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PERCEPTIONS OF REFLECTING TEAM PRACTICE IN FAMILY THERAPY

by

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ABSTRACT

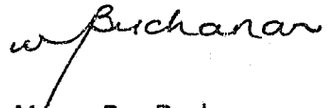
This research investigates the claims made by proponents of reflecting team practice in family therapy. The study explores the relationship between these claims and the experience of families in the reflecting team approach. Five families were involved in a qualitative study. Questionnaires and interviews were used as the means to gather data. The data was analysed by content analysis. This analysis yielded codes and themes associated with the experience of the reflecting team approach. The data analysis generated two story lines – a positive and negative storyline. While the positive storyline confirmed claims, the negative story line negated certain of the proponent's claims. What appears to have been negative for these families was not reflecting team practice per se but the manner in which the reflections were offered by the team. However, this may also suggest that reflecting team practice is perhaps more appropriate for some families, or for some family problems, than for others.

KEY WORDS

Family therapy, Reflecting team approach, Postmodernism, Narrative therapy, Social Constructivism, Collaborative therapy.

DECLARATION

I hereby declare that this research report is my own work. It is being submitted for the degree Master of Education (Educational Psychology) in the Division of Specialised Education, University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination in any other university.



Megan Rae Buchanan
Johannesburg
November 2000

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My parents for their continual support, both financially and emotionally, and for their unrelenting belief in my ability.

Finally, the families at Family Life Centre, with whom I have had the privilege to work and for their valuable contributions to my study.

Seeing through the eyes of a man of knowledge results in our finding ourselves alone in a world filled with folly. That too must be surrendered to. Otherwise we continue to force meaning onto things, mistaking explanation for understanding.

Sheldon Kopp (1989: 141)

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INTRODUCTION

The 1990's saw a dramatic shift in the practises of family therapy with the emergence of a number of new therapies including: Michael White and David Epston's narrative therapy; Andersen and Goolishian's therapeutic conversation model in 1994; Bradford Keeney's improvisational therapy model in 1990; and Tom Andersen's reflecting team approach in 1991. Schools of thought that have been responsible for the shift in the focus of therapeutic models include: social constructivism, postmodernism and second order cybernetics.

While the above schools of thought influenced Tom Andersen's approach, it developed primarily from the Milan School of family therapy. His approach focuses on the active and collaborative involvement of the family in therapy.

Proponents of the approach claim that the use of a team, as an audience to the therapeutic process, serves as a powerful medium in initiating change and generating new possibilities. They believe reflecting team practice creates a forum for re-authoring stories and co-constructing new realities. They claim that the team, and the collaborative nature of the therapy, creates a sense of equity between professionals and clients, thereby reducing power differentials in therapy. Additionally, they maintain that the reflecting process dramatically reduces the length of therapy by effectively opening the family system to change.

This research investigates the claims made by proponents of reflecting team practice in family therapy. The study explores the relationship between these claims and the actual experience of families involved in reflecting team practice.

Five families were involved in a qualitative study. Terre Blanche and Durrheim (1999) identify three paradigms in qualitative research: positivistic, constructionist and interpretive. The interpretive paradigm was the most appropriate paradigm for this study as it focuses on both facilitating an understanding and interpreting the experience of a certain phenomenon (reflecting team practice). The study attempts to understand

the subjective worlds of the research participants by interpreting the meaning of what they said and wrote.

Questionnaires and interviews were used as the means to gather data. The content of the data and the discourse around it was the focus, therefore, content analysis was the preferred method of data analysis for this study. The analysis yielded codes and themes associated with the experience of reflecting team approach. The analysis of the data and discussion of the results is presented in subsequent chapters. Limitations of the study conclude this report.

CHAPTER ONE: LITERATURE REVIEW

1.1. Introduction

This study investigates Andersen's claims of the benefits of reflecting team practice in family therapy. Reflecting team practice refers to Tom Andersen's approach to family therapy, where a family and team are actively, and collaboratively, involved in the therapeutic process. The study explores the relationship between proponents' claims and the actual experience of families in the reflecting team approach.

Proponents of the approach claim that the use of the reflecting team creates a sense of equity between professionals (therapist and team) and the client. They believe that the collaborative nature of this approach dramatically reduces power differentials in therapy, allowing for the experience of equity. They suggest that, through this experience, the client takes ownership of the process. The proponents claim that the use of a team, as an audience to the therapeutic process, serves as a powerful medium in initiating change and generating new possibilities. The process of therapy is altered, 'Therapy becomes a forum for the re-authoring of stories and for the co-construction of new chapters that build on client strength and successes' (Friedman 1995:3). It is maintained that the reflecting process dramatically reduces the length of therapy by effectively opening the client's system to change.

1.2. Brief History

It is clear that practices in family therapy, over the last few decades, have experienced a dramatic shift in thinking. The 1990's saw increased attention to, and the emergence of, new theories of family therapy. The solution-focused and narrative theories of Michael White and David Epston, have become increasingly influential and received much publicity. Other emerging theories include: the therapeutic conversations model of Harlene Andersen and Harry Goolishian in 1994; the improvisational therapy model of Bradford Keeney in 1990; the psychoeducational model of Carol Andersen in 1988; and the reflecting team approach of Tom Andersen in 1991. The theories of the 90's are radically different from their forerunners and are characterised by their creativity and conciseness.

Various schools of thought have been responsible for promoting this shift in therapeutic models. The constructivist perspective (Watzlawick, 1969) has challenged therapists' certainty about objectivity and their judgements of others. This perspective is based on the assumption that individuals construct their own reality through their perceptions and experiences. Judgment of 'the way things are' is, therefore, a function of beliefs. Hence, a 'true' representation of reality is denied.

The constructions of both therapist and client are expressed through language. When the realm of language is included the emphasis falls on the notions of social constructionism, where language is seen not as a reporting device for experiences but rather as a defining framework. This philosophy states that our experiences are not objective entities but rather a function of how we think about them. Seen from a social constructionist view, a change in language would equal a change in the experience of the reality. 'Reality cannot be experienced, and the 'reality'

experienced is inseparable from the pre-packaged thoughts of the society, or the fore structures of understanding...' greater emphasis is, therefore, placed on context, '...with the understanding that ours is a storied reality' (Becvar & Becvar, 2000: 92). Andersen, Goolishian and Wintermand (1986) find great value in social constructivist notions on which their approach to family therapy is based. Mook (1989: 252) describes the shift in focus to incorporate language, meaning and human interaction effectively, '...the essence of language is the meaning it takes on in human interaction, and human systems are reformulated as meaning generating systems through communicative action'.

Likewise, postmodernism has profoundly influenced a new epistemology. The philosophy challenges the belief in the possibility of objective knowledge and absolute truth. It denies the acceptance of one universal truth and one mode of thinking and encourages the view of various truths and thoughts as reality. Reality is viewed as subjective; perspectives replace facts.

The idea of cybernetics is consistent with a modernist stance where a situation is assessed, problems are defined and an attempt is made to correct the 'wrong'. The therapist is outside of the system and observes what is happening with regard to change and stability of the system. Reber (1985:180) defines cybernetics, '... it is primarily concerned with control mechanisms and their associated communications systems, particularly those which involve feedback of information to the mechanism about its activities.' In contrast, the philosophy of second order cybernetics (cybernetics of cybernetics) is consistent with postmodernism, where the observer is understood to be part of that which is observed. 'Reality is understood to be constructed as a function of the belief systems that one brings to bear on a particular situation and according to which one operates' (Becvar & Becvar, 2000: 88). The concern is not only with the problem but also with the context in which it is embedded as described by both the therapist and the client.

Becvar (2000) argues that behaviour is created rather than discovered and, therefore, the way that language is chosen to describe it, becomes crucial. Concepts from second order cybernetics about observing systems (Van Forester, 1981) have encouraged therapists to take more responsibility for their perceptions and views, and the influence that their manner of relating to clients in the session influences the client's reality.

With this shift comes a challenge to those who have previously possessed knowledge and were seen as powerful and privileged. To be consistent with fundamental assumptions of the postmodern worldview the therapist cannot know the 'correct truth'. Clients are considered to possess equally valid perspectives. Therapy becomes a collaborative process between the therapist and the client system where the focus is more on the client than on some preconception of what is 'really' going on. The therapist's role becomes one of participant observer within the system.

Jones (1993:215) aptly describes the shift, ' ...the consequences of theoretical and epistemological change is a therapeutic approach that does not deal in concepts of pathology, that respects clients' uniqueness, that values the variety of human beings and their patterns, that demystifies its own expertise without abandoning professional responsibility, that shows systemic curiosity and irreverence toward any dogma ...and that attempts to act ethically by increasing the choices of all those involved in therapy.' A therapist working from this paradigm would communicate respect for the system, understand the system's reality, be suitably nonobtrusive and communicate in an atmosphere of safety.

Tom Andersen and his Norwegian colleagues have developed a model consistent with the postmodern/second-order cybernetics tradition, and the approach clearly mirrors these characteristics and exemplifies the shift in thought.

The approach developed gradually through their exploration of various family therapies, including the structural work of Minuchin, strategic therapy of Haley, and various views on the Milan team approach including those of Bateson, Boscolo and Cecchin. Appling these theories, Andersen experienced less success than he had hoped for. He found the Milan team approach particularly difficult with respect to the notion of the 'expert' idea of the team. He began to question the validity of hiding team deliberations from the families. His questioning led to the development of the *reflecting team*, where he suggested that the family and its therapist/counsellor listen to a discussion of the thinking of the team about the session.

The development of this approach heralded a dramatic shift in the thinking underlying therapy. The typical firm boundary between family and team, as practiced in the Milan school, was removed. Prior to Andersen, the family never saw the team although they were aware of its presence behind the one-way mirror. Their only experience of the team was through the interventions suggested by the team via the therapist to the family. Proponents of reflecting team practice maintain that this creates a hierarchy where the team is the unseen 'expert', holding all knowledge and being all-powerful. Furthermore, it is contended that a traditional modernistic view of therapy is perpetuated by this approach: the idea of submission and dominance is embedded in the social discourse; the family is labelled, oppressing members by imposing descriptions on them. They argue that in this way therapy becomes debilitating for the family because meaning is made through pessimism and pathology.

Tom Andersen, who believes in a more heterarchial relationship in therapy, introduced the reflecting team approach. Andersen draws a distinction between hierarchy, governing from the top down, and heterarchy, governing through the other. He feels therapy should become more heterarchial in nature and he developed a team approach to therapy with a difference: in reflecting team practice a boundary is not drawn between the team and the family so as to encourage equity and collaboration in therapy. An essential issue in reflecting team practice is the redressing of power differentials. Andersen believes that a way to address the power issues in therapy is to remove the boundary between the family and therapists in the team. He believes that the team's role in the process is critical to the practise.

The name, reflecting team practice, was derived from the Norwegian word *refleksjon* which means: something heard is taken in and thought about before a response is given. It is argued by Andersen that the refection affords an opportunity to the family to re-view their situation, offering time to ponder on new meanings.

The principle of reflection has been used to good effect in other therapies. In Rogerian person-centred therapy the therapist empathically reflects back to the client the core of the client's feelings. This enables the client to eventually feel the emotions and come to understand them and the meaning of the experience. The object relations understanding of the infant's experience can in some way be related to the same phenomenon (Klein, 1975). Object relations orientated therapists speak of the infant projecting its intolerable feelings into the mother, the mother then feeling these emotions, holding them and offering them back to the infant in a more digestible manner, as something that the child is better able to tolerate and understand. Likewise, cognitive therapists look at the client's cognitive distortions and offer them back to the client so that the client becomes aware of the patterns of his thinking and how that influences

his feelings and behaviour. Vygotsky's understanding (1978), that everything happens twice to a child, first outside and then inside, offers a similar perception with reference to the child. The child first experiences himself through the therapist's verbalisation of her understanding of the child's experience and perceptions (outside), the child is then able to internalise the understanding and make it part of himself thus experiencing it for a second time (inside). This implies that there is first a sharing or learning from another and that one becomes oneself through the other. The therapist's reflection, therefore, leads to the child's understanding of himself.

While the theories clearly have differences the essence of the understanding is the same. Therapy offers a forum for the mirroring of the client's experience and his related emotions. Essentially the client sees himself more clearly through the eyes of another. Similarly, Andersen's use of the team plays the role of a reflector that offers back to the family their understanding of that which it has seen and heard.

In this approach, process of therapy has a specific procedure. A therapist/counsellor and the family are involved in a therapy session. They are separated from a team of therapists/counsellors by a one-way mirror. The team watches and listens to their conversation. At a point the family and team change positions. The family then listens to the team's reaction to the discussion they heard.

1.3. Fundamental understandings in reflecting team practice

1.3.1. Meaning

Creating meaning is at the core of most, if not all, psychotherapies and serves to offer a capacity for understanding. As in other therapeutic models, making meaning is a critical

component to this approach. Lukas (1991) argues that meaning fulfilment in life is the finest protection against emotional instability and the best warrantor of psychological health. Making meaning would appear to be a fundamental human striving. Should a situation be incomprehensible to an individual, he/she will project meaning onto it in accordance with his/her own unique understanding, in order to make sense of the experience. According to Lantz (1987), the family offers the individual the greatest opportunity for the discovery and realisation of meaning. He warns that the family could fall victim to experiencing what Viktor Frankl terms 'the existential-meaning vacuum', should it not be able to move toward to the discovery of meaning. The vacuum has the potential to be filled with either a developing sense of meaning or greater forms of dysfunctional behaviour.

Chenail (in Friedman 1995:185), in reference to reflecting team practice, offers the following understanding of the therapeutic experience, 'The therapeutic conversation serves as a medium for expanding the range of voices available to the client. The therapy process is like a tapestry or weaving in which therapist and client co-construct a pattern out of conversation, giving it coherence and meaning.' Corresponding with the postmodern understanding of therapy, proponents of the reflecting team practice propose that there is no single objective reality about a family and its problems waiting to be discovered. Rather the process aims at embracing the possibility of 'both ...and' rather than 'either...or', to encourage the discovery of various meanings. Logotherapists hold a similar view of subjective meaning and believe that meaning is discovered through therapy.

Understanding the client's meaning is critical to all therapeutic processes. Therapy, be it individual or family, traditionally works with a client system and one therapist and, through his interaction, experiences are understood and meanings discovered. Reflecting team

practice offers a difference. While the therapist- family system fulfills the same role as other therapies, the team behind the one-way mirror offer further understandings and possible meanings for the family. They are removed from the immediate process and are able to gain a different perspective and offer diverse understandings of their perceptions of the family's experience.

Focusing on the construction of meaning in the family and how it exerts its influence on the family is referred, in narrative terms, to the 'story of the family'. Hoffman (1990) views client problems as stories or narratives that they have agreed to tell themselves. Their understandings are, therefore, storied, this is how they have made meaning. In reflecting team practice both the therapist and team are available to gain a better understanding of the client-system's story and the meaning that they have created by choosing to author or story their reality in a specific way. The team is made up of individuals with various psychological orientations and, therefore, comparing their views, meanings and stories of the families and individuals within the family enhances the understanding of the situation. This in turn enriches the feedback given to the family about their understanding of the family's experience. The team offers an alternative meaning, insight or a perception of the family's experience, perhaps opening a door to the creation of a new 'story' of the family.

White (1989) argues that by questioning 'unstoried' or 'not yet told' experiences the client is invited to become curious about them in a new way. These unattended or unstoried views become entry points into new meanings, alternative stories. When the client-system is in the listening position in the reflecting team approach, it is not required to immediately answer or respond to statements made. They are afforded time to think about, and space to contemplate, new possibilities and meanings and, thereby, can re-author stories.

White emphasises that the focus should not be on solving the presenting problem but on the meaning of the problem for the client or client system. The team takes what they have seen and heard from the session and offers it back to the client-system perhaps in a way in which it has not previously been viewed. The situation remains the same, the parts are the same, but the team may restructure the parts and piece them together in a manner in which the family has not yet done. The team may offer a restructured, new whole, to bring a new understanding or new meaning to the family. Koestler (in Friedman 1995:11) views this process as, '... not create(ing) something out of nothing. It uncovers, selects, re-shuffles, combines, synthesises already existing facts, ideas, faculties and skills. The more familiar the parts the more striking the new whole.' This is similar to the Feuersteinian understanding (1990) that sharing implies learning something new from which one can generate optimistic alternatives, ie reframe the situation and see it from a different perspective. The client is challenged to review *how* he thinks. The process of reflection offers an opportunity to develop more varied and sophisticated thinking skills in order to process experiences differently.

Held (in Becvar, 2000:99) is critical of the narrative approach of re-authoring stories and questions its authenticity '... then isn't it wrong or problematic for a narrative therapist to help a client co-construct a new narrative, or story, that the therapist takes to be antirealist but then allows, if not encourages, the client to take to be the objective truth or reality about his life?' It would, however, be inconsistent with White's theory to suggest that a new narrative would be a more 'real' representation of the client's reality. The emphasis of the narrative should rather allow the client to realise the extent to which they live by their authored stories of reality and their ability to create their own reality. Should their present

reality be problematic, re-authoring would serve to offer a means to create a new, more satisfactory reality.

It is not the role of the therapist to force a new reality onto the client but rather, through the therapy, to explore new meanings in a collaborative fashion so that the client is responsible to choose the reality he/she prefers. In fact a new reality is not created, but the same facts are put together differently to make another story. This ability to analyse and synthesise is highlighted in Feuerstein's work where one of the cognitive functions in his instrumental enrichment is *analytic perception.* This refers to the ability to break a whole into its parts (analysis) and put the parts back together to make a new whole (synthesis). He believes that an inability to see the parts leads to overgeneralised perceptions, which in turn leads to confused thinking. An understanding of the parts and how they relate gives an understanding of the whole. This can be likened to reflecting team practice where an understanding of the parts (the family members/situations) and how they relate gives an understanding of the whole (present situation/problem). Other therapies offer comparable experiences; the Milan style of circular questioning similarly encompasses a re-description of the person and their relationships to others. Tomm (1989) refers to the concept of 'reflexive questions' in therapy, as a means to encourage the individual to think about new ideas and connections of meaning about themselves.

1.3.2. Language

In the postmodern era the role of language has moved to centre stage. It is understood as the means by which individuals come to know their world and through their knowing, construct it. It also plays an additional role, besides structuring one's experience of reality it also structures experience of those with whom one communicates. This corresponds with the social

constructionist idea reflected by Goolishan (1990: 380), ' We live with each other in a world of conversational narrative and we understand ourselves and each other through changing stories and self description.' Andersen (1990) echoes these sentiments, 'Talking gives information. Others learn what the speaker is thinking and so does the speaker him/herself.' Madison (1988: 11) agrees and adds, 'The self requires language in order to be told what it is, and it cannot properly be said to 'be' a self outside of this telling.' Language, therefore, has a formative function. Andersen (1990) contemplates, 'maybe the process of reflecting opens a door between what is known and what is not yet formed, carefully following the ideas of the client system and also introducing small differences'. Through expressing, one is constantly in the process of being reformed and transformed. Expression is about searching for the right words to realise one's identity. One, therefore, gains meaning through language. The importance of the two components, meaning and language, are critical to reflecting team practice.

Friedman (1995: 185) highlights the process by using the metaphor of a lens: 'Our work can be understood as encompassing two mutually interactive processes: a **widening** of the therapeutic lens to incorporate multiple perspectives and ideas about clients dilemmas and a **sharpening** of focus that funnels these ideas into workable action plans. The therapist and team shift between widening the lens – opening space for new narratives and ideas – and sharpening the focus – on solutions and action steps.'

1.3.3. **The Issue of Power**

Bateson (in Jones, 1993:142) believes that it is not possible for one person to exert unilateral control over another. This is often referred to as the 'myth of power'. He argues that, 'in interaction between living beings, the response of B to an act by A will depend on B's internal

state as well as B's construing of the relationship with A'. However, it would be an absurdity to believe that one person in relation to another cannot exert power. In discussing the postmodern influences in family therapy Larner (1995: 207) states, ' ...all discourse has the potential to exploit and control, as hierarchy and opposition is immanent in thought itself.' If, as Larner argues, there were an element of power in thought then it would appear impossible to escape power within a relationship.

Hare-Mustin (1994: 21) has examined the role of power and its relationship to the construction of knowledge. 'Meaning making and control over language are important resources held by those in power.' Structural inequalities – the therapist's influence and 'authority' to control what can be spoken and who can speak – influence the therapeutic conversation and need to be acknowledged (Larner, 1995). If, as is argued, this dynamic exists in everyday relationships how much more is that power differential evidenced in a client–therapist relationship? Bateson's 'myth of power' becomes questionable. The fact that a client is seeking help from a professional in order to overcome a problem that they are not able to resolve themselves, undoubtedly places the therapist in a more powerful position than them. The therapist is seen as the expert, holding more knowledge and is able to speak with more authority and, therefore, holds more power than the client. Likewise revealing oneself and being vulnerable in a space where the intimacy is largely one sided, contributes to a sense of inequity in the relationship between therapist and client. Additionally, the therapist is aware of the process of therapy, its rules and ideas, whereas the client is largely in a position of unfamiliarity. This, in itself, is likely to cause clients to perceive therapists as more powerful than themselves. Clearly there is a difference between being a client and a therapist, which can be translated into a power difference.

Andersen's team approach claims to dissolve the power differential between client and therapist by: firstly, removing the boundary between the two and by making the team's 'professional talk' public; secondly, approaching therapy as a collaborative venture.

Whether the family desires the dissolution of the 'expert' concept is questionable. Surely seeking professional help is synonymous with an idea of an 'expert' and not an 'equal'. The client is seeking expert help. The client system, presumably, has sought help from 'equals' in the form of friends and family, this not being successful, a more 'powerful other' is sought in order to understand and gain meaning of their experience. Clearly the power differential cannot be annulled.

Perhaps what is more attainable is for the 'experts' to be aware of their position of power in the therapeutic setting, which would make them less likely to abuse the power. As MacKinnon (1993) argues, the therapist does not escape her position as 'power broker', but simultaneously recognises such power as illusory and tenuous. This position is evident in reflecting team practice where the therapist and team members, while skilled and competent, are expected to aim at demystifying their position of power by empowering the family through collaborative therapy; by never presuming that their insights or understandings are the correct or only understanding of the problem. Their reflections are offered as a 'possible' rather than a 'probable'. The power is seemingly offered back to the client system by the team's tentative insights and understandings, so that the client decides what is most appropriate for them and what holds the most meaning for them in their situation. Andersen argues that, in this way, the family is collaboratively involved in their own therapy, reducing the power differential.

1.3.3.1 The Therapist

Weingarten (1992: 20) redefines therapy as a conversation, not with an expert, but 'with a person with expertise.' Admundson and Stewart (1993) emphasise this change in therapy, where it becomes a forum that necessitates the coexistence of power, certainty and expertise with curiosity and a desire to empower. The modern epistemology of independent subjects *knowing* a reality, gives way to postmodernity, the *telling* of stories as a universal feature of human culture and experience (White, 1980). Thus, therapeutic knowledge is not rejected but suspended for the sake of dialogue and change. The aim is not to escape power as therapists, but to respect the power of clients to create their own narrative of change (Larner 1995: 200).

The paradox of the 'not knowing' therapist is particularly evident in reflecting team practice. Goolishian and Anderson (1992: 13) describe their 'not knowing but curious' stance in therapy as follows, 'The therapist is always on the way to co-understanding with clients but never understands.' To understand implies that the therapist has a preconceived expert knowledge while the client remains ignorant, that closes off conversation and the possibility of change. 'Not knowing', therefore, is 'suspending understanding', so that interpretations and explanations are not limited by 'theoretically formed truths and knowledge' (Goolishian and Anderson, 1992: 28). Not knowing is not, therefore, understood as exclusion of knowledge, but rather as a challenge to open it up to the client's knowledge and truth. Similarly, Larner (1995: 209) maintains, 'therapy becomes an exchange of meaning, truth and knowing in which the therapist's knowing and power is there, but as a not-knowing and non-power.'

While the 'not knowing' stance in therapy is particularly emphasised in reflecting team practice, it is not unique to the approach. Winnicott (1971: 67) describes the 'not knowing' stance of the psychodynamic therapist, ' The patient's creativity can be only too easily stolen by a therapist

who *knows too* much. It does not really matter how much the therapist knows provided he can hide this knowledge, or refrain from advertising what he knows.' Likewise, Bion characterises the therapist's stance as a 'not-knowing', which allows a space for thought and meaning to develop in the therapeutic relationship (Larner, 1995). For Bion (1970: 124), the analyst's posture is a 'negative capability' in which 'any attempt to cling to what he knows must be resisted ... until the pattern evolves.'

The role of the therapist, in reflecting team practice, changes considerably; [1]she assumes the position of a catalyst rather than an expert. The therapist negotiates with people in sharing power for codetermining the goals of therapy. This enables the therapist to work with clients in a manner that is more respectful and participatory rather than blaming and manipulative. While it is clear that there are built in inequities of power within the therapist-client relationship, the aim is to keep them to a minimum in reflecting team practice. Although the therapist never shrinks from her professional responsibility to be skilled, experienced and competent, she aims at demystifying her position of power.

Andersen argues that demystifying power encourages families to expand their choices and empowers them to voice their attitudes towards, and judgements of, the therapist and team. He believes that this allows the therapists to open the process towards being included with greater equity. The approach mirrors the core of post modernistic thinking in that the emphasis is on individual meaning and power. By placing the power of healing in the hands of the family, the reflecting process functions to break down the barriers that professionalism has created about who can be helpful (Friedman, 1995).

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[1] "she" is used in reference to the therapist throughout this research report.

A therapist functioning within the reflecting team framework disregards the idea that therapy is about diagnosing an objective static condition, and rather acknowledges that the condition always exists within the interaction between people. She refrains from prescribing solutions, relying rather on the client to find new realities and options through their collaboration. 'The post-modern therapist maintains a sense of optimism about change and an affiliative and affirmative stance' (Hoffman in Friedman 1995: 355).

3.3.2. *The Family*

Likewise, the role of the family as the client changes dramatically. While it is the client in the therapy room, it is also afforded the opportunity of being in the reflective position. Through this change in position there is a distinct shift between talking and listening. In the therapeutic room family members have the experience of engaging in what Andersen refers to as an 'outer' dialogue. They are openly speaking to one another, listening and to some extent immediately responding within the session. When they are listening to deliberations of the reflecting team, they are involved an 'inner' dialogue. They do not have to immediately respond to what has been said, but can rather listen, absorb and think about what has been said about their situation as seen through another's eyes. Andersen argues that this position allows more time to ponder. Members of the family are, therefore, occupied with the same issue on two levels. As Andersen describes, the family sees and hears and is seen and heard. This position is unique to reflecting team practice.

While other therapies offer an opportunity to be seen through the eyes of one other, reflecting team practice offers many more reflectors or mirrors, each with their own understanding or reflection. The team is not directly part of the family system, which enables it to view the

situation from a slightly removed position. Understandably, this could lead to insights that the therapist in the room, being part of the system, might not be able to see. The client system is afforded understandings from more people with various perspectives and is able to ponder on their insights without immediately responding, which is often not the case in a direct therapist-client relationship.

The family is placed in a unique position; they are able to view their situation both subjectively and objectively. The value lies both in this ability to consider their position from two perspectives and in not having to immediately respond to the objective view. Thus, time is afforded to contemplate different perspectives en route to problem resolution or dissolution. Prest, Darden and Keller (1990) describe this process as a unique 'fly on the wall' phenomenon in which someone experiences him/herself being talked about without being part of the discussion. It follows that having this experience is of greater value to the client than the typical listen -and –respond mode, which is characteristic of most therapies.

1.3.3.3. *The Team*

The reflecting team focuses on conversations that make room for new ideas and perspectives. They are never prescriptive in that statements, opinions or meanings are avoided. The team ensures that the reflections offered are made in a respectful manner. Every discussion is tentative so that the family never feels criticised. The function of the team is to offer alternative stories and meanings to what they see and hear. The focus is on using the language and metaphors of the client and avoiding psychological and diagnostic terms. The team poses questions that encourage curiosity and challenge viewpoints, presumably serving as a springboard for new ideas and opinions. The team's questioning and curiosity open a space for future possibilities, a change of perspective and new understanding for the client. The

framework, therefore, recognises the existence of various realities rather than the acceptance of one universal truth, from the perspective of both the family and the team.

Once the team has completed its reflection, the family is afforded time to reflect on what the team had to say of their conversations, whether anything particularly useful was said or not. The family is invited to take greater ownership of, and authority in, the therapeutic process. They are free to choose what they find helpful and useful without having the therapist make these decisions for them.

There are occasions where misunderstandings may arise between the team and the family. These misunderstandings are valued and are seen as critical to the process. They provide a path to new understandings between therapist and client that neither may have considered. In addition the pressure is taken off the therapist to be the all knowing 'expert' or the one who is always 'right'.

4. Conclusion

The family enters therapy with the intention of better understanding and ultimately solving its difficulty. Meaning has been constructed around its situation, ie it has storied its reality in a particular way for the purpose of understanding its condition. Language has a formative function and, as such, the family has carefully chosen words that accurately express and, therefore, form its reality. Hence the family's reality and experience are structured through language, that creates its meaning.

The reflecting team offers richness and a diversity of understanding to the family's dilemma. The exploration of new meanings, through language, opens the door to reform and transform the family's understanding and, therefore, its reality.

Constructing meaning and control over language are important resources held by those in power. Reflecting team practice, in family therapy, encourages professionals to respect the power of the family to create its own narrative of change. The team does not impose power by offering its understanding as the only understanding of the family's situation, but rather presents a variety of understandings from which the family creates its own reality. The collaborative nature of the therapy empowers the family by allowing it to choose its own meaning and form its own reality.

CHAPTER TWO: THE RESEARCH STUDY

2.1. Choosing a research paradigm

While quantitative research is associated with a number of different approaches to data collection, the aim of the quantitative research is to generate quantifiable data to dispute or reinforce hypotheses and theories. It is argued that features of measurement attempt to screen out interpretation (Rubin & Rubin, 1995). Qualitative research differs in that it focuses on the context and integrity of the material and will rarely build an account directly from quantitative data. Understandably the process of the research, data gathering and analysis will have a different focus.

Qualitative research is viewed as a process used to make sense of data that is represented by words or pictures and not by numbers. The process includes ways of conceptualising, collecting, analysing and interpreting. Gilgun, Daly and Handel (1992) argue that the historical contribution of qualitative methodologies to the understanding of families has been well documented. He maintains the longstanding relationship between qualitative research in investigating family dynamics attests to their fundamental compatibility.

What is envisioned with this study is not to count the number of families exhibiting a set of characteristics, which would call more for a quantitative type of research, but rather to understand how families give insight to the meanings of their experience of the reflective team in family therapy. The aim of the study is not to discov[illegible]al

trend, but rather to provide an understanding of the meaning family members attribute to a certain event: the reflecting team practice. Qualitative research is, therefore, best suited to this study. Gilgun (1992) claims that the versatility of qualitative methods is a good match for examining the diversity of family forms and experience.

Within the qualitative research framework three paradigms are usually distinguished. Terre Blanche and Durrheim (1990:8) effectively defines a paradigm as: '... an all encompassing system of interrelated practice and thinking that define for researchers the nature of their enquiry along three dimensions: ontology, epistemology and methodology'. *Ontology* refers to the kind of reality that is to be studied and what can be known about it. *Epistemology* refers to the relationship between the researcher and what is to be known or how knowledge is constructed. *Methodology* refers to the practicalities of the study, how researchers can go about studying whatever they believe can be known.

The three paradigms, which are commonly identified within the qualitative framework, are: the positivistic, constructionist and interpretive paradigms (Terre Blanche & Durrheim, 1990). Should the researcher want to provide an exact description of mechanisms that operate in social life, a positivistic approach would be pursued. While the other two paradigms are also capable of supplying this type of information, the positivistic paradigm has more to do with accepting an existing body of knowledge as an exact reflection of reality that can be confronted with various hypotheses to determine whether or not that existing body of knowledge can be expanded upon. In this paradigm, the reality to be studied is stable and unchanging, the stance adopted toward

the reality is objective, characterised by freedom from interpretive bias or prejudice, and detached. The methodology utilized focuses on control and manipulation of the reality, eg quantitative research such as experimental designs using hypothesis testing.

The constructionist paradigm best suits research where reality is seen as socially constructed; the epistemology implemented would be more non mechanisitc and political and the methodology used would serve to deconstruct various versions of reality by means of analysing text in order to show how discourse constructs the social world.

Finally, the interpretive paradigm would be applicable to the researcher who wishes to study the subjective experience or internal reality of the research subjects. Observer intersubjectivity and an empathic interactional stance toward epistemology of the reality would be employed. Appropriate methodology in this paradigm would be interactional or interpretive and would rely heavily on the subjective relationship between the researcher and subject (Terre Blanche & Durrheim, 1990).

For the purpose of this research the interpretive paradigm is most appropriate as the researcher is dealing with the subjective experience of the client system to family therapy, and not to a stable external law-like reality as in the positivist paradigm, or the socially constructed reality as in the constructionist paradigm. The interpretive paradigm facilitates an understanding and helps to interpret the experience and meaning of a certain phenomenon, in this instance - reflecting team practice. The researcher is interested in the subjective worlds of the research participants, and

attempts to understand this by empathically interpreting the meaning of what they said and wrote.

2.2. Objectivity, reliability and validity in the interpretive paradigm

It is essential to strive for objectivity, validity and reliability in research, although this is seldom fully attained. Smaling (1989) conceptualised objectivity across methodological paradigms. He states that it is possible to define objectivity at a higher level of abstraction where paradigms are no longer the determinant of the nature of objectivity, and describes the essence of Munchhausen's objectivity as '**doing justice to the object of study**'. The more reliable and valid data is, the greater the level of objectivity of the study.

The validity of such an approach and process of data gathering and analysis lies in its ability to present meaningful conclusions and descriptions (Bruinsma & Zwanenburg, 1992). It is, therefore, considered valid as it introduces nominal sources of bias and significantly organises the information provided by the families. The categories and meaning units cannot be taken as being absolutely correct; rather the process of analysis should be used to suggest one potentially meaningful way to think about the data. This serves to gain a better understanding of, and insight into, the families' experiences of reflecting team practice.

Triangulation is used to enhance validity and reliability in the interpretive paradigm. Denzin (1994:236) defines triangulation suitably, 'Triangulation, or the use of multiple

methods (persons/ paradigms), is a plan of action which will raise sociologists above the personal biases that stem from single methodologies. By combining methods and investigators in the same study, observers can partially overcome the deficiencies that flow from one investigator or method.'

The purpose of triangulation is to allow the subject to articulate freely without distorting what they have said. In this study the methods of gathering data were varied and included: an anonymous questionnaire; an exploratory interview; observations and peer review.

To ensure that the questionnaire and interview are valid they must measure what they are proposed to evaluate. The researcher focused on not distorting the respondents' experience, by allowing them to speak freely and write anonymously, so as to enhance the validity of the instruments. The objectivity of an instrument is related to the degree to which it remains unaffected by the distortion of reality by values, emotions or prejudices which the respondents bring to the situation (Tesch, 1990). For these reasons, it is felt that both the interview and questionnaire were suitably objective. The researcher was particularly aware that interviews are more prone to subjectivity and that factors such as the age, gender and dress of the researcher may have influenced the respondents in an interview.

Peer review was utilised, where team members debated the researcher's findings in terms of the families' experience. This was of considerable support as they were able to notice incidents, which the researcher had overlooked or had misinterpreted. Peer

review was found to be most valuable in contributing to the understanding of the families' experience of reflecting team practice.

McCracken (1988) views the literature review as pertinent to organising data into categories and relationships as well as determining what the researcher should ask about and listen for while collecting data. An in-depth literature review was carried out to establish the domains the questionnaire and interview would explore. The review provided the topics for which questions were later prepared. The questions were designed to explore associated themes around the families' experiences of the reflecting team, namely:

- Ownership of the therapeutic process
- Collaboration in therapy
- Respectfulness
- Equality/dissolution of power differentials
- A move from the expert idea
- The generation of new stories/realities
- Areas of comfort and discomfort for the family

2. 3. The Study

2.3.1. Rationale

Gladding (1998) argues that family therapy flows from the assumption that most life difficulties arise, and can be addressed, within families. He sees the family system as a powerful agent of change or destruction because of the constant interaction of family members and their mutual effect on one another. Clearly, family therapy differs from

individual therapy in its emphasis and clientele (Hinnes, in Gladding 1998). The latter's focus is primarily on intrapersonal conflicts, whereas family therapy examines the problem in a broader contextual scope and incorporates the interpersonal dynamic. Events are viewed in terms of their complexity within the interactive context of the family. This prevents the therapist from offering simplistic clarifications. Gladding contends that this form of therapy directly and more effectively addresses the reality of the situation because conflicts are dealt with directly. The probability of change in the system, in this kind of therapy, is apparent. Furthermore, the therapist is able to deal directly with the system, reducing the transference which often occurs in individual therapy.

The high degree of efficiency of family therapy has been well documented (Pinsoff & Wyne; Gurman, Kruskern & Pinsoff, 1986, in Gladding 1998). Of equal interest is Fishman's (in Gladding, 1988) observation of family therapy being more time effective than individual therapy, where families are engaged in a process of therapy for no longer than 10 sessions. This is supported by the experience of Family Life Centre, Johannesburg - from where the subjects of this study were drawn - where families rarely go beyond eight sessions of therapy. It is felt that an awareness of this time restriction inspires the therapist to maximise energy and become innovative in creating resolution within the family (Andersen, 1985).

The helping professions in South Africa have limited resources and as such, are in great demand, therefore, it is felt that attention needs to be paid to producing work which is cost effective and which efficiently reaches its goals. Family Life Centre (FAMSA) is

receiving an increasing demand for family therapy. In response to this they have identified a need to improve the service they offer to their family clients.

The researcher initially became interested in family therapy because of its healing power as already discussed above. Of specific interest was the dramatic shift in thinking over the last few decades and the consequent emergence of the new theories of the 90's, specifically those of White and Epston, Andersen and Goolishian and Keeney and, particularly, that of Tom Andersen's reflecting team approach. The approach was introduced at Family Life centre in 1998 after a visit by Andersen and Cecchin inspired the family therapists at the agency to embrace a more collaborative approach to therapy. The researcher has been involved at the agency for the last two years and has received considerable exposure to the practice. The direct contact with the approach and the families' experiences of the practice led to contradictory opinions. Some families commented on the value of the team while others discounted its impact on the therapy. The claims of the approach came into question, and raised the question of investigating the value of reflecting team practice in family therapy at the agency.

The area of reflecting team practice in family therapy has been under-researched. Claims of the benefits of the practice have been made primarily from the therapist's perspective. No direct commentaries by the clients and few client-based descriptions, on the value of the reflecting team in family therapy are available (Kuehl and Love in Smith, Coe et al 1994). This research sets out to examine families' opinions of the reflecting team, to better understand their experience of the reflecting team at the agency and, in so doing, inform these practices.

The literature review identified certain claims made by proponents of the approach, which are the focus of this study. Reflecting teams have been touted for their encouragement of therapeutic conversations between therapist and client (Hoffman in Smith, Coe et al, 1994). It is proposed that discussion among team members regarding the family's problematic situation may result in the development of new ideas, new meaning or the generation of new stories. Thus the family has an increased number of alternatives available to them. As the therapeutic process becomes one of collaboration a sense of equality and respectfulness is promoted between therapist and family members. This involvement and ownership of the therapeutic process is thought to make the family more susceptible to change.

Aim:

This research aims to investigate how family members actually experience reflecting team practice.

Specific Aims

1. To investigate the client's experiences of the approach, at Family Life Centre, in terms of the specific benefits claimed by the approach.
2. To investigate, through the client's experience, the gaps and benefits that may exist in the practice of the approach at the centre.
3. To provide Family Life Centre with a better understanding of their clients experience, in order to improve and develop the approach.

2.3.2. Data Gathering Methods

The various methods of data gathering available to qualitative researchers include: open ended, semi-structured and structured questionnaires; interviews; observational techniques; unobtrusive techniques and standardised tests, etc. The research goal was to understand how participants assigned meaning to their realities rather than to evaluate their realities through the responses. The questionnaire, exploratory interview and observational techniques were used in combination as methods of data gathering. Daly (in Gilgun, Daly & Handle, 1992:5) comments on the suitability of such a choice, 'By offering to enter the participants' life worlds, rather than imposing the formality of a survey or experiment, qualitative researchers are in a good position to access the private meanings of families.'

The families involved in the study varied considerably in structure, therefore, it was felt that the method of data gathering would have to be malleable, sensitive and practical.

Interviews

Interviews are the most commonly used data gathering technique in qualitative research and it was decided that an interview would be used as a form of gathering data in this study. The interview was of an exploratory nature, capturing information that may not have been expressed in the questionnaire. An advantage of the interview is that the researcher (interviewer) is present and listens intently to pick up key words and ideas. Combinations of verbal and non-verbal cues are used to guide the interview, as follow-ups on emphases are made. The interviewer listens to hear meaning, interpretations and understandings of what is being said. The discussion, therefore, becomes focused,

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as family members are encouraged to elaborate and provide clarification. The interview serves to obtain depth, detail and richness, what Clifford Geertz (in Rubin & Rubin, 1995:8) calls 'thick description'. 'Thick description', rooted in the interviewer's firsthand experience, forms the material that researchers gather up, synthesize and analyze as part of hearing the meaning of data'. While the flexibility of the interview is an obvious advantage, anonymity is removed and the willingness to be spontaneous, honest and frank may be reduced (Tesch, 1990). This disadvantage was addressed by the anonymous nature of the questionnaire.

Questionnaires

It was felt that family dynamics are complex and the power dynamics within may inhibit members from uttering all that they would like to. To overcome this barrier, a questionnaire to be filled in anonymously, was initially administered, to allow each member to freely discuss their experience in their own language, according to their own discomfort in disclosing (Gilgun, Daly & Handel, 1992). The questionnaire followed a semi-structured nature, with each question tapping a specific concept of the approach (see Appendix 1).

Observational Techniques

Clients responses to the team's presence and to the team's understanding of the family's situation, were observed throughout the therapy session. Observations of the family, which enhanced or contradicted original theoretical ideas, were given specific attention. A difficulty with this kind of data gathering method is that the observer watches someone else's behaviour, judges the behaviour, and records this judgment. It is

important to take into account the position of the researcher, who may interact with the material to produce a particular type of sense. Because of the subjectivity of such a method, it was used only as an additional means of gathering information, to enhance the findings of the interview and questionnaire.

The Sample

The sample of families was obtained from the Family Life Centre in Parkwood. As its name suggests, Family Life Centre has a reputation for specialising in dealing with family problems. While the agency is situated in the northern suburbs, it draws a clientele from areas throughout Gauteng. The centre was chosen because it makes use of the reflecting team practice in family therapy. Also, the centre identified a need to understand its clients' experience of the team approach and its efficacy, and hereby to improve the service.

The sample comprised all families requesting family therapy between February and August 2000. The centre sees only between two and three families a week, using the reflecting team. The families receive therapy every two weeks and not on consecutive weeks. Some families terminated therapy telephonically and, therefore, could not contribute to the research. Finally, five families participated in the research.

The families varied in their constitution. The first family was an English speaking family of four, parents and two teenage children, one male and one female. The second family was an Afrikaans speaking single parent family (mother) with two young adults in their early twenties (one male, one female) and a male adolescent. The third family was an

English speaking, single parent family (mother) with two children, a son (9 years old) and a daughter (11 years old). The fourth family was an English speaking family of four. Both parents were present, a daughter (12 years old) and a son (6 years old). The fifth family was an English speaking family of five. Only the parents and the eldest son (12 years old) participated in the study.

Procedure

At the time of the research, Family Life Centre had been utilising a reflecting team approach to family therapy for two years. While the counsellors involved in the team perceived the practice to be beneficial to the families, little was known about the families' experience of the team approach to their therapy. A need was identified to better understand the families' experience; firstly, in order to ascertain whether the approach was as effective as the counsellors professed; secondly, to improve the skills of the counsellors involved in this practice.

At intake, the families were made aware that their therapy would involve the use of a team and that they had an option regarding the level of interaction between the team and the family. Some time was spent in the initial session discussing the team approach with the entire family. The agency has found this necessary as the person phoning for the appointment may neglect to tell other family members about the team. From the outset the family was made aware that the team was behind the one-way mirror and would be listening to the therapy and that the family would have a choice, later on in the session, either to listen to what the team had to say or to excuse the counsellor from the session while she received a message from the team.

At the family's termination session they were informed of the research that was being carried out at Family Life Centre regarding reflecting team practice. It was explained that a qualitative study was being conducted the main aim of which was to improve the service by understanding the family's experience of the therapy. It was further explained that the private contents of the session would remain confidential between the team, counsellor/therapist and the family, and that the questionnaire and interview pertained to the family's perceptions of the process of therapy. They were then given the option of being involved in the research or not, and it was reiterated that it was not compulsory. The families were informed that their feedback would remain anonymous so that they would feel free to offer their honest opinions. As the therapeutic relationship is built on trust and rapport, it was envisioned that the data gathering, within the same therapeutic setting, would allow for honesty and openness to the interview and questionnaire.

The researcher requested family members to spend some time completing a questionnaire as feedback on their experience of the reflecting team in their therapy. Basic instructions were given on how to answer the questionnaire and the researcher was available for clarification of any issues where necessary. Once the questionnaires had been completed, an exploratory interview followed to probe and capture any information of value to the research that they may not have included in their written answers. The interviews were videotaped with the permission of the family.

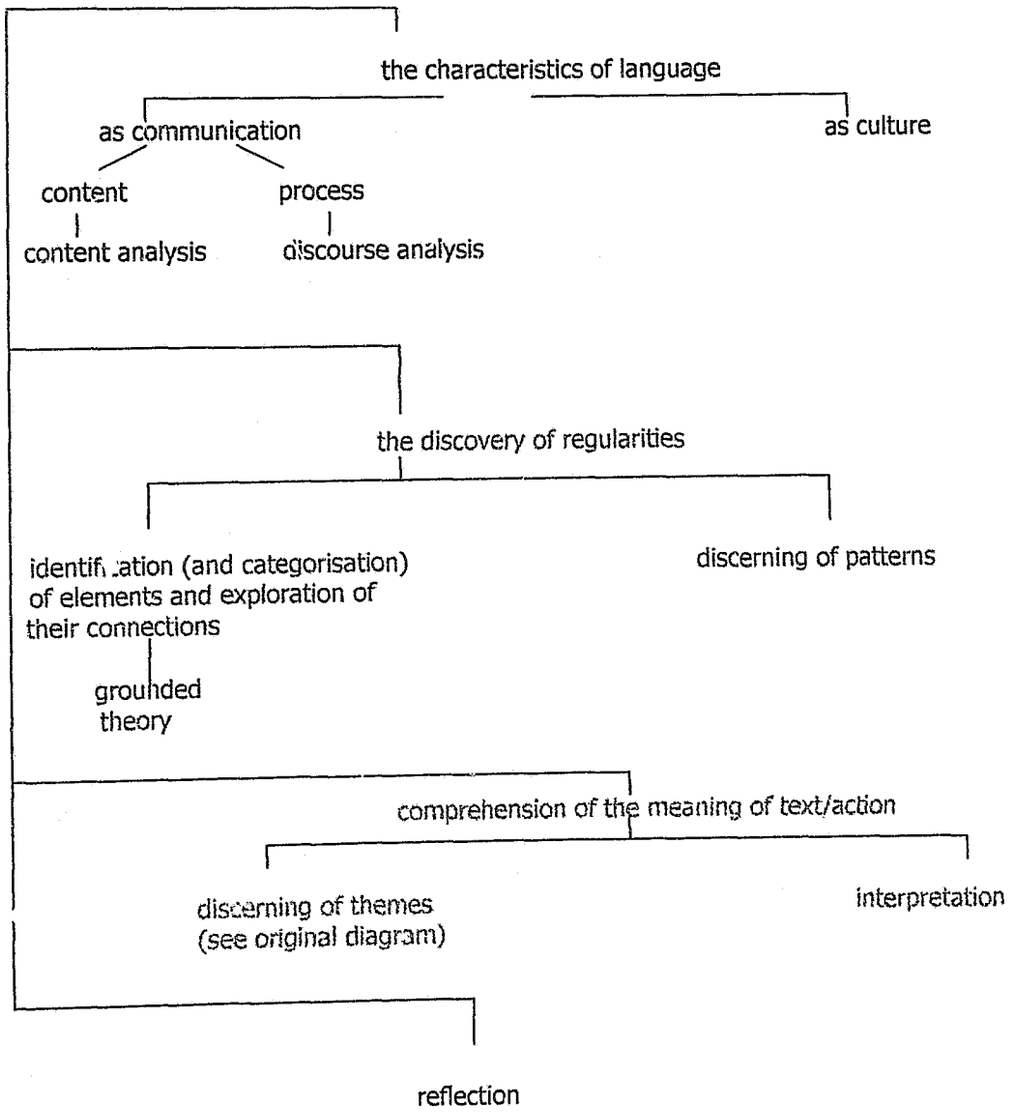
3.3. Data Analysis

Qualitative research does not offer a neatly packaged approach to data analysis. Tesch (1990) offers the structure seen in Fig 1 below to bring order to the various types of data analysis.

Figure 1

Graphic overview of qualitative research (Abbreviated from Tesch, 1990: 72)

The research interest is in ...



When data is analysed in qualitative research it is rare to use only one of the above types of data analysis, rather a combination of two or more is more appropriate (Tesch, 1990). The present study was not interested in the discourse around the data, and was also not interested in building a theory as is appropriate in grounded theory practice, but was interested rather in the content of the data and the discovery of meaning that a word could express. This made content analysis the preferred method of analysis for the study.

Roller, Mathes & Eckart (1995:167) define content analysis as, 'any technique for making inferences by objectively and systematically identifying specified characteristics of messages.'

Palmquist (1993) is more descriptive in his definition and offers the following understanding of content analysis as a research method, '(it) examines words or phrases within a range of texts, including ... interviews and speeches as well as informal conversation and headlines. By examining the presence of repetition of certain words and phrases in these texts, a researcher is able to make inferences about the philosophical assumptions of a writer, a written piece, the audience for which a piece is written and even the culture and time in which the text is embedded. Due to its wide array of applications, content analysis is used by researchers in literature and rhetoric, marketing, psychology and cognitive science, as well as many other fields.'

Content analysis is customarily divided into two types: conceptual and relational analysis (Palmquist, 1993; Kelle, 1995). Relational analysis focuses more on the relationship

between elements of data rather than the elements themselves. For the purpose of this study conceptual analysis was more appropriate than relational analysis as various claims in the form of concepts were being measured, ie specific elements were measured rather than their relation to one another, eg respect, power, ownership of therapy, etc.

Key words and phrase to be targeted are the codes used in the analysis. Coding occurs on two levels: firstly for existence, ie whether the code did occur; secondly, for frequency, ie number of occurrences of the specific code. The method of coding requires a process of attaching certain segments of text to meaningful labels or codes. By re- examining the texts, patterns and themes emerge. To understand the meaning of the text through the discovery of themes and through interpretation, thematic analysis was particularly appropriate as themes emerged in the data that had their own commonalities and uniqueness. These themes helped to crystallize the understanding of the families' experiences.

The videotaped interviews were transcribed verbatim and both these and the questionnaires were analysed using content analysis. The questionnaires and transcribed interviews were carefully examined to determine concepts and categories that corresponded with the data. Excerpts from the questionnaires and transcripts were organised into categories through a process of coding. Strauss and Corbin (1990:61) define open coding as, 'the process of breaking down, examining, comparing, conceptualising and categorising data.' Open coding was used to draw out themes as part of the content analysis, from both the questionnaire and interview.

Each question in the questionnaire targeted a specific aspect of reflecting team practice, and these aspects were used as codes. For example, question one: *What was your reaction to the team talking about your conversation with the counsellor?* – the code ***reaction to the team*** was drawn. Similarly, the following eight codes were drawn from the study:

- Hearing another's perception
- Generation of ideas
- The listening position
- An atmosphere of comfort/discomfort
- Ability to disagree with the team
- Learning from the experience of family therapy
- Benefits of the reflecting team
- Shortcomings and criticisms of the team.

The replies and comments of respondents were inspected. Words and phrases, and their repetitions, were examined and attached to the above codes. Patterns within the codes were explored and produced sub codes, eg respect, support, value of comments, that enabled the researcher to further understand the experience the family had of the reflecting team. Connections between codes, which are called themes, were then explored from both the interview and questionnaire (see Appendix 2).

The classification and coding scheme, identified by the researcher, was then checked by an independent professional who has a background in psychology and qualitative

research. Smaling (1989) stresses the importance of an independent examiner's audit trial of the analysed data to certify validity of the findings. Connections were made between various individual experiences of the practice as well as to literature on the subject. The material was scrutinised in terms of differences, similarities and patterns amongst phenomena.

CHAPTER THREE: RESULTS

The following nine codes or themes were drawn from the data analysis.

- Reaction to the reflecting team
- Hearing someone else's perception
- The generation of ideas
- The listening position
- An atmosphere of comfort/discomfort
- Being able to disagree
- Learning from the experience of family therapy
- The benefit of the reflecting team
- Shortcomings and criticisms of the reflecting team

As discussed in the previous chapter, some codes revealed a range of sub codes, which are shown below. When a comment relates to more than one sub code the sentence appears in the colours of the relevant sub codes (sub codes are colour coded).

The comments are taken directly from the transcribed interviews and questionnaires (separate coded comment lists can be found in Appendix 3)

3.1. Reaction to the team

Positive comments

Subcodes:

Respect, Support } Being able to relate

Value of comments

- There is a presence the presence is valuable
- It is powerful to know that they are there
- Happy my questions were answered
- They were understanding
- I find them really supportive
- It is good to have them there

- Support of more than one therapist is a privilege
- Cushioned us
* Contained us
* Interesting to see how 'outsiders' perceive us
* Seeing things from a different perspective
- Valuable because different people saw different things
- Gave insight into how others see my family
- Appreciate honest feedback
- They almost have a bird's eye view, different to the counsellor
- Interesting to get another slant
- Interesting to hear comments about interactions which we were not aware of
- Some good points
- Good thing to have a range of opinions
- Feedback of more than one therapist is a privilege
- Put a different light on things
- Very insightful
- Yes we felt respected
- Didn't feel disrespected
- Absolutely (respected)
- Felt equal to them
- They were concerned
- Valuable
- Positive (x3)
- Very effective

Negative comments

Subcodes:

Ability to relate
Value of comments
Style of comments

- Patronising
- They aren't real
- We can't connect with them
- Their involvement is superficial
- No respect at all, more patronising
- They have no respect for me
- Don't want them to be so happy the whole time
- Like they are looking down on us
- Like 'shame'
- Feel above them
- Too 'sweet'
- Unreal
- Far removed from our realities
- Far removed from our pains
- Irrelevant for us

- Strange
- Tried to say things without really knowing us
- Fake comments
- Meaningless comments
- Contrived conversation
- Not strong enough opinions about us
- They seemed too cautious
- They talk but they say nothing
- It's like they want to fill the time
- They are trying to protect us
- It's like compliment them, boost their ego's
- I don't trust anything they have to say
- We'd like to hear good and bad

3.2. Hearing another's perception

Positive comments

Sub codes

Range of opinions
Impact of opinions

- Good (x3)
- Revealing
- Interesting
- Informative
- Positive
- Happy my questions were answered
- Absolutely (respected)
- Felt equal to them
- They were concerned
- They were understanding
- I find them really supportive
- Positive
- Good thing to have range of opinions
- Encouraging
- Interesting
- Fascinating
- Supportive
- Put a different light on things
- Quite positive
- Support of more than one therapist is a privilege
- Interesting to get another slant
- Interesting to see how the family is perceived
- Fine
- Some helpful things were said
- Very valuable experience

- Wonderful to get more than one person's input
- Feedback of more than one therapist is a privilege
- They almost have a bird's eye view different to that of the counsellor
- Valuable because different people saw different things
- Gave very different points of view
- Interesting to hear comments about interactions which we were not aware of
- Good to hear objective comments about the family because one is so involved you lose perspective
- Gave insight into how others see my family

Negative comments

Sub codes

Discomfort
Devaluing comments

- Enjoy it as long as I can believe it
- Harder to take seriously when they don't know you yet
- Not valuable as they did not understand us
- It's like they trying to protect us
- Initially awkward
- Different
- Some comments are stupid
- Would possibly have preferred greater level of criticism

3.3. Generation of ideas

Positive comments

- Once they got to know us some valuable suggestions were made
- New ideas for the others – good
- Yes
- They brought ideas about myself to light
- They have a bird's eye view different to that of the counsellor
- Brought ways of handling problems to light
- Particularly when positive ideas were suggested
- When alternatives for new interactive behaviour was suggested
- Good thing to have a range of opinions
- The positive statements were appreciated
- My concerns were validated
- The team helped me handle
- Gave me an idea on what to do
- Give you more input
- See it from a different angle
- Yes
- Put a different light on things

- Yes, but unsure as how to put it
- Some good points
- Some helpful things
- Yes, to spend more time together (3 other qualifications)
- There were several good ideas
- Valuable because different people saw different things

Negative comments

- No (x3)
- Not really

3.4. <u>The listening position</u>

Positive comments

Sub codes

Affirmation/ Empowerment
Encourages Clarity
Description

- Good
- I love it
- Yet good
- Like them gossiping about us while we listen
- Somewhat in a powerful position
- Boosts your ego when someone is talking about you
- Able to distinguish between 'problem' and idea
- Easier to listen and remember certain points
- Rather than a scramble of ideas, problems and solutions in your mind
- Nice to look at them knowing they're discussing our lives
- Able to listen
- Go away feeling a little lighter
- A privilege
- Valuable input
- Supportive
- Good to hear objective comments about the family because one is so involved you lose perspective
- Valuable because different people saw different things

Negative comments

Subcodes Discomfort
Devaluing content/process

- Odd
- Would not work for my family
- It was strange at first listening to them
- A bit funny
- Strange to hear 'strangers' discussing our lives
- A bit odd – like prying
- A bit weird
- I'm not used to listening so much
- Too many things to take in
- Onto the next idea and you haven't digested the first yet
- A bit frustrating, because of volume and family distractions
- I would have liked to have discussed some points
- Felt different

3.5. <u>An atmosphere of comfort/discomfort</u>

- Most comfortable place to talk about feelings
- Absolutely
- Gentle reacting
- Gentle questioning
- Neutral position
- Yes
- Except initially when settling into the feel of the new situation
- Comfortable
- The room was warm
- The counsellors were warm
- Sometimes because you know other people are listening to your problems
- Other times it is like nobody except you and the therapist or family are listening and you feel safe
- Fine
- No problem
- Yes, can relax
- Don't have to worry about anything
- Very soon comfortable
- Improved as family relaxed
- Sometimes slight problems
- Feels a little queer being observed from behind the mirror
- Uncomfortable because you hardly know the people you are going to talk to
- It is different
- Sometimes you feel a bit embarrassed
- Hard sometimes

- At first intimidating
- Very soon comfortable
- Initially it was difficult
- Improved as family relaxed

3.6. Being able to disagree

- Yes
- Explain when people misunderstand me
- Sure
- No threat on our opinions
- Yes
- Yes, if necessary
- We could note later how we felt
- Give corrections on preconceived ideas
- I did not have any situations of conflict
- I did not have any situations of disagreement
- I can say it was wrong
- Yes
- Yes on a level, the team is there to support positives and maintain the status quo
- Yes but I didn't feel a great need for it
- Most of it

3.7. Learning from the experience of family therapy

Positive comments

Sub codes
Awareness
Listening and hearing
Safe space
Comment – no qualification

- Learn about ourselves
- Learn about others
- Certainly
- Too choose words well
- To listen carefully
- Heard things about each other
- Heard things about other's feelings
- Some extent changed our viewpoints toward each other
- Taught the family how to handle the problem better
- I think so
- Useful way to bring out issues that have become too difficult to deal with alone
- Useful way to deal with issues that have become too difficult to deal with alone
- They give you lots of advice

- And how to go about the situation
- A relief to know there are people who care
- They take time to listen
- They give suggestions
- Love one another
- Not to argue
- Very valuable experience
- Wonderful to get more than one person's input
- We are a team
- Yes, range of views was good
- Talk about my feelings in a better way
- Yes, but would have liked more pointers to resolve problem behaviour
- We weren't able to talk as freely as we thought we could
- Yes, can't explain
- Yes, It was a time for the family to talk about issues that lie beneath the surface

Negative comments

- Not really, can't explain

3.8. <u>The benefit of the reflecting team</u>

Positive comments

Sub codes
Support
Variety of opinions
Descriptive

- At times
- The reflecting team are an integral part of the process
- It would be less revealing if there were only one therapist
- It would be less objective if there were only one therapist
- An independent perspective of what goes on
- They helped us when we were stuck
- They sounded quite positive
- We were able to see our problem in a different light
- On some occasions I felt that I must be doing something right
- Give you more input
- See it from a different angle
- Positive comment were
- Very valuable experience
- Wonderful to get more than one person's input
- Yes, range of views was good
- Very much, their views were impartial
- Very interesting
- Excellent concept

- Good to hear objective comments about the family because one is so involved you lose perspective
- Valuable because different people saw different things
- Different people's perceptions
- Objective points of view
- A different understanding of what was going on
- A relief to know there are people who care
- They take time to listen
- They give suggestions
- Appreciate honest feedback
- Interesting to hear comments about interactions we were not aware of
- Good to have them there
- Their presence is valuable
- It is powerful to know they are there
- I find them supportive
- Gave insight into how others see my family
- They were concerned
- They were understanding

3.9. Shortcomings and criticisms

Negative comments

Sub codes Trust
Respect
Comments

- More beneficial to hear it in the therapists voice (see code 1)
- We don't trust them
- I like the concept but think more directness would assist in the correct situation
- No, no comments were (illegible) that they said
- Superficial
- Condescending manner
- Don't see our problems in a serious way
- Very real issues are not addressed
- Don't address what they really feel about the situation
- Too nice
- Tip toe around
- Would possibly have preferred greater level of criticism
- Difficult to hear all the ideas
- Too much to take in
- Onto the next idea and you haven't digested the first idea yet
- Some comments are stupid
- I'm fairly focused so get irritated by deviations
- The comments and feedbacks were open statements of what was going on sometimes it was frustrating that it wasn't more concrete in stating what they felt was happening
- Should be more concrete in giving constructive advice

- Opportunity should exist for more detailed feedback with practical examples to assist in solving issues raised
- Like they're looking down on us - like 'shame'
- We'd like to hear good and bad
- Not strong enough opinions about us
- Patronising
- They aren't real
- Don't want them to be happy the whole time
- Like they're looking down on us
- We can't connect with them
- Too 'sweet'
- Unreal
- Contrived conversation
- Irrelevant for us
- Should be more solution-focused
- They talk about observations and not intervention

CHAPTER FOUR: DISCUSSION

The main aim of this research was to explore the relationship between proponent's claims and the experience of families in the reflecting team approach. Results reported in the previous chapter suggest a divided experience, creating both a negative and positive storyline. As is appropriate in content analysis, storylines derived from the analysis of data will be discussed. Strauss and Corbin (1990: 119) define a storyline as: 'the conceptualisation of a descriptive story about the central phenomenon of the study'.

Proponents of the approach claim that the use of a team, as an audience to the therapeutic process, serves as a powerful medium in authenticating change and generating new possibilities. They believe reflecting team practice creates a forum for reauthoring stories and co-constructing new realities. They claim that the team, and the collaborative nature of the therapy, creates a sense of equity between professionals and clients, thereby reducing power differentials in therapy.

The majority of families that participated in the study experienced the reflecting team positively. The positive storyline seems to confirm all the above claims. There were, however, families that experienced aspects of reflecting team practice negatively, which negated certain of the proponents claims of the practice. The families in the negative storyline experienced the team neither as a powerful medium in authenticating change nor in generating new possibilities. They did not feel the team created a forum for reauthoring stories and did not experience the collaborative nature of the therapy as proponents claim. What appears to have been negative for these families was the manner in which the team offered reflections and the way in which they related in the therapy.

This serves as a focus for Family Life Centre and any other institution using reflecting team practice. However, it may be that the reflecting team is not appropriate for all families. A discussion of the two storylines follows.

4.1. A description of the positive storyline

From the code - **reaction to the team** – two sub codes were clear: being able to relate to the team and the value of the team's comments

Comments made about *being able to relate* to the team, were positive and the team's involvement was perceived as constructive, effective and valuable. Responses stress the value and power of the presence of the team behind the glass. *'There is a presence, the presence is valuable',* and *'it is powerful to know that they are* there'.

On closer examination of the responses, two additional sub codes were evident, they were: respect and support. These two qualities seemed to enable the families to engage with and relate to the team. The respondents, who generated the positive storyline, felt respected and valued by the team – *'Absolutely (respected)',* and *'yes we felt respected'.* They found the team to be understanding, and experienced its concern as supportive. The following statements reflect the support: ' *They cushioned and contained us', 'They are concerned', 'They are understanding', 'I find them really supportive'.* Additionally, having the support of more than one therapist was valued: *'They've all set aside time for us',* and *'Support from more than one therapist is a privilege'.*

The *value of the comments* was ascribed to the variety and range of the team's responses. Affording the family an opportunity to alter perspectives by 'seeing through the eyes of another', was prized. This sentiment was echoed in the following statements: ' *It gave insight into how others see my family', 'getting another slant on the situation', 'becoming aware of interactions that we were not previously aware of',* and *'putting a different light on things'.* Families found the range of opinions, offered by the team, particularly helpful – *'It is valuable because different people saw different things'; 'The feedback of more than one therapist is a privilege'.*

The code – **hearing another's perception** – revealed two sub codes: range of opinions and impact of opinions.

Some of the words used to describe the impact of hearing another's perception were: *interesting, fascinating, revealing, informative, encouraging and supportive.*

The wider range of opinions, from a team of therapists/counsellors, helped to shed light on the situation in a original way - the team offered alternative understandings to the family's experience and made them aware of interactions of which they were not previously aware. It was felt that the objective stance of the team allowed them to witness things that the family could not perceive. *'It's a good thing to have a range of opinions'* and *'Wonderful to get more than one person's perspective'.*

The code – **generation of ideas** – confirmed the efficacy of the team's discussion in creating new perspectives on the family's dilemma. Respondents, trapped in a particular pattern, found the exposure to new patterns of thought liberating. The team's tentative suggestions of alternative behaviour inspired respondents to experiment with thoughts and interventions -*'They brought ideas about myself to light'* and *'They gave me an idea on what to do'.* The ideas enabled some clients to both consider and create *'new ways of handling the problem'.* The objectivity of the team was valued in helping to gain new perspectives on, and to generate new ideas in handling, the situation.

Three sub codes were drawn from the code – **listening position**. They were: description, affirmation and encouragement of clarity.

Some words used to describe the experience were: *great, I love it, good, and a* privilege.

The respondents reflected a sense of empowerment from being in the listening position and what was heard was experienced as affirming. This was illustrated in the following comments: *'It is as if it boosts your ego when someone is talking about you'*, and *'it is nice to look at them knowing they're discussing our lives'.* They confirmed that the experience offered a sense of meaningfulness and hope in situations that had become overwhelming – *'We can go away feeling a little lighter'.*

The positive storyline group of respondents found value in listening to a discussion regarding their situation. The listening position is unique in that it does not necessitate an immediate response to the team's dialogue. The families found it beneficial to be able to listen without having to directly respond to what was said. The listening position provided time to digest the discussion, which in turn allowed them to be more receptive – *'It is easier to listen and remember certain points'* and *'I was able to listen'*. Being in the position seems to have promoted clarity about their situation – *'it is good to hear objective comments about the family because one is so involved you lose perspective'*. Respondents found that they were able, through listening to the team, to separate issues and, as one respondent said, to *'unscramble ideas in my mind'*.

From the code – **an atmosphere of comfort/discomfort** – it is clear that the respondent's discomfort was largely due to the unfamiliarity of the situation and the uncertainty of the process of therapy. Certain respondents conveyed a sense of embarrassment or humiliation about exposing personal issues to a stranger. Their discomfort was confounded by the team watching their conversation. They felt exposed and judged which was threatening and intimidating. However, it appears that once the families were introduced to the team, their level of discomfort decreased considerably.

In the code – **being able to disagree** – respondents verified a sense of equity with the team. They did not feel intimidated by the team's opinions or perceptions. On the contrary, respondents felt able to question and request clarification from the team. They considered the family's discussion time, following the team's dialogue, particularly valuable as it presented the opportunity to clarify misunderstandings – *'I can explain when people misunderstand me'*, *'We could note later how we felt'*, and *'I can give corrections on preconceived ideas'*.

Three sub codes emerged from the code - **learning from the experience of family therapy**. They were: awareness, listening and hearing and a safe space.

The experience encouraged family members to be more attentive to their own experience and to that of others by understanding the dynamics and patterns operating

within the family – *'I heard things about other's feelings'; 'We heard things about each other'; 'We learn about ourselves', We learn about others',* and *'To some extent it changed our viewpoints toward each other'.*

From the responses it appeared that therapy presented a forum to both hear and to be heard effectively. Remarks illustrate a sense of relief in finally being understood. Effective listening, modelled in the process of therapy, initiated constructive behaviour outside the therapy room – *'I've learnt to listen carefully'* and *'I learnt to talk about my feelings in a better way'.*

The third code referred to the creation of the therapeutic safe space. Respondents reflected on the ability of therapy to hold previously inexpressible concerns. It seems that therapy rendered emotions acceptable and non-threatening. They were able to freely convey and evoke formerly restricted emotions–*'It is a place to deal with issues that become too difficult to deal with alone'* and *'things that lay beneath the surface'.* Comments confirmed that client disclosure was facilitated by the warmth and non-judgemental attitude of the team and therapist – *'You don't have to worry about anything'*; *'They're listening and you feel safe'.*

Two sub codes were apparent in the code - **benefit of the reflecting team.** They were: support and variety of opinions.

Comments confirmed the respondents' experience of the team as supportive. They acknowledged that the team's presence in the process encouraged a sense of their own significance and value. The non-judgmental and respectful attitude of the therapist and team promoted a sense of support and safety, particularly in divulging emotions. The notion of support was illustrated in the description of the team as *'concerned'* and *'understanding'.*

Respondents confirm that a team of therapists was more effective than the traditional single therapist counselling/therapy. They found that having a team encouraged diverse understandings and opinions. There was, furthermore, an impression that therapy

became additionally revealing with a reflecting team. The role of the team was, therefore, considered integral to the effectiveness of the process.

4.1.1. A discussion of the positive storyline

Many, if not all, families seeking therapy are unfamiliar with the process and expectations of therapy. Taking additional time at the start of the opening session to clarify the process of therapy, particularly the procedure using the reflecting team, may allay client's fears and facilitate engagement.

Initially, the unfamiliarity of the process of therapy created unease for families participating in this study. Knowing that there was a team behind the one-way mirror, created an added element of exposure and vulnerability. However, families conveyed that once the team was personally introduced to them, they were able to relate to it and viewed its input as an essential part of the therapy. As the process of therapy became more familiar, client involvement and participation improved. The families' assessment of therapy as helpful was dependent on their positive experience of and comfort in the process. Their comfort appeared to coincide with the development of an alliance between the team and counsellor/therapist.

Luborsky (in Horvath, 1976) comments on the client being able to form an alliance with the therapist only once he/she experiences the counsellor/therapist as supportive and helpful. While Luborsky is referring primarily to individual therapy, forming an alliance in family therapy is comparable and it is evident, from the study, that families responded similarly regarding the team. Once the team was experienced as respectful and supportive, the alliance was secured. Andersen (1990) stresses the importance of a respectful participatory stance by the team in therapy. It appears that the tentative offering of observations and insights by the team assured an atmosphere of respectfulness in the therapy.

Respondents in the positive storyline valued the collaborative nature of therapy. Families experienced the diversity of opinions of particular value as it enabled them to review

their situation. The team's insights and diverse perspective facilitated the formation of varied understandings of the family's experience. As claimed by proponents of reflecting team practice, the exposure to alternative meanings was enriching and attributed to the families' positive experience of the team. White (1989) describes this experience of the family as 'opening a door to the creation of a new story'. His opinion is echoed by Anderson & Goolishian's (1983) description of the function of the team as a springboard for new ideas and opinions. Similarly, in this study, 'unstoried' views become entry points into new meanings and alternatives. The respondents highlighted the team's role in enabling them to see things of which they had lost sight, and making them aware of interactions of which they had not previously been aware. Clearly, the team embraced the therapeutic conversation and created, what Chenail (in Friedman 1995:185) refers to as the 'range of voices available to the client'.

Respondents described being trapped in a particular pattern of thought and felt powerless to shift from the position. Exposure to the team's comments encouraged an awareness of new realities that seemed to have a liberating effect.

The social constructionist view, which influenced the conception of reflecting team practice, confirms the experience of changing reality by altering language. It seems that having an availability of opinions freed the family to consider alternatives and to move from the position of one right and one wrong alternative. They, therefore, began to embrace the understanding of 'both... and'; instead of 'either ... or'. This understanding supports the postmodern philosophy underpinning reflecting team practice, that accepts various truths and thoughts as reality and disregards the modernist acceptance of one universal truth. The families began to accept various perspectives as valid truths on their situation, as opposed to one single truth about their dilemma. Therapy seems to have encouraged respect and awareness among family members. The process encouraged the validation and acceptance of each individual reality, which appeared to affirm respondents.

The uniqueness of Andersen's approach lies in the dual position of the client in therapy - 'seeing and hearing and being seen and heard'. Andersen argues that the listening

position provides time to reflect on diverse perspectives offered by the team. Respondents confirmed that in the listening position, they were able to mull over or ponder what was heard. Not having to immediately respond to the team's dialogue promoted a greater openness to the team's understandings. The listening position was helpful in gaining insight into and clarity about their situation.

Respondents noted that the value of the listening position could be ascribed to hearing objective opinions about a subjective experience. As proponents claim, the family is occupied with the identical issue at two levels: subjectively, in 'outer' dialogue in the therapy room; and objectively in 'inner' dialogue in the listening position. A respondent commented on the peculiarity of the position of listening to others gossip about personal issues. This is of particular interest as Cecchin coined the phrase 'gossiping in the presence of another' in reference to the experience in the listening position. The distance and change of perspective enabled family members to momentarily free themselves from their perspective and embrace other possibilities, with the intention of creating a new family narrative (White, 1989).

Andersen claims that the collaborative nature of reflecting team practice dramatically reduces power differentials in therapy. Families believed their opinions were not threatened by the team and felt able to disagree with them. As Andersen argues, being able to disagree is a consequence of the demystification of professional power and verifies the decline of the therapist as the 'all knowing' powerful expert. Families felt confident to address misunderstandings and ask for clarity on issues from the team, which highlights the collaborative nature of reflecting team practice. By considering clients' perspectives equally valid, through collaboration and participation, equity is encouraged in therapy. In families with a positive storyline, Andersen's distinction of therapy as a heterarchy, rather than a hierarchy seems to be an experienced reality.

Thus, the experienced benefit of reflecting team practice was related to two features: the support offered by the team and the diversity of comments obtained from the team. Its presence and availability seemed to validate and affirm the families. The power of the team lay not only in their presence but also in their comments. Reflecting team

practice was considered more revealing and more valuable than single therapist counselling/therapy mainly due to the accessibility of diverse opinions and understandings offered by the team.

4.2. A description of the negative storyline

Two families experienced certain aspects of the reflecting team negatively, which negated certain claims and created a negative storyline, discussed below. Nonetheless, respondents asserted that they would not have preferred therapy without the team, although they would have chosen changes in the process and manner of the reflections.

From the code – **reaction to the team** – the following three codes emerged: being able to relate to the team, value of comments and style of comments.

Comments in the sub code being *able to relate* to the team focused on the difficulty of connecting with the team. Respondents considered the team to be *'far removed'* from their experiences and pains. To these respondents the team presented as *'unreal'* and *'superficial'*. Among respondents in the negative storyline there was a sense of being disrespected and patronised by the team. It appears that the perceived patronising attitude of the team obstructed the creation of a trusting relationship.

It is understandable that it would be difficult, if not impossible, to *value comments* made by a group of people with whom one feels unable to connect. The remarks in this sub code demonstrated the respondent's disillusionment with the team's comments. Remarks used to describe the team's comments were: *'fake'* and *'contrived'*. It appears that it was not only the style but also the content of the comments that was not valued. It seems that these families would have preferred a feedback that was more solution-focused as opposed to the observation-focused feedback they received.

Respondents criticised the team's *style of comments.* It was felt that the remarks were excessively cautious and that opinions were not strong enough. Respondents argued that both negative and positive aspects of the family should receive focus. They felt that

the team's discussion was artificial as a result of its focus on the positive. This was indicated in the following comments: ' *It is like they are trying to protect us'*, '*they're too nice, too sweet'* and *'Not real'*. The code – **hearing someone else's perception** – revealed equivalent sentiments.

The code – **the listening position** -- revealed two sub codes. They were: discomfort and devaluing comments/process.

Some of the words used to described being in the listening position were: *a bit weird, odd, strange*, and *it felt different*. Respondents in the negative storyline seemed to experience the team's discussion with a certain level of discomfort. The peculiarity of the situation was ascribed to hearing outsiders discuss their lives.

Certain respondents *devalued the team's comments* due to their lack of confidence in its judgement. Others found it difficult to listen for extended periods – *'they're onto the next idea and you haven't digested the first'*. While other respondents became frustrated with the team for omitting significant issues.

From the code – **criticisms and shortcomings**, three prominent sub codes emerged: trust, respect and comments.

The respondents were not able to bond with the team and struggled to experience it as authentic. This resulted in their not being able to trust what the team proposed. A remark requesting a message from the team but through the therapist's voice validates this observation – *'it would be more beneficial to hear it in the therapist's voice'*. Clearly, this family was able to connect with and trust their therapist and therefore valued what she said, albeit the team's message through her voice.

The sub code *respect* incorporated respect for the team and perceived respect from the team. The perceived lack of authenticity and condescending manner of the team resulted in respondents not respecting it. In addition, respondents felt disrespected by the team by the perception of it not considering their difficulties seriously.

What emerged from the remarks in the sub code *comments* was a pervasive sense of the team being '*too nice*'. It was felt that its focus on positives was not a true reflection of the situation and that both positive and negative interactions and observations should have received focus. There was a request for '*stronger opinions*' and more '*criticism*' and a desire to hear what the team actually thought about the family. These respondents felt that the team had not been sufficiently revealing in its feedback.

Many of the criticisms reflected that families would have preferred a more solution-oriented feedback rather than the observation–oriented feedback of the team. Respondents felt frustrated when listening to observations and tentative comments when more concrete advice and practical examples of how to solve the family's problem were wanted.

The data analysis did not reveal a divided experience in the codes – **atmosphere of discomfort/comfort** and – **being able to disagree**. It appears that the families in the negative storyline were able to disagree with the team. Likewise, negative and positive comments could not be drawn from the code - **discomfort/comfort** and similar sentiments were revealed.

4.2.1. A discussion of the negative storyline

What was evident from the results was the difficulty of the family in relating to the team. The respondents found it particularly difficult to engage with the team. They experienced it as patronising and clearly did not feel the respect, which is a cornerstone of this and other therapies. The disrespect can be attributed to the perceived condescending manner of the team.

Additionally, the families felt that the team created an illusory image of their reality by placing emphasis on the positive aspects of their situation. This created a sense of a lack of authenticity. Rogers (1959) refers to the concept of *genuineness* in therapy as a correspondence between the thoughts and the behaviour of the therapist. It appears that respondents disputed the genuineness of the team. They reflected that its manner

was condescending and its messages contrived. This resulted in the respondents neither depending on the team to offer new perceptions nor to validate their position as a family. The role and use of the team became vague for these respondents.

One of the functions of the reflecting team is to offer a variety of meanings and understandings so as to encourage the creation of a new family narrative. However, these respondents found many of the comments meaningless and empty. They did not experience the challenge of opinions and the curiosity about issues in the way that the families in the positive storyline did.

Luborsky (1997: 94) places a condition on a therapeutic alliance as 'A therapeutic alliance based on the patient's experiencing the therapist as supportive and helpful with himself as the recipient'. Respondents in the negative storyline found it difficult to engage with the team and experienced it as unsupportive and unhelpful. Beutler and Clarkin (1991) view the engagement of the client as a critical foundation of therapy, as it sets the basis for further work with the client. Clearly, this holds true for reflecting team practice in family therapy. Being unable to engage with the team sets an unsteady basis on which to work in future therapy with the team.

A further point of criticism was the lack of solution-focused insights from the team. Respondents referred to the team's comments as 'observations' and did not see them as 'interventions', which would have been preferable to them. Friedman (1995: 185) views the reflecting team's function as both incorporating multiple perspectives and ideas about the client's dilemma; and focusing these ideas into a 'workable action plan'. Evidently, the families felt that the latter role of the team was negated in its reflections. These families were searching for an action plan for their lives, an alternative, something they could grasp as a new understanding or solution to their dilemma, which is in line with the aims of reflecting team practice. However, it is clear that they were disillusioned with the team.

A specific aim of this research was to provide guidelines to improve and develop the reflecting team approach at Family Life Centre. The study, particularly the negative

storyline, highlighted a number of areas that could receive focus in reflecting team training and practice at Family Life Centre.

Firstly, perhaps additional education about the role of the reflecting team and family would augment the therapeutic process. As reflecting team practice is a collaborative therapy, families could possibly state their expectations of the team in order to ensure therapeutic fulfilment. While Andersen argues to diminish the power of professional opinion, families appear to demand it from therapy. The families' stance seems to call this debate into question.

Secondly, the style of feedback could receive focus. In order to ensure engagement and a beneficial therapeutic alliance, it is crucial that the feedback communicates respect and support for the family.

Thirdly, as Friedman argues (1995: 185) the function of the team is not only to offer multiple perspectives but also to 'focus the ideas into a workable action plan'. The emphasis in the feedback of the Family Life reflecting team was possibly more perspective oriented, which was perhaps a shortcoming.

While the research provided an understanding of families experiences of reflecting team practice, an explanation for the mixed result is not clear. The divided experience could possibly be ascribed to individual partiality. Not everyone benefits from the same approach to therapy. While reflecting team practice may advance therapy for some it may not for others. Perhaps families, and even particular family problems, need to be assessed and treated differently. Further research might attempt to assess which families may possibly benefit most from the approach.

4.3. LIMITATIONS OF THE STUDY

1. A larger sample would have possibly presented greater diversity of experiences and perceptions, which would have enhanced the research.

2. Observation over a longer period of time would have been more revealing.

3. Previous exposure to therapy was not documented. This was an error of the study, it would have effected family's knowledge and expectations of therapy. Additionally, these respondents would have been able to compare single therapist family or individual therapy to team therapy.

4. The limited time spent with the families may have limited their trust and openness to the researcher, particularly as she was not their therapist.

5. The researcher conducting the interviews was not trained in interviewing, which may have effected the data collection.

6. Questions that focused on power in, and the collaborative nature of the therapy, could have received focus to ensure more detailed results in these areas.

7. Conversely, the validity and reliability of the study could have improved had questions not been semi-structured. Semi-structured questions act as hypothesis testing tools because they lead the respondents so closely. A broader, more vague series of questions would have given subjects more freedom to their responses and would have enhanced the findings. For example, "Tell me about your experience of the therapy".

8. The research would have benefited from using computer-aided qualitative data analysis, which is thought to enhance both the rigour and validity of the study (Kelle, 1995).

4.4. APPLICATION OF THE STUDY

Findings of this study could be used to facilitate training and supervision in reflecting team practice at Family Life Centre and any other institution using reflecting team practice. Perhaps the manner of feedback and the way in which the team relate to the family could receive specific focus. The findings could contribute to institutions using this practice and to Family Life Centre's understanding of their clients experience in reflecting team practice, in order to improve the service offered to their clients.

SUMMARY

The literature review exposed the shift in family therapy in the 1990's with specific focus on Tom Andersen's reflecting team approach (1991). His approach emphasises the active and collaborative involvement of the family in their therapy.

The literature review explored the approach and stated the claims made by proponents of reflecting team practice as follows: Proponents of the approach claim that the use of a team, as an audience to the therapeutic process, serves as a powerful medium in authenticating change and generating new possibilities. They believe reflecting team practice creates a forum for reauthoring stories and co-constructing new realities. They claim that the team, and the collaborative nature of the therapy, creates a sense of equity between professionals and clients, thereby reducing power differentials in therapy. Additionally, they maintain that the reflecting process dramatically reduces the length of therapy by effectively opening the family system to change.

This research investigated the claims made by proponents of reflecting team practice in family therapy. The study explored the relationship between these claims and the actual experience of families involved in reflecting team practice. Five families were involved in a qualitative study using the interpretive paradigm.

It was found that overall, families experienced reflecting team practice positively. However, results generated a positive and negative storyline. The positive storyline confirmed proponent's claims, while the negative storyline revealed a negative experience of aspects of the team, which negated certain of the claims. The criticisms found in the negative storyline refer to the manner of reflection and the way in which the team related to the families, rather than criticism of the reflecting team practice as such.

This suggests that institutions using reflecting team practice need to pay particular attention to the manner and pr[illegible]f the team's reflections. However, the results of

this study may also suggest that reflecting team practice is perhaps more appropriate for some families, or for some family problems, than others.

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Questionnaire

This questionnaire serves as feedback on how you experienced the reflecting team practice in therapy. Please answer the following questions honestly and openly.

Number of sessions: ------

REFLECTING TEAM PRACTICE IN FAMILY THERAPY – QUESTIONNAIRE

1. What was your reaction to the team talking about your conversation with the counsellor?

---

2. What was it like to hear someone's perception of you or your family?

---

3. Did the reflecting team generate any new ideas for you? Explain

---

---

4. What did it feel like to be in the listening position?

---

5. Would you describe the atmosphere as comfortable for you to talk? Explain

_____
_____
_____
_____
_____

6. Did you feel you were able to disagree with the team? Explain

_____
_____
_____
_____
_____

7. Did you learn something from the experience of Family therapy? Explain

_____
_____
_____
_____
_____

8. Did you find any benefit in the use of the reflecting team? Explain

_____
_____
_____
_____
_____

9. Any additional comments

_____
_____
_____

Thank you for your time!

An Example of the Process of Data Analysis

The nine codes of the study were drawn from the topic of each question in the questionnaire. Comments from interviews were analysed and grouped in terms of the nine codes. After the comments in questionnaires and interviews were coded, themes in each code were examined. The examination of comments revealed the negative and positive story line. Comments were separated into the two storylines and were further scrutinized. Sub codes in each code were drawn in order to improve the understanding of the material.

A portion of one respondent's questionnaire and a section of the interview are used as a sample to elucidate the process of content analysis used in the study.

The codes of the three questions below are in bold print. The sub codes occurring in these extracts are:

1. Reaction to the team: Ability to relate Style of comments Support
2. Another's perception: Devaluing comments
3. Criticisms and shortcomings (crit)

While each question targeted a specific code, responses were often valid for more than one codes and therefore sub code, thus the shared colours of sentences.

An extract from the questionnaire

1. What was your reaction to the team talking about your conversation with the counsellor?
   Patronising!
2. What was it like to hear someone's perception of you or your family?
   Not too valuable since they did not quite understand us (crit). The comments seemed too superficial (crit).
3. Did the reflecting team generate any new ideas for you? Explain
   What they said was too superficial for me (crit), but maybe they didn't know us too

well yet.

A portion of the exploratory interview

Interviewer: Would you prefer then not to have the team behind the mirror?
L: There is a presence, the presence is valuable.

Interviewer: How do you understand that?
E: I don't know, but it makes it more powerful. It's something.
L: We just want to know that they are there.

Interviewer: But you don't want to hear their comments?
L: We don't want to hear them, it's like they want to fill the time. They talk and talk but say nothing (crit).
E: A message is more beneficial (crit).
L: It's like they're trying to protect us, but it becomes patronising (crit). They aren't real (crit)
R: It's like compliment them, boost their egos.
S: We can't connect with them (crit).

Comment list

Family 1

Reaction to team

- Tried to say things without really knowing us
- Fake comments
- Meaningless comments
- Contrived conversation
- Not strong enough opinions about us
- They seemed too cautious
- Patronising
- They talk but they say nothing
- It's like they want to fill the time
- They are trying to protect us
- They aren't real
- It's like compliment them, boost their ego's
- We can't connect with them
- Their involvement is superficial
- No respect at all, more patronising
- They have no respect for me
- Don't want them to be so happy the whole time
- Like they are looking down on us
- Like 'shame'
- Feel above them
- There is a presence the presence is valuable
- It is powerful to know that they are there
- We can't connect with them
- I don't trust anything they have to say
- Too 'sweet'
- Unreal
- Far removed from our realities
- Far removed from our pains
- Irrelevant for us

What is it like to hear someone else's perception?

- Enjoy it as long as I can believe it
- Good
- Harder to take seriously when they don't know you yet
- Not valuable as they did not understand us
- It's like they trying to protect us

Generation of ideas

- Once they got to know us some valuable suggestions were made

- Some
- New ideas for the others – good

What was it like in the listening position?

- Good
- I love it
- Odd
- Yet good
- Would not work for my family

Comfortable atmosphere

- Yes, very – from the therapists side
- Sometimes slight problems
- Most comfortable place to talk about feelings
- Absolutely
- Gentle reacting
- Gentle questioning
- Neutral position

Ability to disagree

- Yes
- Explain when people misunderstand me
- Sure
- No threat on our opinions

Learn anything from experience of family therapy

- Learn about ourselves
- Learn about others
- Certainly
- Too choose words well
- To listen carefully
- Heard things about each other
- Heard things about other's feelings
- Some extent changed our viewpoints toward each other

Benefit of reflecting team

- Yes somewhat
- At times

Shortcomings and criticisms

- More beneficial to hear it in the therapists voice (see code 1)
- We don't trust them

- Superficial
- Condescending manner
- Like they're looking down on us - like 'shame'
- Don't see our problems in a serious way

Comment List

Family 2

Reaction to team

- Very affective
- Interesting to see how 'outsiders' perceive us
- Seeing things from a different perspective
- Didn't see them as a team rather as individual with their own contributing insights

What is it like to hear someone else's perception

- Revealing
- Good
- Gave very different points of view
- Interesting
- Informative

Generation of ideas

- Yes
- Compensate for what was said
- They brought ideas about myself to light
- Brought ways of handling problems to light
- Particularly when positive ideas were suggested
- When alternatives for new interactive behaviour was suggested

What was it like in the listening position

- Somewhat in a powerful position
- Boosts your ego when someone is talking about you
- Able to distinguish between 'problem' and idea
- Easier to listen and remember certain points
- Rather than a scramble of ideas, problems and solutions in your mind

Atmosphere

- Yes
- Except initially when settling into the feel of the new situation
- Feels a little queer being observed from behind the mirror
- In the beginning you are aware of the mirror, later forget it's there

Ability to disagree

- Yes
- Yes, if necessary
- We could note later how we felt
- Give corrections on preconceived ideas

Learn anything from experience of family therapy

- Taught the family how to handle the problem better
- I think so
- Useful way to bring out issues that have become too difficult to deal with alone
- Useful way to deal with issues that have become too difficult to deal with alone

Benefit of reflecting team

- The reflecting team are an integral part of the process
- It would be less revealing if there were only one therapist
- It would be less objective if there were only one therapist
- An independent perspective of what goes on

Shortcomings and criticisms

- Would prefer it if all the therapists were in the room

Comment List

Family 3

Reaction to team

- Positive
- Gave insight into how others see my family
- Happy my questions were answered
- It was O.K.
- Absolutely (respected)
- Felt equal to them
- They were concerned
- They were understanding
- I find them really supportive
- Initially awkward

What is it like to hear someone else's perception

- It made me think
- Different as not always do you hear somebody talk about your family
- Made me realise that as a threesome we are not doing so badly
- They almost have a birds eye view different to that of us and our counsellor
- They may see something different to us in here
- Give you more input
- See it from different angles

Generation of ideas

- The positive statements were appreciated
- My concerns were validated
- No
- The team helped me handle
- Gave me an idea on what to do
- Give you more input
- See it from a different angle

What was it like in the listening position?

- It was strange at first listening to them
- A bit funny
- Strange to hear 'strangers' discussing our lives
- Interesting at the same time
- Nice to look at them knowing they're discussing our lives
- Able to listen

- Go away feeling a little lighter

Comfortable atmosphere?

- Comfortable
- The room was warm
- The counsellors were warm
- Uncomfortable because you hardly know the people you are going to talk to
- It is different

Ability to disagree

- I did not have any situations of conflict
- I did not have any situations of disagreement
- I can say it was wrong

Learn anything from experience of family therapy

- They give you lots of advice
- And how to go about the situation
- A relief to know there are people who care
- They take time to listen
- They give suggestions
- Love one another
- Not to argue

Benefit of reflecting team

- They helped us when we were stuck
- They sounded quite positive
- We were able to see our problem in a different light
- On some occasions I felt that I must be doing something right
- Give you more input
- See it from a different angle
- Positive comment were

Shortcomings and criticisms

Comment List

Family 4

Reaction to team

- Positive
- Good thing to have a range of opinions
- Happy
- Strange
- Very insightful
- Valuable
- Feedback of more than one therapist is a privilege
- Support of more than one therapist is a privilege
- The team is there to maintain the status quo
- The team is there to support positives
- Excellent concept
- Put a different light on things
- Cushioned us
- Contained us

What is it like to hear someone else's perception?

- Positive
- Good thing to have range of opinions
- Encouraging
- Interesting
- Fascinating
- Supportive
- Quite positive
- Feedback of more than one therapist is a privilege
- Support of more than one therapist is a privilege
- Very valuable experience
- Wonderful to get more than one person's input
- Put a different light on things
- Cushioned us
- Contained us

Generation of ideas

- Yes
- Put a different light on things
- Cushioned us
- Contained us
- Able to see family dynamic more closely
- Yes, but unsure as how to put it

What was it like in the listening position?

- A bit odd – like prying
- A privilege
- Valuable input
- Supportive
- A bit weird
- I'm not used to listening so much
- Fun

Comfortable atmosphere?

- Yes
- Sometimes because you know other people are listening to your problems
- Sometimes you feel a bit embarrassed
- Other times it is like nobody except you and the therapist or family are listening and you feel safe
- Fine
- No problem

Ability to disagree

- Yes
- Yes on a level, the team is there to support positives and maintain the status quo

Learn anything from experience of family therapy

- Very valuable experience
- Wonderful to get more than one person's input
- We are a team
- Yes, range of views was good
- Talk about my feelings in a better way

Benefit of reflecting team

- Very valuable experience
- Wonderful to get more than one person's input
- Yes, range of views was good
- Very much, their views were impartial
- Very interesting
- Excellent concept

Shortcomings and criticisms

- Very real issues are not addressed
- Don't address what they really feel about the situation

Comment List

Family 5

Reaction to team

- A bit surprised at some of the comments
- No problem with their discussion
- Appreciate honest feedback
- Interesting to get another slant
- Interesting to hear comments about interactions which we were not aware of
- Some good points
- It is good to have them there, but they tiptoe around us
- They just say observations
- Should be more solution-focused
- They should say good and bad not just good
- Talk about observations and not interventions
- Want the to be more solution focused rather
- Need more intervention
- Too nice
- Would possibly have preferred greater level of criticism
- Valuable because different people saw different things
- Yes we felt respected
- We'd like to hear good and bad
- Didn't feel disrespected

What is it like to hear someone else's perception?

- Interesting to hear comments about interactions which we were not aware of
- Interesting to get another slant
- Different
- Some comments are stupid
- Interesting to see how the family is perceived
- Would possibly have preferred greater level of criticism
- Good to hear objective comments about the family because one is so involved you lose perspective
- Fine
- Valuable because different people saw different things
- Some helpful things were said

Generation of ideas

- Some good points
- Some helpful things
- Yes, to spend more time together (3 other qualifications)
- Not really
- There were several good ideas
- Valuable because different people saw different things

What was it like in the listening position?

- Too many things to take in
- Onto the next idea and you haven't digested the first yet
- Good to hear objective comments about the family because one is so involved you lose perspective
- I'm a good listener
- A bit frustrating, because of volume and family distractions
- I would have liked to have discussed some points
- Valuable because different people saw different things
- Strange
- Looked different
- Felt different
- Spot mistakes others do

Comfortable atmosphere?

- Yes, can relax
- Don't have to worry about anything
- Hard sometimes
- At first intimidating
- Very soon comfortable
- Initially it was difficult
- Improved as family relaxed

Ability to disagree

- Yes but I didn't feel a great need for it
- Most of it

Learn anything from experience of family therapy

- Yes , but would have liked more pointers to resolve problem behaviour
- We weren't able to talk as freely as we thought we could
- Not really
- Yes, can't explain
- Yes, It was a time for the family to talk about issues that lie beneath the surface

Benefit of reflecting team

- Good to hear objective comments about the family because one is so involved you lose perspective

- Valuable because different people saw different things
- I like the concept but think more directness would assist in the correct situation
- No, no comments were (illegible) that they said
- Different people's perceptions
- Objective points of view
- A different understanding of what was going on

Shortcomings and criticisms

- Too nice
- Tip toe around
- Would possibly have preferred greater level of criticism
- Difficult to hear all the ideas
- Too much to take in
- Onto the next idea and you haven't digested the first idea yet
- Some comments are stupid
- I'm fairly focused so get irritated by deviations
- The comments and feedbacks were open statements of what was going on sometimes it was frustrating that it wasn't more concrete in stating what they felt was happening
- Should be more concrete in giving constructive advice
- Opportunity should exist for more detailed feedback with practical examples to assist in solving issues raised

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