice, as the following suggests.

“... there is place for it in private practice ... but it’s harder, there’s so many dynamics thrown at you, you become single-lensed and I think a multiple lens in family therapy is crucial ...”.

While acknowledging the difficulty of family therapy in private practice, one of the respondents remains hopeful, as her comments indicate.

“That I can continue doing family therapy but with a team, that I would have to access somewhere, somehow ... that would be my ideal ... I would do it on my own without a team, I’d be comfortable enough, but even if I only had one other person watching, its better ...”.

The benefit of multiple perspectives is emphasised by both of the respondents above.

In conclusion, most of the respondents believe in the value of family therapy as an intervention, and hope to continue to be involved at some level in the future.

- **Recommendations for practitioners considering participation in the field of family therapy at Family Life Centre:**

A significant theme raised is the issue of experience and preparation relating to family therapy intervention, with some respondents feeling that the lack of these aspects may be detrimental on a number of levels. For other respondents however, the scope for learning

and the enhancement of personal confidence as an outcome of reflecting team work is invaluable. Orlinsky and Ronnestad (in Lebow, 2005:92) explored therapists over their professional life cycle, stating that most therapists view growth as a lifetime task and value continuing development. The comments below testify.

“That is will be the most valuable thing they ever encounter ... and that it’s an opportunity that should be used wisely and really relished, because there aren’t many opportunities out there to do it ... its really, really worthwhile and your learning just is elevated and increased in leaps and bounds”.

“Take the plunge, it can be scary but it’s so powerful and rewarding”.

“Its very good experience ... you gain in confidence”.

“My only recommendation would be that the people coming in on a new level into the reflecting teams would be more oriented towards the methodology of family therapy ... personally I found it a bit, um, it took me time to actually become aware of the fundamentals of it, the method of it ... also I think its quite a difficult thing, because you’re working in a team, sometimes I don’t want to be negatively criticised, um, told that what I did was wrong, um, I would like to be constructively criticised for something that didn’t work, you know ...”.

“They should definitely have greater preparation, um, what are the different approaches that are available, what are the different stressors in the family life cycle, to know what areas to look at ... I don’t know how much undergrad training they get in that ... I know we did quite a bit in our course but I think it varies ... so if Family Life Centre had something to um,... as a training preparation, even if its self-study, it doesn’t have to be formal, just an introduction into it...”.

“... ensure good quality and high standards of practice but balance it by allowing it to be a learning experience ... maybe it shouldn’t be imposed on interns ... it may be

extremely daunting and some interns really struggle ... maybe they can be part of the reflecting team as opposed to being the family therapist ... if you're filled with your own anxiety, how effective can you be? ... and I don't think just anybody should be doing family therapy, you have to have a certain level of experience ... there are so many dynamics, can inexperienced therapists do harm? I feel they can, through a failure to be self-aware ... my anxiety about family therapy took me back into my own therapy ... it was too much, being a student, being observed, observing the family ... therapy helped me manage”.

“I would say that you should have to have a certain amount of time practicing therapy before you can just go into family therapy, because I think, uh, you can't have a reflecting team with five interns and one professional ... there's potential for things to go wrong ... and I know its not cost-effective but you will never hold good therapists unless they have a burning desire and passion (for family therapy) if you expect them to earn very little ... I'm not sure how it can be resolved (at the organisation) ... ”.

A further issue for this respondent is the practical requirement of evening work for the reflecting teams, as her remarks elucidate.

“... family therapy requires time, and I think that deters a lot of people ... its in the evening which is practical for the family ... but a lot of therapists don't want to work at night”.

The importance of knowledge on many levels was emphasised by one of the respondents.

“Know your family-of-origin, know yourself, know who you are, where you come from, know your triggers and know systemic work ... and read!”.

Flexibility regarding family intervention was stressed by one respondent, as her comment suggests.

“Go into it with an open mind and take from it what you can and give to it what you can, but don't allow it to define how you work with families”.

In conclusion, the recommendations of the respondents centre on the value of family therapy in a reflecting team as invaluable to learning, both personally and professionally. Additional theoretical preparation is mentioned as important, as is preparation for the person of the therapist. Consideration of the potential impact that lack of experience may bring to the anxiety of interns, possibly to the detriment of the client family was alluded to.

The themes relating to recommendations tend to blur into one another, and certain aspects mentioned in this category are also mentioned in the next.

- **Recommendations to Family Life Centre regarding the practice of family therapy:**

The significance of preparing families about to enter into family therapy was stressed by one respondent, who had the following to say.

“Prepare the family for the practicalities of having the reflecting team ... and acknowledge the level of investment for the family”.

While families are given as much telephonic information as possible prior to the first session, from the experience of the researcher, that initial session often still comes as something of a shock to many families. From the perspective of the researcher, it is possible that the whole process is so strange and out of the realms of most peoples’ experience that full preparation is almost unachievable.

Education and training are important points for some of the respondents, who commented as follows.

“I think they (Family Life Centre) should be encouraging people to go and do things like the family therapy masters ... obviously not everybody who does family therapy is going to do a masters degree, but they need something more in the way of understanding ... because you have to base your practice on theory and I think that was to me very scary, people going in unprepared ... and how fair is that to the family?”.

“Supervision of the team ... and also more workshops and input from experienced family therapists who could add to the training ... more discussion on theory, and on integration of theory and practice”.

Effective supervision is a way to prevent burnout, and according to Grosch and Olsen (1995:284), supervision should take place outside the work setting, have no evaluative function and provide a theoretical orientation that is suited to that espoused by the supervisee.

One respondent believes that Family Life Centre could do more in terms of advertising family therapy, to enable it to become better known in the wider community. The issue of improving facilities and equipment was also emphasised by this respondent as well as a few others.

“... I must say it would be nice to have better facilities and things ... just in terms of bumping into each other in that little passage ... I don't know, if there were two exits and entrances, so you didn't have to literally bump and shift around (laughs)”.

“ ... it's a wonderful service but it's expensive (in terms of resources) ... it would be nice if they had a two-way mirror and not everyone had to turn in the passage (laughs)”.

“... and also, just logistically, the flow from one room to the other, I don't know how that can be better facilitated or even if it can but ...”.

This respondent, as well as a number of others, explored the issue of team composition and team compatibility, as the comments below illustrate.

“Its difficult, um, the selection of people onto the team is critical, but I'm not sure how much that can be controlled ... um, power balances and those kind of things I spoke about, which will influence the team ...”.

“I think that the team should, before starting off the year, the team should get together, to discuss their mode of working, are there any changes they want to make, can they all work in this way, are there other ways they want to start bringing in ... um, and no chitter chatter behind the mirror, I think its disrespectful, so to uphold respect at all times ... and in the feedback, I think its very important to discuss how challenging are we going to be, how authentic can we be in the feedback, otherwise its just a performance ...”.

“I think that maybe the reflecting teams could be alternated, and that leaders of reflecting teams be alternated to get a different perspective of different training styles and learning styles ... to get more exposure to different styles”..

This theme was one raised by another respondent who commented similarly.

“I think they should have some sort of meeting together of all the teams, that there should be a mixing up of people so that you don’t get two people becoming reliant on each other and then the others sit back and relax, or they don’t get the benefit maybe ... I don’t think it should become so familiar that um, the others sort of feel like outsiders ...”.

The respondent expanded further to state that at Family Life Centre there is a tendency at times to put all of the interns in one team, all of the social workers in another, which may lead to a comfort zone that is not necessarily beneficial.

“... social workers come with different perspectives from psychologists and it would be good to mix the teams ... you don’t want teams where everyone is totally at sea but, um, if they met on a monthly basis and had some sort of theoretical discussion or whatever, and maybe through dialogue become more familiar with different ways of working ... get to know other people ... even team leaders have a way of doing it and you can learn from each other ... maybe team leaders can step down and play different roles ... it could be beneficial”.

Of importance too, for a respondent is the issue of what the focus of the team’s reflections should be.

“... how to shorten our reflections, how to focus that, what are we going to choose to focus on, what are we going to emphasise ... I don’t know quite how to do that ...

individually we are in different places of growth and I don't want the assumption to be that we know what we are doing (laughs)".

And finally, one respondent believes that issues such as the number of teams and number of families awaiting intervention are significant. Her comments elucidate.

"I just wish, sometimes I wonder if there were more teams and more families being seen whether we would be under less pressure to get things done in a certain amount of time ... you know, like there's a very long waiting list and other people in the team need a turn (to be the primary therapist) ... it doesn't always lead to optimal outcomes".

Many recommendations to Family Life Centre are mentioned by the respondents, which clearly illustrates their keen interest and hopes for the future of family therapy and reflecting team practice in the future. Issues explored include better preparation for the family prior to the initial session, improving education and training, introducing team supervision, contemplating team composition and at times, changes in composition to facilitate alternative narratives in learning, and finally, improving the practicalities of the facilities at the Centre.

- **Further comments:**

Two respondents had additional comments to add to the themes relating to the future of family therapy practice.

"I always feel uncomfortable that the team isn't introduced to the family and I've often wondered why ... because in some the writings I've read, the team is introduced and in fact the clients are given a chance to actually question their qualifications and all sorts of things ... it just feels um, more civil, uh, better mannered (laughs)".

Madigan (in Lax, 1995:148-149) explores the issue of facilitating the opportunity for clients to ask questions of the team during the interview. Their questions may lead 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.

“I think I’ve learned a lot and its confirmed stuff for me, which is always useful to have, ja”.

An opinion expressed by the researcher (Chapter 4:230) suggests the need for paradigmatic exploration, if only to consolidate one’s original position, or to contemplate a possible shift.

Consideration of what may feel comfortable for the client family and for the self of the therapist are additional aspects mentioned by respondents.

5.5 SUMMARY

In this chapter the research methodology was discussed, and the qualitative research findings were analysed and interpreted.

The qualitative research findings were the results of data obtained from nine (9) respondents who were family therapy practitioners at Family Life Centre during the research period. The findings were analysed and interpreted in conjunction with the format of the interview schedule and with reference to the literature review.

Family therapy practice requires not only an understanding of the epistemological shifts that have occurred in the theoretical arena, but also of the impact of the self of the practitioner on the therapeutic encounter and thus, therapeutic outcome. Theory that is authentic to the self of the family therapist has the potential to be experienced as healing and effective for the client family and by default, for the personal and professional growth of the therapist. Reflecting team practice is the cornerstone of training provided at Family Life Centre, conferring a potentially enriching experiential learning environment. The development of the personal and professional self is an ongoing process, one that is idiosyncratic and unique to each therapist.

In this research study, the epistemological shifts in the field of family therapy were explored, as were aspects relating to theory and intervention. The experience of

participation in a reflecting team was investigated, as was the development of the personal and professional self, with issues relating to burnout being considered. The findings highlight the importance of a constellation of all of the studied factors in the development of the family therapy practitioner.

In the final chapter, the chapters relating to the literature study, as well as the chapter relating to the empirical findings will be summarised and concluded, and recommendations with regard to the study will be made.