THE REFLECTING TEAM

Dialogues and Dialogues about the Dialogues

Tom Andersen

with contributions by
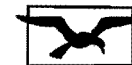Arlene M. Katz,
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Foreword by
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FOREWORD

One could call this a book but one could also call it the description of a new flying machine. When I first heard from the book's primary author, Tom Andersen, about the Tromsø team's idea of the reflecting team I was enchanted by its simplicity and stunned by its radical implications. I was once the interviewer in a family where a very angry and drunken father threatened to come back with a pocket full of stones to throw through the one-way screen. It never occurred to me to ask him and his family to change places with the team. But that is exactly what a reflecting team allows people to do.

In this sense, the invitation to change places is a statement that dramatically alters a family's position in relation to the professionals they have come to see. I sometimes talk about ways to "put the client on the Board of Directors." One family outreach worker I know invited representatives from a mothers group, whose families had all been troubled by problems of alcoholism or violence, to attend the annual banquet of the Board of Directors of her agency. They were asked to critique the services that they had received by recommendation of the court. They did so with great dignity, despite severe stage fright beforehand. These mothers, many of whom had been sexually abused, and some of whose children had been abused, have now been given a small grant by the agency to put together a handbook of child sexual abuse for other families like theirs.

The reflecting team is a similar concept. Families not only

experience it as empowering but also seem fascinated by the process of eavesdropping on conversations among professionals about themselves. Of course there are rules among the professionals about using positive descriptions and avoiding competitive or criticizing terms. Their comments generally offer new options and descriptions rather than ideas about what is wrong. It is paramount that people do not feel singled out for criticism or blame.

Those of us who began to experiment with this idea found more and more uses for it. I have begun to use a reflecting conversation in my teaching classes, asking small groups of five to discuss some topic or some case, in fishbowl fashion, with the rest of the group listening in. Then the larger group comments back about what they heard. The smaller group is asked to comment on the reflections in turn, or else we can turn back to what I call now a "free-for-all."

Some of my students became upset. They said, "This seems too artificial. What about open and honest communication?" I explained that if you don't set up rules against rivalry and negative connotation, people tend to compete against one another. The talkers in the group, whom I call the "Lions," begin to take all the space, and the "Lambs" get more and more silent. In fact, without interference, most classrooms will become divided into two species, which will soon begin to experience themselves as "smart" versus "dumb."

I further explained that the idea of "open and honest communication" is also an artificial structure, born of humanist psychology in recent decades. In many countries of the world — Korea, Vietnam, Puerto Rico — this type of communication is considered extremely disrespectful, especially in hierarchical relationships.

A similar factor that I stumbled on by accident was the shyness or feeling of being pressured that can be produced by direct gaze. I had asked a young woman therapist to present a case in front of a workshop group and I divided the participants into reflecting teams. I had asked them to talk to each other and not to direct observations to me or the therapist on the platform. Some forgot and began talking to us directly. Then I too forgot. At the end, unable to resist a "final com-

ment," I turned to the therapist and made what I thought was a profound and interesting summary of her predicament. Then I sat back and waited for her to reflect back on what she had heard.

To my surprise, she looked very distressed and confused. She put her hands to her head and said, without looking at me, "I couldn't hear you, I couldn't hear you. When people talked to each other, I could hear, but not when they looked directly at me." She seemed very upset by her reaction, and needless to say, I was also upset. But that was a moment I never forgot. I began to see that the protected communication offered by the use of a reflecting team was extremely useful in giving people the freedom to accept or reject a thought or an idea, or even the freedom to hear it.

Let me offer one more illustration of the versatility of this concept. In a family outreach team I now consult with (People's Bridge Action, in Athol, Massachusetts), we have adapted a reflecting conversation to create what we call a "narrative model" for supervision. Instead of the usual problem-solving method in which everybody fires off suggestions to the person presenting a case, people go round the room in turn, offering associations from plays, movies, stories, their own lives or other cases. During this improvisatory process, each person has his or her own space bubble and may take as much time as he or she wants. Interruptions and cross talk are not allowed, and the original presenter speaks last as well as first. Then, if we want, we can go into the old style free-for-all. But often, the group wants to have another round of reflections, which then build upon each other in an unfolding and layering way, as whipped egg whites are folded into cake batter (apologies to those readers who have never made a cake from scratch). A capacity for metaphor, poetry and wit emerges, and the group is often surprised by the range of its own imagination. And a useful new idea for working with the case often emerges, although it is never clear how this comes about.

Perhaps the equalization between consultant and client is what most appeals to me about the reflecting team format. Even if people are asked to comment on the reflections but don't or simply make a few polite statements, an implicit re-

spect for their expertise has been shown. In addition, the professionals expose themselves to the family in quite a new way. I'll never forget a time when I interviewed a therapist about a family in front of the extremely forward-thinking social work staff of a for-profit psychiatric hospital. The social workers were "allowed" to do family therapy but they had little say in the treatment plan for the patient. Here the psychiatrist was King (or Queen, as the case might be) and made all the clinical decisions.

In the case that was presented to me, the therapist described a ten-year-old girl who had become upset during some incident at home and had run off down the street crying. Her mother, acting like a good mother, had become alarmed and had taken her to see a psychiatrist. This doctor, because she was about to go on pregnancy leave, wanted to play it safe and recommended hospitalization. Once the girl was in a hospital, another psychiatrist interviewed her and gave her a diagnosis that automatically mandated a course of inpatient treatment for at least a year. For the next ten weeks, as was the rule for hospitalized children, the girl was forbidden to see her parents.

Since I was using a reflecting team format, I had asked to interview the therapist in front of the parents (the daughter, still hospitalized, was not present). I explained that the parents would act as my reflecting team. Although the therapist gave the family high marks for their cooperation, and mentioned how hard they had worked on their intensifying marital difficulties, the parents said they felt less optimistic. They blamed themselves for their daughter's condition. The mother, who had learned from the hospital reports that she was considered a "symbiotic mother," was feeling especially guilty. The father, after some initial reluctance, told of their intense despair. He said that they were given no information about their daughter's "illness" or about her recovery. They had no idea when she would be allowed to come home or in what way they could help her if she did come home.

I felt unable to comment and instead told about a time when I thought I would lose one of my own daughters. I said that the idea that one might have harmed one's own child was the worst

fear that any parent could have. I also said that, just as in sudden crib death, these fears and the feelings of guilt and blame that go with them could severely stress the parents' relationship. The therapist also commented sympathetically, saying that he had no control over the hospital policy. When the couple left, I joined them in the hall and impulsively clasped the mother in my arms. I was unable to stop my tears, so I ducked quickly into the bathroom to repair my face. Afterwards, I met with the social worker, who shared his frustration at having so little influence over this particular case and privately criticized the way it had been handled.

What I was struck by was the way the use of the reflecting team allowed the parents to comment on, or at least raise some serious questions about, the handling of their own case. As these questions related to differences in the field regarding the diagnosis of mental illness and the treatment plans attached to those diagnoses, it was hard to answer them directly, especially in a private hospital setting. But I thought that, if I had gone in and interviewed the family as the outside "expert," as I used to do, I would never have elicited this feedback. The therapist and the social work staff, who were listening in, would not have heard it. And I would not have given the same message to the parents, which was: Your voices count. The most interesting comment they made, in fact, was when the father said to the therapist: You have often asked questions, but we have never heard questions being asked of you.

Another feature of the reflecting team is the rapidity with which people snap it up and use it. It seems to touch some nerve. The need for guidelines, such as this book delivers, is clear, given the popular appeal of the format and the likelihood that it may be used without sufficient training. Andersen's expansion of his group's initial insights about the "reflecting position," as they now term it, adds many important dimensions to the original idea. The chapter by Judy Davidson, William Lax, and Dario Lussard of the Brattleboro Family Institute is an eloquent and thoughtful description of how this format can be applied to a private practice group, not only in therapy but also in teaching and supervision. Finally, Arlene

Katz's "Afterwords" is a poetic statement that suggests how one might do a "follow-up" study using a reflecting position as inspiration.

A question people will ask, of course, is: Is this a new method? Is it a new school of family therapy? At this point, my answer would be "No." It enters the picture at a more general level of abstraction, at a level of therapeutic values and therapeutic stance. It offers a way of demedicalizing a profession that in its many manifestations — psychiatry, social work, psychology and all the branches of counseling — has been forced to deal more and more with objectively conceived assessments. These assessments have to do with degrees of individual pathology or type of family dysfunction. Labels based on these assessments (often dignified with the term "diagnosis") are often stigmatizing and usually pejorative.

Ben Furman, a psychiatrist in Helsinki, has written an as yet unpublished paper called "Glasnost in Psychiatry, Psychotherapy and Related Fields." He calls attention to the concealment of information from patients that routinely goes on, supposedly to "protect" the patient. In addition, clinicians often discuss cases among themselves in a manner which is prejudicial to the patient — but of course not within his or her hearing. Furman says that this practice, initially designed to protect the patient, often gives implicit license for what he calls "undisguised blaming." He feels that this is an oppression of the so-called mentally ill by the so-called mentally healthy.

The idea of the reflecting team comes at a time when many of us in family therapy, particularly those of us who have to deal with the new emphasis on criminality in families, are finding that we too are being co-opted as a vehicle for "undisguised blaming." The emergence of forms such as the reflecting team gives us hope that some correction to this situation may be at hand. For this reason, the publication of these papers is an important event, one that should be welcomed by every practitioner in the family therapy field.

Lynn Hoffman