

THE DEVELOPMENT OF A THERAPIST THROUGH
PARTICIPATION IN A REFLECTING TEAM

by

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Summary

This thesis is a study of the development of a group of students during the time they spent working as a reflecting team in family therapy. Due to an increase in the number of students enrolled for the Masters degree in Educational Psychology in the years from 2001, there was concern about the students experience of family therapy, since they would not all be likely to counsel a family. The study, which was undertaken over a period of two years, allows a comparison of two different experiences of being part of a reflecting team. The first year the whole group formed a single team, whereas, the group in the second year split into two teams, working on a fortnightly basis. The growth of the students as therapists was assessed by means of questionnaires and an interview with the trainer in terms of

- self-reflection
- willingness to risk.

The following key concepts were used:

- family therapy
- self-reflection
- second order cybernetics
- reflecting teams
- risk-taking/not knowing position
- reflective practice

STUDENT NUMBER: 646-633-8

I declare that

“The development of a therapist through participation in a reflecting team”

is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

AD Hanford.

Date

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Chapter 1

1.1 Introduction and background of the research

Family Life Centre (FLC) is affiliated with Family and Marriage South Africa or FAMSA. FLC is situated in the northern suburbs of Johannesburg but has many smaller offices in the Johannesburg area, thus serving a wide range of the population. The focus of the work at FLC is in relationship counselling. The work covers many areas of relationship and is both preventive such as marriage preparation and therapeutic such as couple and divorce counselling, parenting groups, divorce support groups and family therapy.

Family therapy forms a small, but important part of the work of FLC. The work is carried out using reflecting teams in the style of Tom Andersen (1995: 17) where interviews are conducted using a one-way mirror. One of the teams working with families is a team made up of the manager of the counselling services at FLC, with a group of students from the Department of Educational Psychology at the University of the Witwatersrand. These students are the subject of this research project.

This research project is an assessment of what the M.Ed students who are involved in family therapy at FLC, are gaining in terms of their development as therapists.

1.2 Motivation for the research

According to Andersen (1995: 17), training of students as counsellors has been most successful when they have had the opportunity to work in a set up where they can

- Observe the trainer
- Observe other students counselling
- Have their own experience of counselling a family.

The students from the Department of Educational Psychology, University of the Witwatersrand have over several years formed a team at FLC during their second year of training. These teams have normally consisted of less than 10 students as there were only up to ten students accepted for this study module in any year. Since 2002 the University has enrolled a larger number of students for the course so that the team at FLC has had to expand to accommodate the larger number of people, namely 13 -15 students. With the larger number of students and the same length of time working in the Centre, it seemed unlikely that every student would get a chance to counsel a family. Thus, many of the students may work in the reflecting team for several months but have no opportunity either to observe the trainer as therapist, or to themselves counsel a family.

I became involved in working with families at FLC during 1999 and experienced the process both of being part of the team and of having families to counsel with the support and input of the team. Initially, a counsellor experienced in working with families counselled, giving me an opportunity to first observe the process, before I was asked to counsel a family myself. An important part of my growth as a therapist was through feedback from the team when I was counselling families. I became interested in what was happening to the students behind the mirror as their exposure to families was diminished and the chance to counsel a family was unlikely to be available to all the participants. All, however, were involved in the reflecting team, in giving feedback to families and therapists. Therefore this study was to look at how the students were developing as

therapists as they took part in the team and to assess whether the lack of opportunity to counsel a family themselves, effected their development.

1.3 Problem formulation

In this section there is a description of the focus of the study the goal of which is to ascertain whether development of the students as therapists, has taken place.

Two aspects,

- thinking reflectively or self-reflection and
 - the willingness to risk by having a voice, a different voice, or of being in a position of “not knowing”,
- have been used to assess the development of the students as therapists for this study. They are useful indicators to assess whether the students are, in fact, benefiting from being part of the reflecting team in family therapy.

I found it interesting to consider how one would determine whether a student was “developing as a therapist”. There are various characteristics that are considered to be useful for a counsellor or therapist to develop.

1.3.1 Thinking reflectively

- Thinking reflectively about oneself, one’s theory, beliefs and assumptions can help therapists to understand client systems better and can enable them to get to know themselves better. Both understanding the client system and developing greater awareness and understanding or acceptance of the self are essential for the development of effective therapists (du Toit, Grobler and Schenck 1998: 67 & 223).

- According to Griffith and Frieden (2000: 82), Peterson (1995) noted that the development of the ability to think reflectively might be the most important skill to develop in potential therapists.
- Anderson (1997: 252) writes about this ability to think about and dialogue with oneself about what is happening in therapy, which allows the therapist to mull over and check his/her understanding against what has been said in the session and what has been left unsaid. It allows for learning to understand things differently and to expand one's understanding and allow a different message to emerge.
- Berger, McBreen and Rifkin (1996: 184) also explore the development of the professional therapist in terms of the development of the self. They state that an effective counsellor's most important asset is “the self” as this self is constantly used in developing the therapeutic relationship with the client. They state that it is the responsibility of every professional to “take time to reflect on our own experiences and the values and attitudes we hold” (Berger et al 1996: 187).
- Andersen (1990:42) speaks of the inner voice, where the therapist continually dialogues with himself about what is happening in the session and how it is affecting him, as well as how he will give feedback, which is referred to as the outer voice.

Therefore one of the ways in which the development of the therapist was explored was in the use of reflective thinking during the course of the training. Reflective thinking, both about the self of the student and about the therapeutic process with respect to family therapy are therefore important aspects of the development of the therapist and were examined in this study.

1.3.2 The “not knowing” position: a new or different voice

Another characteristic, which is considered by to be useful in this way of working is to work from the position of being the “non-expert” or a “not knowing” position (Anderson 1997: 135).

- This position of 'not knowing' implies willingness to risk since the client decides the direction of the session, what is important and, indeed, what is to be dealt with in the interview.
- This position of being the non expert can be challenging for any therapist but is of particular concern to the person who is learning to be a therapist.
- Sometimes, as therapist, one is required to deal with issues that are threatening to one's way of thinking and to one's theoretical understanding. There is often a feeling of uncertainty or anxiety in counselling and the therapist needs to be able to cope with this in order to deal with issues despite his/her own uncertainties and vulnerabilities.

Therefore a second aspect that was taken into account as indicating that the student was growing as a therapist was this “willingness to risk”, to be in a position of “not-knowing or non-expert” or to have a voice or a different voice, as a member of the reflecting team during the course of the year.

The students go through a brief training period of 3-4 weeks during which they are exposed to the theory underpinning this way of working with families. Role-plays, video taped material and discussions are used to give the students an idea about working in the reflecting team (See appendix 1).

Discussion before and after sessions are also a way in which the students may learn the value of reflecting on their feedback to the families and on how they have contributed to the team and as counsellors, when they have worked with the family. Whether these two aspects do, in fact, develop when the student is only part of the reflecting team, is the subject of this study.

1.4 Reflecting team methodology

The reflecting team consists of a number of individuals (therapists, interns, students and/or counselors) who observe the therapist-family system from behind a one-way mirror. The team observes the people-in-the-room for a period of time until the family is given the choice of getting a message from the team or of observing the team.

- If they choose to observe the team, they swap rooms, so that they move into the room behind the one-way mirror allowing the team to take their place in the therapy room.
- If they choose to listen to the reflections of the team, which may take from 5 to 15 minutes, the team discusses what they have seen and heard, introducing difference by giving different perspectives and ideas to which the family listen if they want (Andersen 1990: 40).
- They also have the opportunity to “not listen” if they prefer or if the description does not fit for them.

The family is then given a chance to respond to what the team has said. New ideas may be rejected or taken home with the family for them to reflect on further. Normally the therapist with the family asks the various family members whether they would like to comment or not. This is optional.

The reflecting team, therefore, encourages the students to introduce different perspectives to the family, with no emphasis on right or wrong. This way of working with the family is therefore quite liberating to 'therapists in training'.

When working with a family, the therapist may easily be drawn into the family's way of thinking, the observer becomes part of the observed (Keeney 1983: 80). This way of

working with a family was developed to assist the therapist working with the family so that **if** she/he began to see things from the family's frame of reference, such that she /he could not introduce difference into the family system, the team could take over that role.

The family is given the opportunity to reflect on the different perceptions, thoughts and meanings of the team members. The team also has time to reflect on what they have observed and to discuss this with each other in front of the family.

Andersen (1990) has developed two distinct changes from the traditional schools of family therapy.

- Firstly while the team observes the therapist-family system, there is silence behind the mirror as each member of the team draws his/her own unique distinctions and reflects on what he/she is observing (Andersen 1990: 70). During the discussion in the lighted room and with the family observing, their different perceptions, due to the drawing of distinctions in an autonomous way, will lead to what is termed a “thickened description” in the narrative approach (Friedman & Coombs 1996: 195). The teams at FLC do not always maintain this silence as sometimes there is a brief discussion particularly, for example, when the team all have great empathy with one member of the family or there is a feeling of anger in the team towards a family member. In such a case, the team may opt to speak with different voices so that no family member feels they are discriminated against or excluded from the discussion.
- The second difference is that the therapist with the family, does not work from an hypothesis as in the Strategic and Milan Schools, but allows the family to determine for themselves the direction of the interview. Andersen felt that the use of an hypothesis, developed out of information held before the interview, could lead to a focus which was important to the team rather than the family (Andersen 1990: 28). This could possibly lead to the team being unaware of what was most relevant to the

family. He therefore allows the family-system or as he calls it the observing system to determine the direction of the session (Andersen 1990: 60-1).

1.5 Research question

According to Rubin and Babbie (1997:102), social work research is normally applied research aimed at generating knowledge to guide practice. The research question in qualitative research asks the question "What is happening here"? (Rosnow and Rosenthal 1996: 15) In this study the research question is:

“Does a reflecting team experience, with little direct exposure to the family as the counsellor, provide sufficient opportunity to the 'therapist in training' to develop?”

Here we are looking at the students' opportunity both to observe and to do counselling and in this way to develop the characteristics of reflective thinking and of having a new or a different voice or being willing to risk by taking up a position of “not knowing” in the way they interact within the reflecting team.

1.6 Goals and objectives

The goal of this research was to determine whether the students who have had the opportunity to work in the Family Therapy Unit at FLC have developed as therapists. With less exposure to families and often no opportunity to counsel a family themselves, how they had developed as therapists was a matter of concern. Was there sufficient exposure to families for those students who were only part of the reflecting team, to grow as therapists?

This would be achieved by gaining the following objectives:

1. To conduct a literature survey on the use of reflecting teams as training vehicles for students in working with families.
2. To determine in which ways the students who have been part of the team, have also become more self reflective during the time of their exposure to this method of working with families.
3. To determine in which ways these students have become more willing to risk being in a 'not knowing' position or bringing a new/ different voice in giving feedback to families.

1.7 Research approach

Evaluative research is, according to Knight (2002: 41), “concerned with the quality of something”. This means that there are people who want to know what the outcome of the research is in order to improve practice. In other words, we place a value on a particular experience or programme and assess whether it is useful to gain a particular end.

Evaluative research is aimed at the assessment or evaluation of service delivery (Rubin & Babbie 1997: 228). Often a comparison of before and after the implementation of a programme, gives an idea of the effectiveness of the programme with respect to certain criteria. In this study an experience within the counselling field, of working as a member of the reflecting team, may be seen as the “programme” that is being evaluated. The outcome of this study would be a better understanding of the experiences of students taking part in the reflecting team. This could be useful in guiding the way in which students are trained in future at FLC.

According to Rubin and Babbie (1997: 229) evaluative research often involves a single subject with an in depth study being undertaken. This obviously jeopardises the generalisability of the research. However, later studies can be used to see how other subjects fit with this single subject. Here expanding the study to a two year period hopefully lends more credence to the outcome.

Qualitative research is defined by Schurink in de Vos (1998: 240) as “a multi-perspective approach..... aimed at describing, making sense of, interpreting or reconstructing this interaction in terms of the meanings the subject attaches to it.” Usually where small sample populations are available a qualitative research design is chosen.

At FLC there are a relatively small number of students enrolled for this course at any one time, so that in the light of this a qualitative design was chosen for this research.

In order to assess the development of the students as therapists, I decided to observe two areas namely,

- self-reflection
- the willingness of students to risk a voice or a “not knowing” position in the reflecting team.

From these two sources the experiences of the students as they worked in the reflecting team was investigated.

- When looking at self-reflection the student’s awareness of both themselves and of the use of skills and the process of therapy, were examined. According to the literature (Berger 1996 : 20; Celliers 1988: 7; Peterson 1995: 979), self-reflection is important in the development of a therapist and so this became the main area of investigation.
- The way in which the students became more or less willing to risk having a new or different voice in the team was also observed.

1.8 Method of data collection

The researcher had no direct access to the student teams involved in this study. This was because the research was conducted with students who were working with a trainer, who felt that any interference in the formation of the team should be avoided. In the light of this limitation, a questionnaire was formulated which was designed to look at the areas of self reflection, including thoughts about the self and about the process of therapy, and on the students ideas of how they had changed their own behaviour during the time they spent in the team, in terms of being willing to risk.

The following is the method used to collect data:

1. During the course of the year the students were asked to fill in three questionnaires (See Appendix 2,3 and 4).
 - In the first questionnaire filled in at the start of the process, the researcher gained an idea of previous counselling experience and some background information from each student.(See Appendix 2)
 - The second questionnaire was filled in during the fourth month and used to determine whether students were, in fact, beginning to think reflectively about themselves and the process. (Appendix 3)
 - The third questionnaire was filled in at the end of eight months when the students were just finishing their work with families. These two questionnaires (the 2nd and 3rd) were similar but a couple of extra questions were included in the third questionnaire. These questions were added to allow the observed (student) to become part of the observation. I think that as I changed my thinking during the course of the year, as I was exposed to second order cybernetics (Keeney 1983, 77-82), I wanted to add this

part of the questionnaire to give a more holistic understanding of what was happening in the team. (Appendix 3)

- In the light of this different way of thinking a further change was made to the second questionnaire during the second year of the study to include the students' observations of the own learning (See appendix 4). These questionnaires were made up of a combination of open and closed questions examining the feelings of the students in the fourth and eighth months, their growing awareness of issues that they were experiencing as difficult, an awareness of their own thinking and of the process of therapy. This self-report method was used to assess changes in the students self-reflection.
2. Throughout the year the therapy sessions were recorded on video tapes. The feedback sections where the teams actually gave feedback to the families were then recorded and kept to view once the information from the questionnaires became available.
 3. At the end of the two year process I conducted a short interview with the trainer to get an idea of her perceptions of what had happened during the course of this study.

1.9 Data analysis and interpretation

According to Rubin and Babbie (1997: 397-399), in the analysis of qualitative research data one tends to look for similarities and differences as well as norms of behaviour and universal “truths”. Trends and patterns are observed and discussed and for this the researcher makes use of her creative abilities. According to Poggenpoel in de Vos (1998: 334) the collection of and interpretation of data in qualitative research is a creative and challenging process.

Since this is a qualitative design, in this study there has been no analysis of data by statistical methods.

1. Comparisons between the questionnaires from the fourth and eighth months have been made (Rubin and Babbie 1997: 397). Changes that students have experienced in their levels of self-reflection during the course of their time of working with families have been discussed and patterns and trends taken into account. Changes in the students' reflections about the process of therapy have also been discussed.
2. Changes in how the students have behaved in the teams has also been considered as a secondary source of information. Here the number of times a student took an active role in the team was noted as well as any difference in how the student behaved as a team member (Rubin & Babbie 1997: 398), as for example, having a voice or introducing difference in the reflection of the team to the family.
3. The students' own self report observations of their behaviour have also been considered.
4. I held a short interview with the trainer at the end of the process to get her perspective on what had happened during the year with various students. There can easily be difficulties in qualitative research with objective observation (Rubin and Babbie 1997: 399) so that the use of several types of observation is recommended. This interview was useful in that I noticed certain things in the video-tapes which I could then discuss with the trainer, getting her ideas and explanations about what was happening with the students. Also information about the students' experiences gained in this way gave me an added understanding about what was happening in the teams.

1.10 Description of the research population and sampling procedure

The respondents were from the Department of Educational Psychology, University of the Witwatersrand. During the two years, 2002 and 2003, they came to FLC to get an opportunity to work with families as part of the second year of the Masters Programme. They formed reflecting teams in the family therapy department during this period. All the students took part in the research thus an availability sample was used (Rubin and Babbie 1997: 266). In the 2002 group there were 13 students but due to non-return of questionnaires only 10 were part of the study. In the second year, 2003, twelve students (of 14) completed the questionnaires on time and were part of the study.

The reason for the non-return of questionnaires was different. Two students returned the questionnaires but had only filled in the second one about a month before the third was due, making their contributions non-valid. The others did not say why they had not returned them but they had been allowed to take them away with them and possibly forgot to bring them back.

1.11 Limitations of the study

There was some difficulty in the administration of the questionnaires in the first year of the study. Greater care was taken that they should be filled in at the right time in the second year. This was out of my control since I had no access to the students in order to administer these questionnaires.

1. One of the limitations of the study is the questionnaires themselves. I developed them without sufficient research and understanding of what was required and how I would extrapolate the results from the questionnaires. During this time I myself was a student

and my own epistemology was changing as a result of my studies so that by the end of the period I was thinking differently. Probably I would have preferred to use interviewing as a means of data collection rather than questionnaires as this would fit better with the post-modern approach.

2. The formulation of the research problem very early in the MA (SS) (Mental Health) course meant that I began the research before I had adequately researched the questionnaire design and at a point when I was still in the process of shifting in my own thoughts and ideas. This led to the situation where I wanted to adapt the questionnaires during the course of the research as my thinking changed (See Appendix 4 for the revised second questionnaire).
3. The sound of the video taped material proved to be extremely difficult to follow due to a fault with the machine, which finally broke down in the middle of the second year making the structured observation I had planned very difficult. This meant that this material was only used to reinforce or question what the students had assessed of themselves and their own learning in the self-report questionnaires.
4. As expected in the design phase, the influence of greater self-reflection on risk-taking was difficult to assess. I had anticipated that there could be a possible reverse effect in that an increase in self-reflection could result in less willingness to risk either having a voice, or a different voice.
5. Measuring the changes in reflective thinking and the student's willingness to risk between the fourth and eighth months can be seen as a limitation. I suspect that by the fourth month some students may have already changed and so the movement observed could be less than actually occurred during the course of the year. A poorly designed first questionnaire, which was meant to provide a baseline from which to observe differences, proved to be inadequate for this purpose.

6. An additional question/s in the third questionnaire was introduced to determine the students' insight into their own learning experience. Here assumptions were made as to the students' ability to discern their own learning experience.

1.12 Definition of key concepts

1. Family therapy has developed during the last half of the 20th century as a different way of working with people in family groups. This form of counselling developed out of the work and ideas of Bateson (1979) about systems, ecology and patterns that connect. Minuchin (1974: 2) describes structural family therapy as “a body of theory and techniques that approach the individual in his social context.” This is the basic thought behind the counselling of families as a group as the family is seen to form the social context of the individual, the one influencing and being influenced by the other. From the various schools of family therapy, particularly from the Milan School, the work of Tom Andersen (1987, 1990 & 1995) with families developed which included the use of reflecting teams. For this research Family Therapy is based on the model of Tom Andersen in which the family and an interviewer work together in the room with a team made up of therapists observing them from behind a mirror. The reflecting team changes places with the family-interviewer system and reflect together on what they have seen and heard. This is meant to do away with the expert role and to equalise the two systems. It is this equality that Tom Andersen sees as the move from modern to post-modern thought (Andersen 1995:29).
2. Teams in family therapy. Teams in family therapy are groups of people who work together with the therapist to introduce difference to the family (Selvini, Boscolo, Cecchin & Prata 1980: 8). They exist in all the schools of family therapy (Strategic, Structural and Milan) but are used in different ways. In this research the team is a reflecting team which is described below. Teams also present an excellent means of training family therapists and are used extensively for this purpose (Pare 1999: 293-4; Maggio et al. 2001: 41; Andersen 1990: 147-9).

3. Reflecting teams. Reflecting team practice, developed out of the Milan school by Tom Andersen (Andersen 1995: 17), has become another way to use teams in family therapy which is very useful in that multiple descriptions rather than just one description become the focus for the family who can then determine for themselves what is useful. Often different family members pick out different reflections as being most pertinent to them.

4. Reflective practice. Being able to think about the way in which we conduct therapy, think about our clients and how we know what we know is reflective practice (Peterson1995: 981). This would include being aware of how we interact with clients in therapy and our own internal processes. According to Petersen we need to be continually examining and reflecting on ourselves as we interact with others as well as reflecting on how we interact with others.

5. Self reflection is, in therapy, a self-dialogue or an internal conversation in which therapists think about and check out within their own minds what they have understood in the therapy milieu. Being able to reflect upon what they have observed, what they have felt and experienced in therapy helps them to gain broader perspectives and understandings of the process and of their role in that process. This allows them to learn greater competency in their professional input as they think critically about themselves and develop in this way knowledge about how and what is happening in therapy and with their clients.

6. Second order cybernetics or cybernetics of cybernetics, a phrase coined by Margaret Mead, is when the observer of a system is included in the system s/he observes. Early systems thinking saw the observer as outside the system making objective observations. However, once the observer is seen to, in fact, be part of the system s/he observes, the idea of an objective reality ceases to exist. This inclusion of the observer in the observed system was called by von Foerster, the “observing system” (Keeney

1983: 77). Andersen (1990: 61-2) uses the description, “observing system” to define the family-therapist system and how the drawing of distinctions by the therapist determines the direction of the therapy session.

7. Thickened descriptions. In narrative therapy thin descriptions are often related to the problem saturated stories that clients bring to therapy. These descriptions may be made by other people and can almost be seen as 'labels' which hold the person in a particular position. The therapist tries to find, with the client, other stories that assist people to break from the influence of the problem story. The development of these broader descriptions of the client's life is what is known as “thickened descriptions” and these do not support the problem story. As clients start to live out these thickened descriptions, they develop new ideas of themselves and new possibilities for their futures (Morgan 2000: 13-15).
8. Risk-taking/not-knowing position. “Knowing—the delusion of understanding or the security of methodology—decreases the possibility of seeing and increases our deafness to the unexpected, the unsaid and the not-yet-said.” (Anderson 1997: 134)

Taking a 'not knowing' position makes the therapist vulnerable as he/she is not able to rely on the safety of being in control or to hide behind what she/he feels is important. The client is allowed to go where s/he wants to go and to deal with those things that are of concern at that moment. This can be seen as risky for the therapist as she/he must move with the client but it does help one to see each client as unique and not to be blinded by the familiar.

1.13 The content of the study

Chapter 1 is a general orientation to the study including a motivation for the research, problem formulation, research question, research approach and methodology, the limitations of the research and a definition of key concepts.

Chapter 2 consists of the literature study and the theoretical background.

Chapter 3 consists of the outcomes of the research study.

Chapter 4 is a reflection of the outcomes of the research and the learning that has taken place.

Bibliography includes all the references used in this study.

Chapter 2

2.1 Literature Study: Introduction

In the literature study I will first discuss the theoretical background against which the reflecting team was developed. Tom Andersen (1987, 1990 & 1995) used these teams as a way of working with families and his work is also discussed. I have then examined the way in which teams are used in the training of students in family therapy.

2.2 Contextualising the reflecting team

During the 1950's Bateson began to write about a new way of thinking about human relationships. He started to look at the wholeness of systems and how by taking that wholeness into account we can begin to see human systems in terms of the pattern that connects. This way of thinking had a major influence on family therapy as man was now seen as part of the relational context in which he existed (Bateson 1979:16-20). He also introduced the idea of the “map and territory”(1979: 37-8) being different or that there is no objective reality but only our own subjective experiences and perceptions of reality. From this start the thinking about and in family therapy has moved considerably and it is this movement and change in ideas, thoughts and implementation that I am going to explore briefly.

2.2.1 The schools of family therapy.

Various schools of family therapy developed in various parts of the world associated with different groups of therapists. Each school has a particular way of working with families based on their subjective understanding of family systems and how family members interact and influence each other.

2.2.1.1 The strategic school

The Strategic school is associated with the Palo Alto group and with people such as Bateson (1979), Keeney(1983), Watzlawick (1967) and Hoffman (1985). This school made use of the idea of second order cybernetics, where the observer is seen to enter and to be part of the observed system. In this way the therapist is encouraged to be responsible for his/her behaviour in the system and to see how his/her perceptions influence and are influenced by the clients' perceptions and view of reality. Here we can already see reflective thinking as the therapist is aware of the influence of the client on his/her thinking and how there is a mutual influence of the two on each other. Within this school there was some discrepancy in terms of how the various therapists and thinkers understood the power relations in therapy (Hoffman 1985: 382). The symptom was seen as communication and the therapist worked with the symptom trying to bring about change in the symptom embedded patterns of interaction (Watzlawick 1967: 22,118-126). This group was interested in the issue of paradox and devised many interventions to bring about change in what could be described as paradoxical circumstances (Watzlawick et al 1974: 82-83,98-99,114). They believed that insight was not necessary to bring about change and worked as experts to bring change in the client system through interrupting the cycles of interaction to bring about stability in the system. The therapist in this school sits firmly in the seat of the expert knowing what change he/she would like to bring to the family to help them to function more effectively.

2.2.1.2 The structural school

Minuchin (1974: 2) developed a second way of working with families which he called Structural family therapy as described in his book "Families and Family Therapy" . This model of family therapy was different in that the therapist worked to bring about structural changes in the family and to give the family a different experience in the room. The therapist entered the family system as a director of change so that he/she was in an

expert role and worked to shift boundaries and connect family members to get to some "normal" situation which would, in his opinion, serve the family better.

2.2.1.3 The Milan school

The Milan school developed a way of working with families closely linked to Bateson's ideas and writing. The principles of circularity, neutrality and hypothesising were developed as the base from which the therapist conducted the session (Selvini, Boscolo, Cecchin and Prata 1980: 4-11). Here an effort was made to move away from the therapist being in an expert role. The way in which neutrality was equated to curiosity led to the therapist eliciting multiple descriptions through maintaining a neutral stance (Cecchin 1987: 406). However, the teams working with families remained behind the mirror and devised interventions based on their understanding of the problem, again making the therapist something of an expert in the therapeutic process. A possible disadvantage of this way of working was that, of the many differences brought by the various team members, only one is selected by the therapist and fed back to the family in the form of an intervention or ritual. It is this changed behaviour which leads to changes in the family system.

From these observations we can see that each of these models of family therapy have an expert therapist and a non-expert family. The degree to which the family experiences this hierarchy varies to some extent, with the Milan school making an effort to bridge the gap. However, the use of the mirror and the giving of interventions still maintain the hierarchy. Andersen sees the maintenance of this hierarchy as a sign of the modernist period and would classify all these models as modernist (Andersen 1995: 29).

2.2.2 The Constructivist voice - the first movement from the expert hierarchical system

Around the 1980's a way of thinking called Constructivism was developed in Europe based on the ideas of Vico, an 18th century historian, and was later included in the writing of Kant and Kelly. These ideas began to influence people involved in family therapy. The ideas of Maturana (1975: 317-320), that living systems are structurally determined and that they are closed to instructional information, began to be heard. The idea that behavior is influenced rather indirectly, as in "Bump the system and see where it jumps", through interaction with the environment became part of the thinking of people like Hoffman (1990: 2). Von Glasersfeld's ideas that there is no 'out there' reality but only a man's own construction for which he must take responsibility, and which remains for as long as it is useful, were part of this paradigm (Watzlawick 1984: 20). This idea of von Glasersfeld is called "radical constructivism". Von Foerster, also part of this constructivist epistemology, emphasised the link with cybernetics in his ideas about the observer being of paramount importance. So we see that this constructivist philosophy views man as the constructor of his own reality (Watzlawick 1984: 18). According to Anderson (1997: 23) "This shift to constructivism began to translate family therapy in particular into a kind of "lens correcting" process – correcting beliefs, correcting constructions". This immediately gives rise to an hierarchical system where the therapist is the expert and knows what constitutes normality. In such a system the voice of the family, often a small, tentative voice anyway, because people in need of therapy often enter the process out of a place of feeling 'stuck', is easily lost. The dominant voice will be that of the therapist, limiting the family's potential to develop their own solutions and work out new ways of being, that fit for them (Anderson 1997: 32).

The constructivist paradigm although modern rather than post-modern, does to me have some links with post-modernism. If we look at the movement of people like Hoffman we can see that her thinking has moved from a modern strategic stance through the ideas of

the Milan school and on to the ideas of the post-modern Galveston group (typified by the work of Goolishian and Anderson (1988,1997)) and has embraced Constructivism on the way (Hoffman 1990: 1-4). The Constructivist idea that we each construct our own reality fits well with the Milan school idea that there are as many families in the room as the number of people or with the Rogerian idea that we have our own unique experience and understanding of the world (du Toit et al: 8) both of which would be modernistic. This also fits with the post-modern idea that we are continually in a process of meaning making as we are in language with others in our environment. Andersen (1996: 122) writes about language as the way in which we form ourselves and our meanings. The movement has been from constructivism where reality is shaped as the organism evolves so that there is a fit with the environment to social constructionism where reality is constructed as people interact in the language domain. Gergen sees this as “The move from an experiential to a social epistemology” (Gergen 1985: 268).

2.2.3 Social construction theory

Social constructionism is slightly different from Constructivism though they are linked as the idea of an outside objectively knowable reality is repudiated by both. Social constructionist theory lays far more emphasis on an intersubjectively constructed reality (Gergen 1985: 267). Here language, family and culture are emphasised as a way of knowing rather than the interaction of informationally closed systems (Andersen & Goolishian 1988: 372 and Hoffman 1990:11). The person is seen as connected, and reality constructed, through languaging and meaning making (Hoffman 1990: 2 and Andersen and Goolishian 1988: 377). The family is seen to have the solutions to their own problems, which are merely accessed during therapy with the help of the therapist. This solution finding is a co-operative and interactive process involving both clients and therapist according to Lipchik (1988: 3). The exceptional times when the problem does not get the better of the client are explored. This is often difficult for the client to access without outside help.

2.2.3.1 Power

The move from Constructivism to Social constructionism is a move from modernism to a post-modernist stance (Hoffman 1993:2 and Andersen 1995: 29). The Constructivist paradigm emphasises the close link with cybernetics and the idea that there is a biological basis of understanding in which the organism determines from within how it will think and behave. Power is one aspect of the Constructivist models which has always elicited some debate. Bateson tended to de-emphasise the role of power by saying that the metaphor of power was an "epistemological error" (Dell 1985: 5). We can see some progression in the traditional schools of family therapy towards greater equality of power between therapist and client. However, somehow they don't quite achieve power equality as even with the Milan school the mirror stays in place with little or no interaction between family and team. The family is discussed behind the mirror and is given an intervention or ritual, which they may take up or not but which is aimed at moving the family in a direction that is chosen by the team. The idea of expertise over the family remains. In the post-modern paradigm, power is shared through greater transparency and also as the therapist comes into therapy without preconceived ideas as to where the family 'should' be.

2.2.3.2 Language

Constructivism moved towards the idea that therapy was not some sort of instructional intervention or manipulation of the clients. Social construction theory takes this a step further in that here meaning-making is seen as an ongoing co-evolution as people interact in the language domain. According to Gergen the "locus of human action shifts from the interior region of the mind to the processes and structure of human interaction." (Gergen 1985: 271) When we then look at the "self" according to social construction thinking, the self is created in and through the stories and conversation we have with ourselves and with other people. "The self (and other) is realised in language and dialogue and becomes a linguistic dialogical self" (Anderson 1997: 224). Gergen also describes this change in epistemology from an "experiential to a social epistemology" (1985: 268).

2.2.3.3 Conversation

Hoffman (1991: 4-17), examines a post-modern, participatory and less goal oriented approach to family therapy. She speaks of a move forwards from the cybernetic approaches of the Milan and Structural schools to a new hermeneutic approach. What this seems to mean to Hoffman is a change from the feedback loops and circular patterns of interaction which characterise the older cybernetic school, to an interactive inter-subjective dialogue in this new way of working. Therapy becomes more of a conversation. It is into this social constructionist conversation that Tom Andersen fits, having moved also from the Milan school way of working with clients. He has come up with a new way of working with families in which they and the therapist take part in an ongoing conversation (Andersen 1987: 41).

2.2.3.4 Hermeneutics

Andersen (1995: 12) described the hermeneutic circle as discussed by Gadamer and Heidegger as the pre-understanding we bring to therapy which is based on our life experience up to that point in time. When we try to understand another person, for example in therapy, we may see and hear things that are new for us. This may influence our understanding of the person and even change the pre-understanding we bring to the therapeutic context in future. This loop of influence of our pre-understanding on our actual understanding and then our actual understanding on our pre-understanding is called the hermeneutic circle.

2.2.3.5 Hierarchy

Hoffman (1993:119) speaks of a view of the self as "a stretch of moving history, like a river or stream". Here we can also see the connection with the narrative therapies of Michael White or, as Hoffman (1993: 119-120) says, the "songlines" of the aboriginal peoples where groups move from one area of the outback to another in order to swap

stories which tell of their history and which form their context. One of the issues Hoffman (1991: 10) addresses is that of hierarchy. She discusses the change in family therapy from a hierarchical system to an egalitarian system where therapist and family together, construct new realities and where neither discourse takes preference over the other. She speaks of her own dis-ease with the concept of power and how this has been largely addressed in the work of Tom Andersen and his group. No longer is there a separation of team and family, nor an expert position behind the mirror, nor even a particular way of looking at the family (as in the myths of the Milan teams or the finding of an organisational flaw in the Structural school (Liddle et al 1988: 18) but an equality in the voices, that is refreshing. This allowed for greater dialogue and for many different ideas to be debated without a "normal" way of being a family, being identified.

The Galveston group from Houston in the United States, developed a way of interviewing from a position of "not knowing" (Anderson 1997: 4) and this is similar to that of the Tromso group of Andersen from northern Norway, where the "not knowing" was accompanied by "not talking" in the usual way (Andersen 1987: 42). This was also backed up by the use of a very tentative way of interviewing where the professional opinion was lost in the other discourses and becomes just another voice.

2.2.3.6 Link with Narrative therapy

Michael White (1995: 23-30) in Australia, has developed his model of working with the narratives of clients and re-authoring their lives or finding a different story. His work also includes working with families in a non-hierarchical way and he recognises that Tom Andersen's work has influenced his thinking to some extent in this area.

Michael White (1995: 172-180) describes the move from a more traditional 'working with teams' as in the Milan school to what he calls working with teams in definitional ceremony (White 1995: 172-180). This means that the teams, which consist of both professional and non-professional members, are involved with the family in the telling

and re-telling of their story so that they develop a greater understanding and depth of their personal and relational identity. He too reacted to the invisibility of the teams of the Milan school. He felt the autonomy and anonymity of the teams often led to ethical issues, which were not being addressed, such as the power differential between the team and family.

The use of reflecting teams or outsider witnesses as he names them, was also an attempt to address the idea that pathology informed the discourse in therapy. The use of people without any formal training as outsider witnesses, who had experienced healing in therapy, was found to be useful and to bring more equality between the clients and the therapeutic system. He sees reflecting teams as being helpful to people in the telling and re-telling of their story in a way which contributes to rich descriptions rather than thin descriptions (White 2000: 3-19). He emphasises the place of the person and team as either audience or telling the story, with no dialogue between the groups until the last session where they dialogue about the telling, re-telling and re-telling of the re-telling of the story.

In this way of working with families, the emphasis is on the experiences of team members as they discuss the things that resonate for them, the things that stand out and why this is so, what in their own experience makes this so important. There is an emphasis on the 'movement' of the people involved and also on the movement of the members of the reflecting team. As the members of the team come together to listen to and become engaged in the re-telling of peoples lives, there is an enrichment of their lives as well as the lives of the people they are there to help. They become other than the people they were at the beginning of therapy. This fits with Andersen's ideas of the hermeneutic circle with the feedback loop of influence (1995: 13).

2.3 The work of Tom Andersen and the reflecting team

2.3.1 Introduction to the ideas of Andersen

Tom Andersen (1987, 1990) discusses the moves that have been accomplished by the team that work with him and he gives an indication of his early involvement in the Milan school approach to family therapy. He writes of his disappointment in the results of working in this way. He starts by saying that distinctions are made by a describer and that there is always more to see than one sees. Here one gets the idea of "multiversa" as described by Maturana and the idea of Bateson that difference over time is change (Andersen 1990: 31). He also takes cognisance of the work of Varela and Maturana and their understanding that a person is structurally determined (Andersen 1990: 34). The person is "perfect" at any point in time exactly as he is in the light of his ontogeny (Maturana 1975: 325). Thus, the way he reacts at any point in time is the only way he can react.

However, and this is the point of therapy, his repertoire of possible reactions may be changed- some fading and some new ones emerging. A new perturbation of the system, which is outside of the person's repertoire, may be responded to in two ways. Either the person will conserve his organisation by closing himself from the disturbance or he will disintegrate if such an alien disturbance is allowed to enter his organisation. Such a disintegrating disturbance could be understood as one which is too different (threshold) to the normal repertoire of the person. Here we see that Andersen worked within the constructivist paradigm where the connection with biology and structure is quite evident. However, he is also seen to have developed his thinking and to have a post-modern stance where multiple realities are accepted and where these are formed through social construction and discourse.

It is almost as if Andersen has a foot in each camp, both the constructivist cap with his links with a biological model and also the social constructivist cap with an emphasis on social interaction. Let us look at how this change in his thinking occurred.

2.3.2 Andersen's thinking: an evolutionary process

Tom Andersen and his team, in trying to assist a new therapist who was stuck in a negative description of the family, decided to try something different and instead of the therapist coming back to the team for a message, the lights in the viewing room were turned on and the family was allowed to 'eavesdrop' on the discussions of the team about them. This resulted in a useful change in what the family took away with them and the reflecting team was born.

Reflection, meaning that "something is taken in and thought about before a response is given" from the Norwegian "refleksjon" or the French, "reflexion" (Andersen 1990: 28). Here the family is allowed space to mull over the different perspectives given by the team to the extent that they are not required to comment immediately but can take ideas home with them to allow time for them to think them through.

One of the differences between this and the Milan school is that here, the interviewing system is regarded as autonomous and the team does not interrupt with different questions and ideas. The listening team never instructs the interviewing system. The members of the team sit quietly listening and having an inner talk about what they are seeing and hearing. Both inner talk and outer talk occur. Inner talk is often about what is meaningful to the team members and also about how best to convey to the family what they feel they need to speak about. Each member of the team, in order to introduce difference, draws his own distinctions and shares his own understanding and reality with the family. Thus many perspectives are given from which the family takes what is meaningful to them.

Andersen then draws on Bateson's idea that in order for the family to become aware of difference, care must be taken to introduce enough, but not too much, difference. Threshold is a concept of great import in the "introduction of a difference which makes a difference". Andersen (1987: 417) talks about 'stuck' families having too much "repeating sameness", looking at the idea of stability and change. In order to ascertain whether too much or too little difference has been introduced, feedback from the family is heard and taken into account by the members of the team. The stability of the system must then be respected if change or difference is to be introduced. Time is initially spent in trying to understand the family's map of the territory and various types of questions may be used to help get a picture of how the family see and explain their own map. For example, the circular questioning of the Milan School is one way in which relationships can be explored. Once the therapist has spent some time with the family so that a picture has begun to emerge, the family-therapist system swaps places with the team or the lights in the two rooms are changed so that the family observes the team members as they discuss what they have seen and heard. All feedback by the team is given very tentatively and they emphasise that they all have only their own subjective ideas and understandings which they share in this way. The family is encouraged to ignore or to take up what fits with them.

2.3.2.1 Andersen's thinking about people

According to Andersen (1995: 12), Gadamer says we are inevitably prejudiced when we meet the person we are to understand. We start to understand the person even before we meet them. This is what Tom Andersen calls pre-understanding.

- So Andersen says we come with pre-understandings about how to understand people. Some people assume that the inner core of the person determines how they will behave. This person will look for signs in the behaviour of the person, which will tell something about the person.

- Another understanding is that the centre of the person is outside in the relationships, language and conversation and so they will look there to understand the person. In moving from the Milan school, there was greater transparency and no longer did the team select out a single message to give the family.
- In this way of working there is an open sharing of all the team members' ideas. This led to greater respect being given to the families and equality between team and family developed. The reflecting team process comprises shifts between inner and outer talk or talk done within the members \their own internal dialogue with themselves and the open talk in front of the family with other members of the team (Andersen 1990: 41-42).

2.3.2.2 Language forms and informs: thinking in action

Anderson and Goolishian (1988: 375) write that those who language about the system, are part of the system and they see the problem as creating the system. The person with the problem attracts the attention of friends and neighbours, teachers, ministers and so on. All these people, in languaging about the problem, become part of the system in which the problem is embedded. All the people in this new broader system hold meanings around the problem. Where the meanings are different, talks between these members of the system may lead to new understandings and meanings which may be useful.

Often families who come to therapy are stuck in some way so that there is little dialogue around the problem. When a therapist enters such a stuck system, there is a temptation to bring new meanings but this can be counterproductive as there are too many meanings already. Often it is more helpful to ask questions about the meanings that are already there. Such conversations may help to change current meanings or at least to get the system talking again.

Tom Andersen is interested in the languaging of the system and the meanings attached to words. He uses a technique in which he asks for the meaning inside a word, or in a feeling or in a movement (Andersen 1995: 25). This does not include what is behind something but what is in it. For example he may ask his client "If those tears could talk, what would they say?" or "If you were to look into that word what would you see?" He emphasises the importance of listening accurately and not reading into the listening, meanings of your own.

Andersen (1995:30) talks about our assumptions and how we need to know what our assumptions are as they will inform the way we understand ourselves and others. He believes that language is both informing and forms the person as a whole. "My utterances constitute my many selves" (Andersen 1996: 122). As we are always involved in some sort of conversation we are constantly forming, transforming and conforming ourselves. We learn from the way others respond to what we say, what is acceptable to society and what is not.

2.3.2.3 The effect of values on change

Tom Andersen's work with families and reflecting teams grew out of an attitude where there was a genuine respect for families and a realisation that the observer is the one who draws distinctions.

- No right/wrong but many perspectives. The distinctions drawn are dependent upon the epistemology of the one observing (Andersen 1995: 42). He draws heavily on the ideas of Maturana and Bateson. Maturana's idea of a multiverse is the basis on which the reflecting team developed. The team may go on to discuss what would happen if things were different and to look at what must stay the same and what alternatives are

available to the family. This helps them to expand the ecology of ideas, as new and different perspectives are brought forward.

- Respect. The family always has the chance to have the final say on what has taken place, contributing to a non-hierarchical structure. There are differences between the reflecting team and other more strategically oriented teams.
- Equality and respect. Most importantly, the power issue is addressed, with greater equality between team and family-therapist group. Since there is no longer discussion of the family behind the mirror, greater respect and equality develop.
- Self-determination. One of the differences between this way of working and the Milan model is the lack of an hypothesis. Andersen and his colleagues felt that an hypothesis would bias the questions asked of the family and so they do not form hypotheses before the meeting. They also do not give interventions so that the family are not led into believing that the interventions are the right way to bring about change.
- Participation. This way of working encourages the team and family to work together to co-create meanings. Trainees can more easily enter the observing system as there is no pressure to take part until they are ready to do so. There being no right way of being allows the family to take up what fits for them. This also allows the trainees to introduce what is meaningful to themselves into the system as long as they remain respectful and tentative in how they introduce difference.

2.3.3 How is change brought about?

According to Andersen (1990:43), change can be limiting when it is imposed from outside. When change comes from inside possibility for change increases. Different

ideas and thoughts are simply brought forward and then the reflecting team, who always remain very respectful to the family, leave them to draw their own conclusions. When people interchange ideas so that no one feels threatened, there are likely to be changes in the way we know, think or behave.

The reflecting team brings a possibility for those consulting the team to listen and ask themselves different questions and to draw new conclusions.

In being non threatening, the reflecting team

- gives the freedom to accept or reject an idea or even to choose not to listen (Andersen 1995: 20)
- equalises client and professional
- exposes the family to professionals in a new way
- 2nd order cybernetics- team and family both become part of the observed (Andersen 1990: 77) – this is different from the modernist approach where there is one way observation
- stops discussion of the case in a way which is prejudicial to the client
- implies no right and wrong but both/and (Andersen 1990: 52)
- uses clients' competence and knowledge
- difference is seen as something which is different from the background or/and different over time (Andersen 1990: 31)
- team members draw different distinctions and therefore make different maps of the same territory (Andersen 1990: 38-40)

So we see that change, in this context, always comes from inside the family. Many possibilities are offered by the team who each draw their own distinctions and offer their own ideas and thoughts. The family picks up on what is meaningful to them and is then allowed time to reflect on what they have heard from the team. There is no pressure from

the team either for the family to change or not to change. The possibility of change is simply exposed in a non-threatening environment.

2.4 Training

2.4.1 Introduction

Since this thesis looks at the training of therapists as they work in a reflecting team, I am going to look at some general aspects of training and then at the training of therapists as part of reflecting teams. A number of papers have been published giving various ideas about how therapists can be involved in reflecting teams. I have selected a few quite diverse perspectives to discuss here.

2.4.2 The training of therapists in reflective thinking

Peterson (1995: 375-395) looks at the fact that despite numerous opportunities to workshop training of psychologists, the effectiveness of this training is up for debate as there is no obvious difference in the effectiveness of psychologists before and after training. Peterson cites a book by Dawes in which he holds that there is no correlation between the training in conventional conversational psychology and the efficacy of the therapy. Trainers in the field of psychology need to acknowledge what they cannot do and to not claim expertise they do not have. Schon in Peterson (1995: 979) asks the question, "How do we know what we know and is this knowing something that comes out of textbooks?". The answer that Schon gives is that skilled practitioners know more than they can say and that it is a knowing built out of experience. Through grappling with the problems they face or in other words, through thinking reflexively about these problems, practitioners can develop this knowing. Schon (Peterson 1995: 980) calls this grappling "reflective practice". Peterson says, "As reflective educators, every one of us needs to engage in a continuing process of reflection in action as we go about our

educational duties"(Peterson 1995: 981). This means that there needs to be an ongoing evaluation of the way in which therapists are trained.

2.4.2.1 Some ideas on reflective practice

Griffith and Frieden (2000: 82) in an article on counsellor education and training of counsellors quote as follows: "Peterson noted that educating reflective practitioners may be the most significant part of preparing future counsellors because empirical studies have failed to show the advantages of traditional clinical training for therapeutic effectiveness." Here they define reflection as the "process through which counsellors continually examine the therapeutic process in increasing levels of complex understanding and evaluation". This is seen as helpful in enabling students to respond in a variety of ways but take into account their limits in remembering particular responses.

- The training includes a discussion of the use of reflecting teams in counselling stuck family systems, in particular the work of Tom Andersen, where multiple perspectives are encouraged and where the family is free to respond to what fits for them. There is a move towards a collaborative understanding of the multiple meanings of experience (Griffith & Frieden 2000: 89). Students are helped to develop the skills necessary to become reflective counsellors themselves.
- Students become familiar with systems theory and collaborative inquiry and learn by observing others' observations. This way of working is based on second order cybernetics and allows the student to enter the system as part of the group and to become an observer who is part of the observed.
- The student is challenged in terms of knowing the self. Self-understanding and awareness are characteristics often associated with counselor competence. Reflective thinking helps students to challenge the way they are thinking about themselves and

others. Involvement in a reflecting team can facilitate the students' opportunities to learn in the counselling setup.

The other methods of encouraging reflective thinking and practice that the article focuses on are journaling and Socratic questioning.

- Socratic questioning is a form of critical thinking in which the student is encouraged to reflect on his/her own existing knowledge, as well as his/her fears and inadequacies. He/she is enabled to see how these influence them in a clinical situation.
- Journalling can be used as another form of self-discovery in which students are encouraged to look at their own assumptions, beliefs and values. They may find it more comfortable to write about their painful experiences rather than to discuss them in the team context. Journalling may, however, be useful in their growth both personal and as professionals, as the effectiveness of the session may also be thought about and assessed in this way.

2.4.3 Training in the traditional family therapy schools

Liddle et al (1988) in their handbook on training of family therapists write that differences in the way that the various models train their therapists is based on their epistemology. Structural and strategic models emphasise change based on present interactional sequences with the strategic model focusing mainly on the sequence in which the problem is embedded. The training relationships are seen as hierarchical, change as short term and little emphasis is placed on theoretical or personality reorganisation. Training tends towards changing in-session interactions and therapist behaviours and hence live supervision allows for this sort of training.

2.4.3.1 The strategic school

Strategic models believe the clients' understanding of their problem follows behavioural change and that insight is not necessary to bring or to maintain change. Hence the focus in training is on changing the interactional sequences of the trainees with the family rather than broadening their understanding through extensive theoretical input. So Mazza and Fisch (Liddle et al 1988: 14) look at changing trainees' behaviour without insight as to why and without a direct request from the supervisor.

2.4.3.2 The structural school

The structural model looks at theory and technique developing simultaneously (understanding and behaviour change). They found that the spontaneous development of understanding as techniques were applied did not necessarily take place. Their modus operandi is to teach the two together so that through live supervision, the trainees are taught behind the mirror and there are also extensive pre- and post session discussions. These discussions should encourage reflective thinking as the students explore different ways of understanding and working with clients.

2.4.3.3 The Milan school

The Milan school differs from these two in that they focus on a big picture epistemology rather than techniques. There is more emphasis on equality and less on hierarchy and again there is an interest in the process rather than the verbal content of the session. They therefore developed a method of training therapists by working as teams without any emphasis on the trainee's performance but rather on using the different understandings, observations and participation to gain a broad view of the family (Liddle et al 1988: 15).

2.4.4 Reflecting dialogues to facilitate training

Reflecting teams have been used quite extensively in training therapists in the family therapy process. Many different ways of using these teams have been recorded (Andersen 1987; Pare 1999 ; Young et al 1989; Cox et al 2003) and one gets an idea of the versatility of this method in reading the literature. The very nature of reflecting teams in which many descriptions are embraced leads to a richness of choice for the family. No one single way of interacting with the family exists and so trainees are less daunted by the task of having to “get it right”. Trainees can take from training what fits for them and all have access to feedback from the family and from the trainers involved. In fact, the reflecting team seems to offer a very non-threatening context in which trainees can learn and take what is personally meaningful to them.

2.4.5 Andersen's use of teams for training

Tom Andersen (1990: 147 -156) developed training programmes in which students formed part of the reflecting team working with clients.

- The influence of the Milan model can be seen in his collaborative and non-hierarchical aspirations. Training included didactic and experiential components and live interviews. Students learned by observing the trainers and the other students, as well as being the therapist in the interviewing room. This was found to be useful but not enough and so they began to converse, students and trainers together, to co-construct understanding, all ideas being given equal weight. The top-down approach from earlier training models was dropped.

- The influence of second order cybernetics can be clearly seen as there are no experts imparting knowledge. The trainers spent less time teaching and more time being curious about the students and their experiences.
- The move towards a post-modern way of thinking can be seen in the non-expert, not-knowing stance of the trainers and the recognition of multiple perspectives and consideration of many alternative ways of being.
- Power and control, which had been issues in earlier therapy situations, was handled differently, as now all alternative descriptions were given equal credence.
- Whereas, previously, different opinions existed as to what would be the best or right intervention, now all possible descriptions, co-constructed in the therapy room between the participants in therapy, were equally valid and the family was left to determine for themselves what would best fit their needs or to reject them all and find a different way forward.
- The autonomy of families was respected in this way and in the training situation, the differences and autonomy of trainees was also taken into account and respected. The reflecting team model helped the family, trainers and trainees to move "beyond power and control". (Andersen 1990: 149)

2.4.6 Aspects of training

Training would include a trainee being the therapist-in-the-room with the family. Since a post-modern paradigm would include all possible descriptions and there are no right questions and no right answers, trainees would learn to respond to feedback and feel supported by the team in what they did in therapy.

Role-plays are often included in the training process, followed by discussion and the co-construction of other possible ways of handling the session. Since there is no right way, trainees were less threatened by the feedback and able to learn effectively (Andersen 1990: 148).

2.4.6.1 Some other ways of using teams for training

The use of reflecting teams as training contexts for therapists has been considered for some time as useful. Live supervision has been used quite extensively in family therapy with the students and supervisor behind the screen observing the family plus the trainee therapist. The use of the screen can cause some anxiety as the therapist in the room with the family feels constrained by the presence of the supervisor and peers behind the screen according to Young et. al. (1989: 69). The use of a reflecting team approach to training therapists can have the effect of equalising the team and therapist as all contribute to the discussion and the therapist with the family does not have to integrate information and ideas that do not fit with her and relay them to the family. There is no longer a search under trying and pressurised circumstances for the right way to feedback to the family. Here the emphasis is on gaining multiple perspectives with the family picking up on what is useful to them. This idea that there is no right way of giving feedback to the family allows for greater diversity of feedback and a richer choice for the family, as the individuality of the trainees and trainer are expressed. The use of reflecting teams also ensures that the trainees remain more involved in the process as they have to give feedback to the family at some point in the session (Young et al 1989: 72).

Cox et al (2003: 93) gives a list of advantages in the use of reflecting teams in training of therapists. The "conversational space" opened by the reflective process seems to be experienced by trainees as non competitive and non threatening as the team uses very tentative language in giving feedback. According to the authors there are two consistently reported benefits in the use of teams for training.

- In the reflecting team context, there is no one right way of responding to a family so that trainees feel less constrained by having to "get it right" and this leads to multiple descriptions.
- Trainees are more accepting of feedback from other team members and supervisors as trainees are less concerned with defending what they have done and more open to learning from their input.

In this article students report a gaining of both confidence in their ability to counsel and in their skills as well as an opportunity for self-exploration and personal growth. (Cox et al 2003: 93)

According to Pare (1999: 297) there is no "one right way" to work with trainee therapists in a reflecting team. He (Pare 1999: 300) uses many interesting ways of reflecting to the family and is able to therefore include a larger number of people in the training than those that fit behind the mirror. He may use a team of 4-5 people and join them if the trainees express any anxiety. This group gives live feedback to the family in a way similar to the method used by Tom Andersen. He then records on videotape feedback from a number of other trainees who have watched a recorded session. This feedback is later seen by the family. Other trainees may opt to write down their ideas after watching recordings of the session. The family, thus, gets a broad spectrum of ideas so that when they later meet with the therapist again, they can bring those ideas that are most useful and relevant to themselves and discuss them with the therapist. This interview is recorded and later discussed with all trainees so that they gain an idea of what fits for the family and learn through this about their own input and ideas.

2.5 Summary

The focus of the use of reflecting teams in training therapists is the following

- Reflective practice encourages trainees to learn more about themselves and to evaluate and understand their impact on the families with whom they work. This leads to both personal and professional growth of “therapists in training”.
- Their involvement in the team encourages reflective practice through dialogue after they have worked with a family.
- The egalitarian relation between therapists and trainers leads to an atmosphere conducive to learning as there is little threat to the learners. This allows trainees to find a voice or a different voice in the reflecting team. Trainees can work in ways that fit with their own values.
- Multiple perspectives encouraged in this training again presents trainees with a non-threatening environment where is no 'right' way or perspective and where they are encouraged to express their own ideas and to find a voice.

There are many ways of working with reflecting teams that can benefit learning therapists.

In this chapter an understanding of working in reflecting teams has been gained through a study of available literature. In the following chapter I will look at the working of the group of students training at FLC in reflecting teams and how this experience has contributed to the growth of these students as “therapists in training”.

3.1 Outcomes of the research

3.1.1 Introduction

As described in Chapter 1, students in Educational Psychology from the University of the Witwatersrand have for several years been trained in family therapy at Family Life Centre. They have formed one or two reflecting teams, so giving them a taste of family work since they are likely to be involved in counselling children and families in their working careers. This involvement in the teams at Family Life Centre gives these students valuable experiences of the counselling process as well as an understanding of the sort of relationships, patterns of interaction and experiences that families bring to counselling.

After several years of accommodating students in the family therapy department, the number of students enrolled for the masters programme was increased a couple of years ago. This meant that instead of every student being ensured a chance to counsel one of the families seen by the team, there was now little likelihood of this occurring. For some students, the whole year was then to be spent in the reflecting team, observing and giving feedback to families, without an opportunity to be involved in counselling.

Andersen (1990: 147) writes of training students in reflecting teams in three ways.

- Firstly, the students observe the trainers and each other as they work with families.
- Secondly, they reflect as part of a team on what they have seen and heard from the family. Here all the students ideas are discussed so that the family gets a number of

different views with which they can work, selecting only those ideas which make sense to them.

- Thirdly, the students take turns to work with the family in the room and this gives them a different experience of the counselling process.

This study was undertaken over a two year period during which time two groups of students were trained to work in the reflecting team with families. In the first year (the 2002 group) the whole group came each week to family therapy. In the second year (the 2003 group) the students divided into two teams who worked together at fortnightly intervals throughout the year. This meant that each student in the 2003 group experienced a smaller number of sessions than those in the 2002 group.

The training given to the two groups was the same. An idea of the scope of this training can be found in Appendix 1. To give a little background information, this training included discussions about the various family therapy theories such as those of the Milan school and Structural therapy. Constructivism was touched on and also the Narrative Approach of Michael White. The ideas and work done with families by Tom Andersen (1987, 1990, 1995) and his use of reflecting teams forms the focus of this training. An understanding of how language is used in therapy and in listening to the language of the family is emphasised. Family therapy was initially based on the Milan school with the pre-, inter- and post- session discussions. However, the reflecting team is always offered to families. Videoed sessions and role playing possible feedback is one aspect of the training. Time is spent discussing what they had observed on the videos and how they had reflected as a team on their observations. The most frequently used modus operandi is now the reflecting team as families usually prefer this idea to the normal message from the team. Consequently some time is spent looking at this way of working.

I am going to discuss the two groups of students, namely, the 2002 and 2003 groups, separately and then look at any similarities and differences between the two.

3.2 The 2002 Group

This group consisted of 14 students who attended all the family therapy sessions through the year. Half the group was involved at each session in giving feedback to families. Since families are normally seen on a fortnightly basis, this meant that the same group of students normally gave feedback to the same family. This group had all been in the teaching profession with little experience of counselling. Several had lived overseas, a few were married, had faced bereavement or divorce in the family and loss through family members emigrating. Most had a little counselling experience either at school or university or had completed a basic counselling course, with other organisations. None had done any formal counselling. I am including a table showing the life experiences of each student, which was taken from the first questionnaire filled in at the beginning of the year.

Table A: Background information.

| <i>Student number</i> | <i>Work experience</i> | <i>Life experience</i> |
|-----------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| 1 | Two years teaching in a high school | Travelled overseas for 1 year, parents divorced, teaching |
| 2 | Office work, psychometric internship, assistant teacher at remedial school | Death of father and brother, loss of sister- emigration, engaged to be married |
| 3 | 2 years teaching in London, 1 year teaching at vocational school | Financial stress in family, break up of long term relationship, working overseas |
| 4 | Worked as Speech Therapist at a special school for 3 years | Engaged to be married |
| 5 | Studied BA Hons and Psychometrist, worked at Tara for 6 months with children | Parents divorced She is married |
| 6 | Teacher – Physical education and swimming coach for 6 years | Death of fiancé Travelling through sport |
| 7 | Various office work, au paire, teacher and aftercare facilitator | Parents divorce, birth of sister, death of stepmother, overseas travel, changing schools and moving house |
| 8 | Worked in London for 9 months as a special needs teacher | Parents divorce, birth of half brother, death of stepmom, studied away from home, London, breakup of longterm relationship |
| 9 | Voluntary work, Sunday school teacher | Became a Christian, study at different universities |
| 10 | Teaching in high and primary schools in township and suburban schools, 6 years as principal of Nursery school | Death of sister, having two children, presently in a lesbian relationship |

Two of the students failed to hand in their completed questionnaires and two filled in the first questionnaire a month before the final questionnaire, making the results from these two invalid. Of these four, two did not have the opportunity to counsel a family. The results are therefore based on ten completed questionnaires as well as the video tapes of the feedback sessions to families. There were two students of the ten studied who did not counsel a family themselves (students 9 and 10). The other students had very limited opportunities to counsel, either one or two sessions, except for one student (6) who saw a family for 6 sessions.

The following table gives the number of sessions that each student counselled a family and also their previous counselling experience:

Table 1: No of counselling sessions completed and counselling experience.

| <i>Student number</i> | <i>Number of sessions</i> | <i>Previous counselling experience</i> |
|-----------------------|---------------------------|-------------------------------------------|
| 1 | 2 | Some trauma training |
| 2 | 2 | Life skills facilitator for Phoenix House |
| 3 | 3 | Part of Higher Ed. Dip, Wits |
| 4 | 1 | Part of Speech Therapy training |
| 5 | 2 | Volunteer Crisis Centre |
| 6 | 6 | Life line School counselling |
| 7 | 2 | Basic course , FAMSA |
| 8 | 2 | None |
| 9 | 0 | None |
| 10 | 0 | None |
| Total | 20 | |

A total number of 20 sessions was attended by the whole group during this period. However, the family always has a choice of whether to use the reflecting team. The group therefore attended a few (possibly 2-3) more sessions than those recorded on video tape where the reflecting team was not utilised.

Self reflection and the willingness to risk were the two indicators used to assess growth of the counsellor. The information from the questionnaire covered two main areas of self reflection, namely, the development of self awareness and the development of awareness of the process of therapy. The willingness to risk was more difficult to assess. The involvement of students during the reflecting process was observed on video taped material of the feedback to families. The students were also asked to assess their own willingness to risk during this process, as well as whether they had become more or less self-reflective.

3.2.1 Self reflection

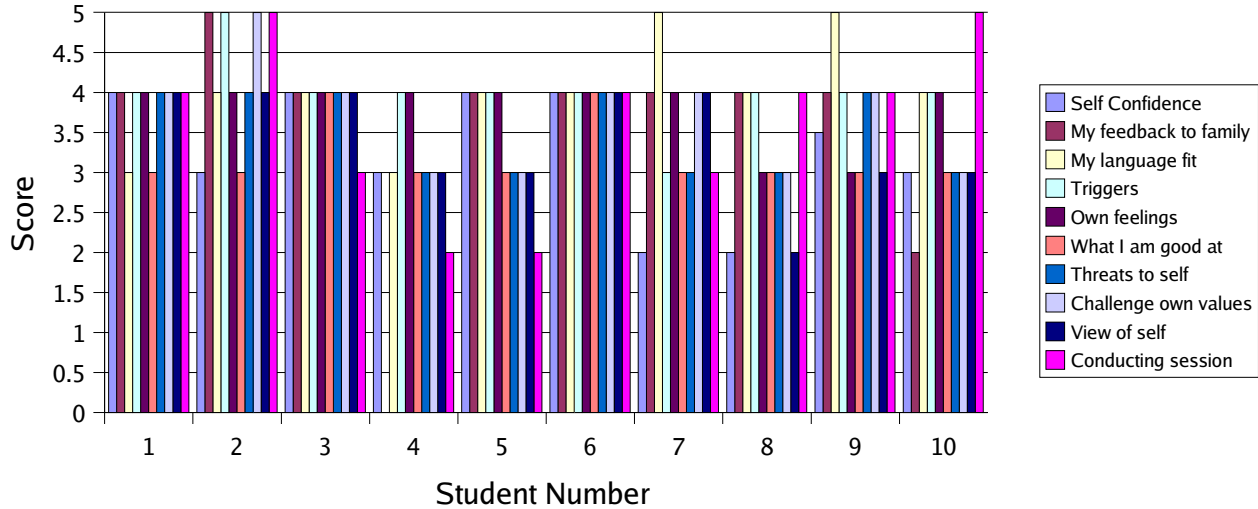
In order to assess self-reflection or the inner conversation that is referred to by Andersen (1990: 42 & 1996: 120), a number of aspects from the questionnaire were used. The difference between the students levels of self-reflection in the fourth and the eighth month was noted. Change can then be seen as a difference over time (Bateson 1979: 78-9). Three tables (3, 4 and 5) were then drawn up using the information from the questionnaires and can be found in Appendix 5. These tables were drawn up so that Table 2 shows the students own assessment of their levels of reflection after 4 months of involvement with family therapy in the team. Table 3 also shows the same aspects of self reflection but after 8 months in the team. Table 4 was developed to show the differences experienced by the students in terms of their own self reflection during this four month period.

The information from these three tables (2, 3 &4) are represented graphically in three graphs so that

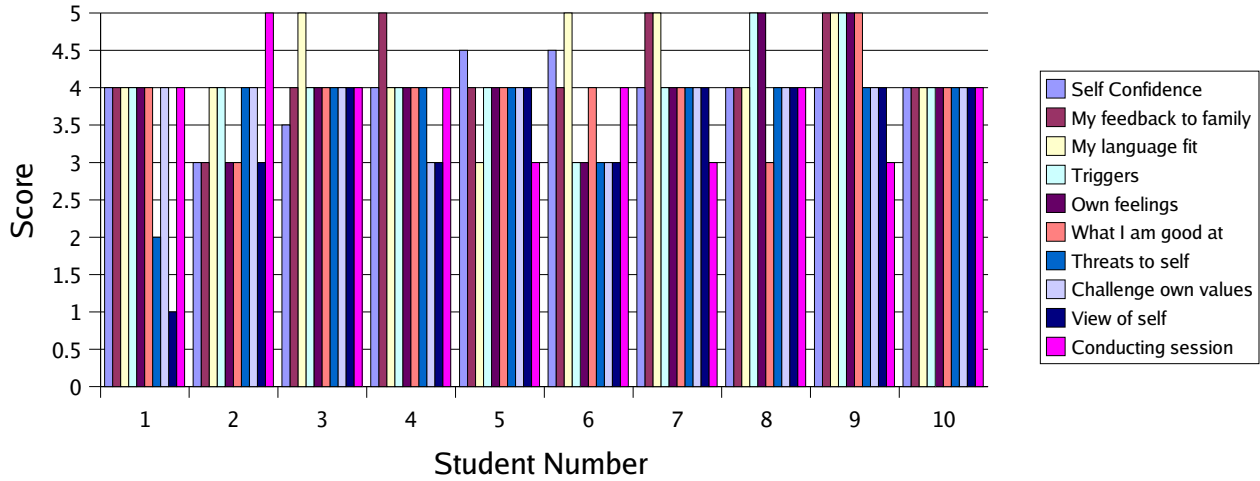
- Graph 1 contains the information from Table 2
- Graph 2 contains the information from Table 3
- Graph 3 is derived from the information from Table 4.

As can be seen in the graphs, the levels of self assessment at the fourth month is given on a scale of 1 to 5, with 1 indicating little self- reflection and 5 indicating that the student assessed his/her self-reflection as excellent. The same assessment was done after eight months on the team and is reflected in the second graph. The third graph shows the difference between the first and second assessments. Where a student felt that she/he had developed greater self-reflection, a positive result was obtained. However, if the student assessed his/her self -reflection as less in the eighth month, a negative result comes up on graph 3. These changes may show as either positive or negative but either way indicates a change in self reflection of the students. All the information for these tables was taken from the questionnaires which can be seen as appendix 2.

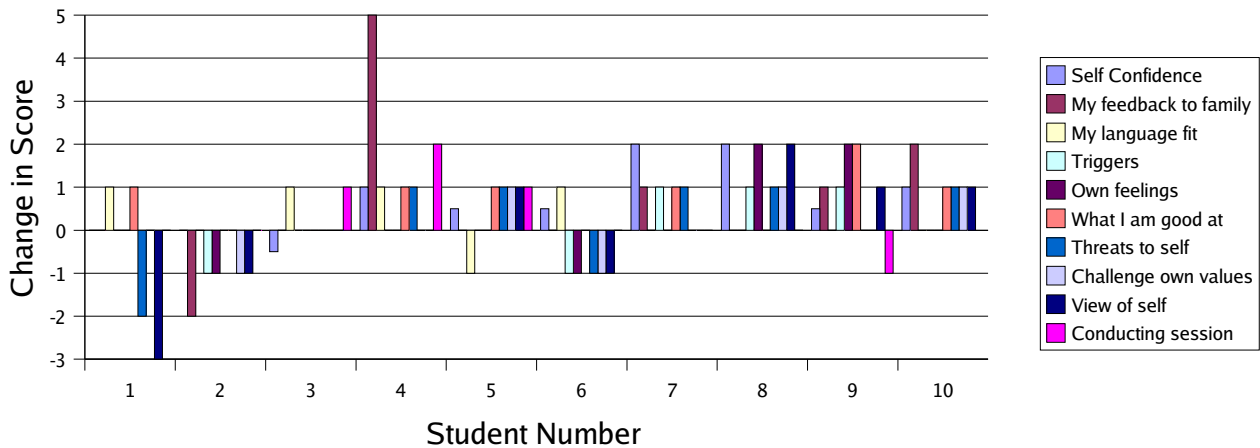
Graph 1: 2002 Student Group 4th Month



Graph 2: 2002 Student Group 8th Month



Graph 3: 2002 Change Between 4th & 8th Months



3.2.1.1 Self confidence

From the social constructionist framework, the self is created within the narratives we tell ourselves. These narratives change as we dialogue with others and with ourselves in an on-going conversation. Andersen speaks of the inner and outer voice and says that we are who we are in relationship or in the space between us and the people we interact with (Andersen 1990: 33) . Anderson (1997: 230) talks of the “Stories we tell ourselves” and

how this self narrative leads to us becoming who we are. Through this self narrative we gain a sense of self-agency which she (Anderson) then defines as “a personal perception of competency for action”. This is how I would understand self-confidence within a social constructionist framework. Therefore, as the students interact within the team, their self narratives are shifting to the point where they begin to develop a different story about themselves. This may lead to action or not depending on how the story shifts and on the narrative that is developed by each student. Whatever the shift in the story, any change would indicate self-reflection.

Rogers (du Toit et al 1998: 4,8) presents a modernist idea of the self as something central to the person that we can get to know and understand. His perspective is that we live in a world in which we are central and our perceptions of our world constitute our reality. Every individual experiences his/her world differently from other people and so we would expect that as some students become more aware of themselves and of the complexity of counselling they may feel less confident, while others, seeing their colleagues counselling, and experiencing the process themselves, might feel more confident as they work together in the team. Therefore, we could say that self reflection would be indicated with any change in the level of self confidence reported.

Two of the statements on the questionnaire were used to examine the students assessment of their levels of self confidence.

- I have become more confident as a member of the teams
- I feel more confident as part of the team in giving feedback to the family.

The scores the students gave themselves for these two questions were combined into a single value by taking the arithmetic mean of the scores.

According to the data on Table 4/ Graph 3, eight of the ten students (student 3,4,5,6,7,8,9,10) reported a change in their confidence through the time that they were part of the team. Of these eight only one reported feeling less confident (student 3). Students 1 and 2 reported no change. From this we see that most (80%) of the students in

this group experienced some degree of self-reflection in that they were aware of changes in their own confidence levels through the period of the study. This can also be explained in terms of the creation of a new self-narrative in which 80% of the students felt they were “more competent to act” in therapy.

3.2.1.2 Giving feedback

In family therapy when a team member is aware of the language used by the family, and has developed enough self awareness to be able to respond in a way which fits with the family, there is more chance that the family will hear what s/he has said even when the idea is different from what they have previously thought. Here we see that the reflecting team is there to introduce difference but that the difference must fit with the family to be acceptable or it will be ignored or repudiated. In his ideas of introducing something to the family which is 'un-usual' but not too 'un-usual' so that they close up and ignore or reject what has been said, Andersen refers to this idea of threshold (Andersen 1990: 33).

The following statements in the questionnaire were used to give an indication of how the student is becoming more aware of the way in which she/he gives feedback to the family and how this can be more/less acceptable to the family.

- I am aware of how I give feedback to the family
- I think about whether my language has fit the family

Summary Table 1: Giving feedback 2002 group. (derived from Graph 3 and with an empty space signifying 'no change')

| 2002 Group | | | | | | | | | | |
|-----------------------|------|------|------|------|------|------|------|---|------|------|
| Student Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| My feedback to family | | Less | | More | | | More | | More | More |
| My language fit | More | | More | More | Less | More | | | | |

Of the ten students in the group, 4 reported a greater awareness of how they give feedback(4,8,9,10) and 1 (2) less awareness. There are also 4 who report that they are more aware of the language used by the family(1,3,4,6), again with 1 (5) less aware. The 4 students who are aware of how they give feedback to the family are not the same students as those who reported that they were aware of how language is used by the family. There is therefore little fit there, except for one student who reports a greater level of awareness on both counts. This bears out that individuals experience things differently and that shared experiences do not mean that people have a shared reality. In our conversations, including both the inner voice with ourselves and the outer voice with the rest of the team, we develop in our shifting narrative an idea of the self which is ours and is different from the self-narrative of any other team member.

This would fit with Constructivist theory in that, according to von Foerster (Watzlawick 1984:42), we each construct our own reality and even when we share an experience, what we take from that shared experience, is of our own construction. Rogers (du Toit 1998:4-8) too would expect that each individual student would have a different perception of the therapy and team experience and so that each would learn something different or that each would express their learning in a different way.

3.2.1.3 Threats and triggers

In order to develop as a therapist we need to learn to know ourselves. Possibly the most important tool we take into therapy is our “self”. If there are issues with which we feel uncomfortable or situations which are very emotionally painful for us, due to our own life experiences, we need to recognise these and how they may limit us in our helping others. By developing an awareness of ourselves, our difficulties, our own shortcomings and our own pain, we are better able to work with other people in their pain, or to know when our own pain is too closely aligned with theirs for us to be useful to them. New counsellors are engaged in the process of developing a broader description of 'self'. They are broadening the narratives around the self to include in the self-narratives those things that upset them, that make them angry or vulnerable. This broader, wider, more inclusive self-narrative will be very helpful in that one has a pre-understanding of what one is most and least able to deal with as one enters the counselling room. We have many self-narratives which would include those things that trigger emotional responses and which permit or hinder self agency (Anderson 1997:232). These self narratives then create identities which allow us to act in certain ways and make it difficult to act in other ways. As therapists also, we need to know and accept that we do have limitations due to the stories we have about ourselves. In the reflecting team we can discover stories that limit us as therapists but also create new stories.

According to Rogers (du Toit 1998: 32-9), unsymbolised experiences which do not fit congruently with the self of the experiencing person may well trigger painful emotional responses. Where a person integrates a maximum number of experiences into the self in a way which is congruent with the self, they become more accepting of the self and also of other people (du Toit et al 1998: 67). A therapist who is accepting of the self and others is better able to draw alongside the client who is experiencing pain.

Three indicators in this section on self reflection dealt with what was threatening for the students.

- awareness of what they experienced as triggers to their own emotional baggage
- things that came up in the session that they experienced as threatening
- what, if anything, made them challenge their own values.

Summary Table 2: Threats and Triggers 2002 group (derived from Graph 3)

| 2002 Group | | | | | | | | | | |
|----------------------|------|------|---|------|------|------|------|------|------|------|
| Student Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Triggers | | Less | | | | Less | More | More | More | |
| Threats to self | Less | | | More | More | Less | More | More | | More |
| Challenge own values | | Less | | | More | Less | | More | | More |

Only one student reported no change in her awareness to what she finds threatening to herself or her values. The others reported some change, six developing a greater awareness of uncomfortable or painful issues, and three reporting less awareness. One might understand that a greater level of awareness would indicate self-reflection on the part of the student. However, I am not sure how students become less aware of the things that cause them pain or emotional turmoil. There are various ways in which this 'less' response can be understood. Possibly this response could indicate that the student did not encounter anything that particularly challenged him/her. Otherwise, this might indicate that the students who reported less awareness, were at four months challenged in some way but by the time eight months had come, there was nothing of particular significance for the student. They may have developed a new self-narrative which included the painful story, or there may have been a lack of interest in what was happening at that stage. Another possible explanation is that the students were themselves involved in a shifting

paradigm or self-narrative so that what they might have named at the start as threatening was now no longer named in the same way. As the students encountered something they found was threatening or where they felt vulnerable, they might be able to change their self identity by creating a different story for themselves. This might take time or they may need the help of an outsider, so that during this process this might or might not be achieved. Obviously this would have been better addressed in an interview than in a questionnaire response but this was not possible in this study.

In order to develop an awareness of triggers and threats the students would need, according to Rogers (du Toit 1998: 63-5) to integrate the threat into the self. Thus unsymbolised experiences would need to be symbolised in a way that was consistent with the self in order for the student to admit them to consciousness. This in itself could be difficult for the student involved and might be an explanation of the lack of awareness of some students.

Counselling the family did not seem to have had any significance here as the student who saw a family most reported less awareness of triggers and the two students who did not counsel at all, both reported a greater level of awareness of triggers to their own emotional pain.

3.2.1.4 The self of the therapist

As students begin to work in the therapeutic context and particularly in the reflecting team, they often feel incompetent because this way of working is different from anything they have done before. Any changes in the way they view themselves will have consequences in the therapy room and as they become more self-reflective, an awareness of themselves, their competencies and limitations will develop. The student may create new narratives about her/himself as s/he works in the reflecting team. Any change in the self-identity of the student developed in this way would show that s/he is becoming more

self-reflective. Self reflection would also lend the student the opportunity of developing a new self-narrative.

Three indicators were used to look at the way in which the students were becoming more self-reflective and aware of themselves.

- my view of myself
- being aware of what I am good at
- developing an awareness of my own feelings.

Any changes reported by the students with respect to these indicators was understood to be an indication of self reflection. As the students begin to interact with the families and each other as well as the theory, they become more aware of themselves within the counselling process. This results in a greater awareness of their own feelings as well as those of the family. There may develop an awareness of areas where the student feels competent and this changes his/her view of him/herself either as a person or a therapist.

Summary Table 3: The self of the therapist 2002 group. (derived from Graph 3)

| 2002 Group | | | | | | | | | | |
|-------------------|------|------|---|---|------|------|------|------|------|------|
| Student Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| View of self | Less | Less | | | More | Less | | More | More | More |
| What I am good at | More | | | | More | | More | | More | More |
| Own feelings | | Less | | | | Less | | More | More | |

Four of the students (5, 8, 9, 10) reported a greater awareness of themselves, three (1, 2 and 6) reported less awareness and three reported no change in how they saw themselves. One student reported that she was more aware of those things she was good at but this did not change her view of herself.

In this group forty percent of the students reported feeling more aware of themselves as they worked in the family therapy team. Of the two students (3 & 4) who reported no change in terms of the self, one (3) also reported no awareness of possible difficulties and triggers and one must wonder what was happening with this student. Was this seen as something that had to be completed but had no real relevance for her, or was she merely uninterested in what was happening so that she could ignore the experience? Was her self-identity rather limited so that she did not include painful or threatening experiences into her self-story? This would fit with Rogers idea that experiences which had little relevance to the person could be ignored (du Toit et al 1998, 32).

I also wondered what it meant when students felt less aware of themselves. There were only three students in this category and one was the student who counselled six times. Most of the others had one or two sessions with families and I wondered whether the contact with the family might have put her in a place where she was so aware of them and their needs that she was less aware of herself within the process. After each session the trainer would have allowed the therapist who had been with the family to talk about what was meaningful to her/him. The team members would also have had an opportunity to reflect on what they had found relevant to them in the session. This would have encouraged them to develop awareness of the process as well as of themselves in the therapeutic milieu.

The fact that this research consisted of questionnaires rather than discussion and languaging about their experiences, does make one wonder whether a very different picture might have been gained if there had been more opportunities for co-constructing a shared reality. Looking at this research from a post-modern paradigm does make one question the methodology used to understand what was happening within the students and between them.

In an interview with the trainer after the process had ended, it was found that the student in this group who had had the most opportunity to counsel had not enjoyed the process.

She had seen a family where the father had been very attacking of her and of the agency and the counselling process. This student had found it difficult to cope in this situation and seemed to have just switched off. This could well give an idea of how the feedback from this student was different from what might have been expected.

3.2.1.5 Conducting the session

In working in a team myself, I became aware of how I would often think of how the session might have been differently handled and where this might have led. There is no “right” way to conduct a session and we all come to therapy from different places and from different experiential worlds.

The statement,

- “ I wonder if I would have conducted the session differently”,
is included in this section looking at self awareness, as it would possibly have helped the student to think about herself and how she might have reacted and thought differently to the therapist in the room.

Andersen (1995 & 1996) speaks of the inner conversation the therapist who is part of the team has with him/her self as a continuous dialogue that goes on inside the person as he/she thinks about what she/he is seeing and hearing in the room. In the course of this internal conversation, an awareness of different questions and how they might have moved the session in a different direction come to mind. It is whether the students are developing an awareness of a different way forward that is of interest.

Students 3 and 4, who reported “no change” in the previous section, here said they were aware of how they might have conducted the sessions differently. Apart from these two, only student 5 reported that she had thought about how she might have conducted the session differently. The two students who had not had an opportunity to counsel both said

they were less aware of how they might have conducted the session in the eighth month than in the fourth month.

These outcomes were interesting in that one really gets a sense that the students all experienced this therapy process quite differently. The two who seemed to have developed little awareness in terms of the self, were aware of the way in which the session was conducted and that there could be other ways of doing this. Also the two students who did not counsel seemed to be more involved with looking at themselves and less interested in the process they were watching. Possibly the lack of contact with the family led to them feeling quite removed and distant from what was happening in the room compared to what they were experiencing within the team behind the mirror. This is the only point at which I have wondered whether the experience of “not counselling”, in fact, made a difference.

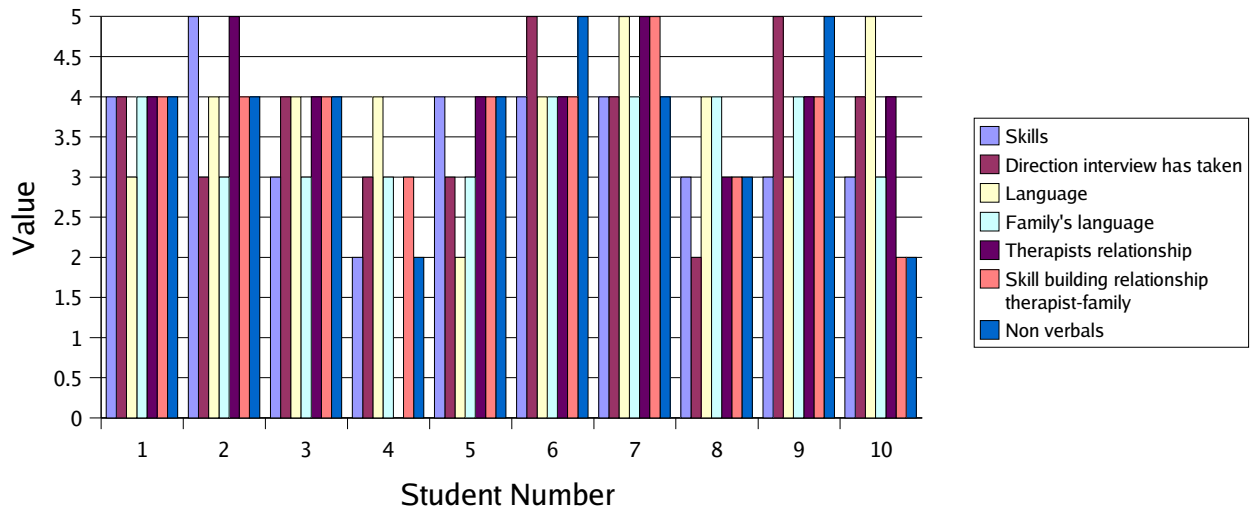
3.2.2 Self reflection with reference to process

In order to develop as a therapist, these students needed to gain an understanding of the process of therapy. Since none of them had had any previous experience of working with families and in fact, little counseling experience at all, any awareness that developed in this regard can be expected to be as a direct result of their participation in this process. The following three tables were drawn up from the information on the questionnaires and can be found in Appendix 5. Tables 5 and 6 indicate the students assessment of their awareness of process after four months and eight months in the reflecting team, respectively. Table 7 gives an idea of the change in awareness of process for each student developed during this time. The information for these tables was taken from the questionnaires in Appendix 2. This information was then put into graph format as can be seen in the section which follows this.

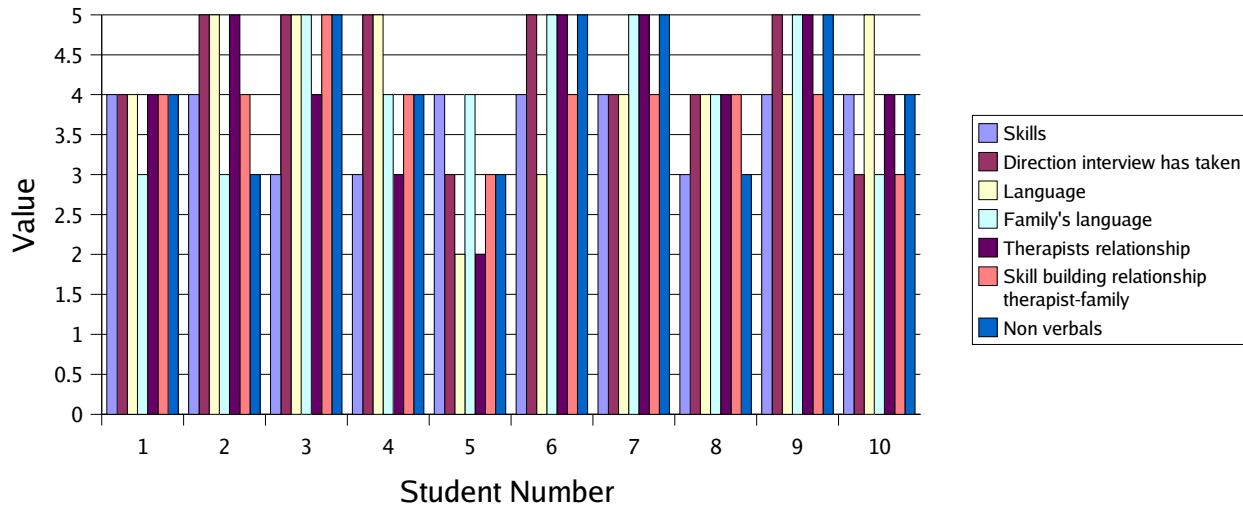
Graph 4 (using the information from Table 5) and Graph 5 (derived from Table 6) were drawn showing the self reported results of the students in the fourth and eighth months respectively. The following indicators were used to look at the process:

- thinking about the use of skills
- thinking about the direction the interview has taken
- thinking about how the student's language has fit with the family
- thinking about the language used by the family
- thinking about the therapist's relationship with the family
- thinking about how that relationship has developed
- thinking about the use of non verbal behaviour

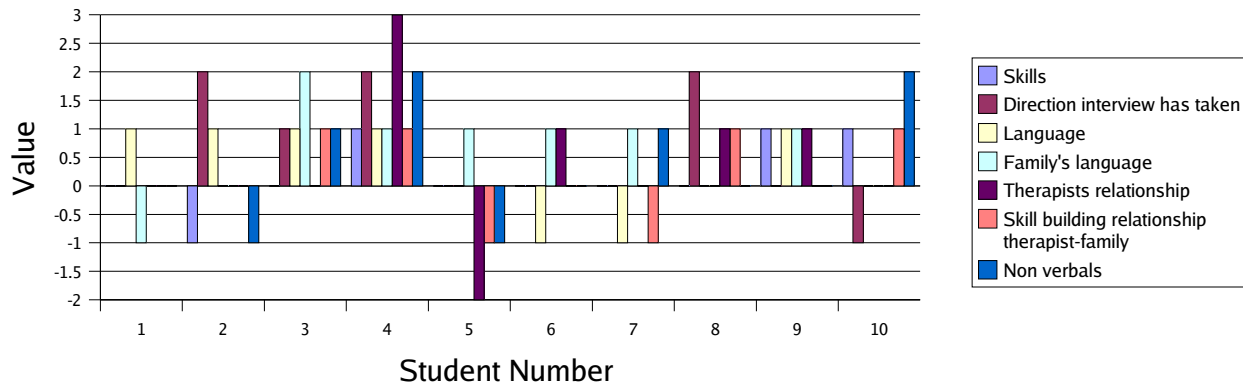
Graph 4: 2002 Student Group Process 4th Month



Graph 5: 2002 Student Group Process 8th Month



Graph 6: 2002 Change Between 4th & 8th Months



Graph six shows the difference reported by the students between the fourth and eighth months. We can immediately see that there is a greater awareness of process in that 30 changes are above the base line and only ten below. The ten below the baseline would seem to indicate 'less' awareness of the process . How does one become 'less' aware of process? Is this just an indication that some students were in the process themselves of shifting the self-narrative so that at this point they were more uncertain or confused themselves rather than 'less' aware? Again the lack of direct contact with the students so that these issues could be discussed and the meanings co- created, has hampered this research.

3.2.2.1 Skills

We note that only four students changed their awareness in terms of skills. Three of these students reported greater awareness of how skills were used. Interestingly, two of these students were not involved in counselling a family and had never had any counselling experience. Skills do not seem to be stressed in the training of psychologists as they are with social work students and we would possibly have seen something different if this group had been social work rather than psychology students. The post-modern therapist would place less emphasis on skills training and more on the language of the system and the meanings co-created in the social setting.

3.2.2.2 Direction of the session

Developing an awareness of the direction the session has taken means the student is aware of how the family and therapist have moved in the session. When particular questions are asked by the therapist she/he may move the session in a particular way. The family too has the ability to determine where they are going in a particular session as they tell the story of their lives. They have many choices about what stories are significant at any time. As the students conduct their own inner conversations they may also become aware of how they might have asked different questions or picked up on different aspects of the stories they hear.

Four students reported a change in their awareness of the direction the interview had taken, one being less aware at the end of eight months and three being more aware. Two of these students, students 3 and 4 also reported a greater awareness on “conducting the session” and how it might have been done differently, in the previous section of this report. One can therefore assume an awareness had developed in these two students about the process of therapy that was not there at the start of their time in family therapy.

3.2.2.3 Language

Andersen speaks of the importance of language when in conversation with a family and of how each family will use language in ways that are meaningful to them. In order for the family to hear the therapist, she/he needs to be able to hear how the family use language to co-create their shared reality.

Seven students were more aware of the language used by both themselves and the family. This would fit with the Andersen model of working with families as there is a great awareness of the conversation and the way in which the family uses language. Language use would therefore have been discussed in the training and possibly also in pre and post session discussions.

3.2.2.4 The therapist's relationship with the family

Six changed their awareness in terms of how the therapist-family relationship developed and five changed in terms of being aware of that relationship.

3.2.2.5 Non-verbal communication

Non-verbal communication is very often useful in understanding clients' feelings as the clients are not aware of their non-verbal behaviour and therefore this is considered to be an accurate reflection of how they feel.

Non verbal communication was identified by 6 students as an area in which they had changed their awareness, four being more aware of non-verbal communication and two being less aware.

If we then look at this change in the students' awareness of the process of therapy overall, we see that every student developed some awareness of the process and that there was little obvious difference between those who counselled a family and those who did not.

This awareness of the process would indicate that reflection had taken place about what the students were seeing during the course of their time of working with families. The student who spent most time with a family did not report the most awareness of process as might have been expected. Interestingly, both the students who spent all their time in the team (who did not do any counseling) were aware of the skills used in therapy. Perhaps being less involved with the families gave them an opportunity to observe more closely the way skills were used.

3.2.3 Reflection on the 2002 group

In this group, students seemed to develop some difference in terms of awareness of both themselves and of the therapeutic process. However, what is of interest is that there is no pattern to this change in the students as they each react to the experiences in therapy in a totally individual way. Although all the students reported some change in terms of self reflection, this change was not patterned in any way. Little obvious difference existed between those who counselled and those who did not have that opportunity. This might be expected as each student in the process of therapy, both as a “therapist in training” and as a team member, would create and recreate their self narratives.

These students have all been involved in the teaching profession and I wonder how difficult the change has been for them in that they are in a process themselves of moving from the “expert” teacher to the “not-knowing” position held by the therapist in this way of working with families. In a shifting story or changing paradigm the student may in the movement from one paradigm to another, go through a period of feeling confused and uncertain about themselves as therapist . Possibly part of the “less” that we are seeing in these results is as a result of that uncertainty.

Possibly there is some difference in the level of interest of the students that counselled compared to those that did not have that opportunity, although this would be hard to say

definitely as many of the students who counselled had had only one or two sessions. There seems to be little consistency in awareness of process either. The students one might expect to develop an awareness such as the student that counselled over six sessions did not report much change. As stated earlier, this student had a difficult time with her family and this seems to have impacted on her participation in the team. There was, however, some difference between the students in that some seemed to become more self reflective whereas others were more aware of the process.

3.2.4 Willingness to risk

Willingness to risk may be considered in a few ways, a willingness to have a voice, to have a different voice or to be vulnerable in the therapy room often seen in the post-modern paradigm as taking a “not knowing” position. This means that there is no place for the therapist to hide behind his expert position and as Anderson (1997:135) puts it, the position of putting the family at the centre does not give the therapist a feeling of safety but of vulnerability as the “not knowing” stance is assumed and the family is definitely in the driving seat. They (the family) are at liberty to move in whatever direction they choose and with no hypothesis to guide the questioning, they can move at will telling the stories they find most relevant.

The statement from the questionnaire “I am becoming more willing to share my thoughts and feelings in the team”, was asked of the students in the 4th and 8th months so that the students could indicate how they felt they had changed with respect to being willing to risk. Here there was little change reported. Seven of the students reported 'no change'. Two reported a greater willingness and one less willingness to risk.

This information was then compared with the information from the video material of the feedback session to the family. The involvement of the students was observed by counting the number of times they took part in the feedback to families. This, however, seemed to be fairly constant for each student. Those who were very talkative at the start,

remained so and quieter students remained quiet throughout the process. However, what did become quite obvious was the change in the way the students interacted in the feedback sessions. At first they addressed all remarks to the trainer and in fact, mainly seemed to support what she was saying with little interaction within the group itself. Later in the year, there was an easiness within the group with conversations developing between the group members and fewer remarks were directed at the trainer who also took a less prominent role in the feedback although she was always involved to quite a large degree in giving feedback. This would indicate a greater ability to risk having a voice or developing a different voice, as the year went on. Possibly this was also as a result of the development of the group as a team who felt more at ease with each other and more confident in the therapeutic process anyway.

3.3 The 2003 group

The 2003 group consisted of thirteen students. One student failed to return her second questionnaire so that the study was done on twelve students. However, the thirteenth student remained part of the team.

This group was divided into two smaller groups with six members in one team and seven in the other. These groups alternated coming to family therapy once every second week. They, therefore, had less experience of being part of the team than the large group in 2002. The one group consisted of students 1-6 and each had a turn to counsel a family except student 6. The second group, students 7-12, kept their families for longer and three students, 10, 11 and 12 did not counsel at all, spending the entire year interacting with families only as team members.

From this group of twelve who were part of this study, student (5) was a social worker who had had some counselling experience, a second, student 7, had done 18 months of telephonic counselling for Life Line and a couple had attended courses but had no experience. The rest had no experience at all. Most had been involved in the teaching profession with quite a wide range of life experience such as living overseas, getting married, having a child and so on. The table that follows gives an idea of work and life experience of each student:

Table B: life and work experiences.

| <i>Student number</i> | <i>Work experience</i> | <i>Life experience</i> |
|-----------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| 1 | 3 years teaching: 2 in primary school, 1 in London high school | Travel to many parts of the world, living in London for a year |
| 2 | Relief teaching in London, teaching in Johannesburg, waitressing | Change in direction of career and taking a year off to “find herself” |
| 3 | Teacher for 27 years | Two marriages and two divorces, two children, Deputy principal. |
| 4 | Teaching mainstream and remedial schools | Married and moved to a new city |
| 5 | Jewish family and community council, Sanca as Social Worker | Married, Child at remedial school |
| 6 | 4 years teaching: 1 in Nursery school, 3 in Grade 0 | Moving out of parents home, married |
| 7 | Remedial teaching at various schools. Psychometrist for pharmaceutical company | Travel: backpacking overseas for 7 months |
| 8 | Air hostess, teacher | Depression, friend shot himself, living in the U.K. |
| 9 | School principal | Divorce, hospitalisation, leaving secure job to study |
| 10 | Reception, waitressing teaching English in South Korea | Death of brother, travel and living overseas. |
| 11 | Teaching for 3 years in a high school | Marriage, sister left to live in the Cape |
| 12 | Teaching at school for the deaf. | Death of spouse |

The following table gives the number of sessions that each student counselled a family:

Table 8: Students work with families during the study and previous experience.

| <i>Student number.</i> | <i>No of sessions</i> | <i>Previous experience in counselling</i> |
|------------------------|-----------------------|------------------------------------------------------------|
| 1 | 1 | None |
| 2 | 2 | Life line course and psychology honours |
| 3 | 3 | None |
| 4 | 3 | None |
| 5 | 4 | Social worker |
| 6 | 0 | None |
| Total | 13 | |
| 7 | 6 | 18 months telephone counselling |
| 8 | 5 | None |
| 9 | 5 | School principal; limited experience dealing with children |
| 10 | 0 | None |
| 11 | 0 | None |
| 12 | 0 | None |
| Total | 16 | |

Here we see that the first group consisting of the first six students attended a total of 13 sessions while the second group attended 16 sessions in all. Thus the first group of six attended a little more than 50% of the sessions attended by the 2002 group and the second group consisting of students 7 to 12 attended a total of 80% of the sessions attended by the 2002 group. In the one group who attended 13 sessions 5 students counselled. In the

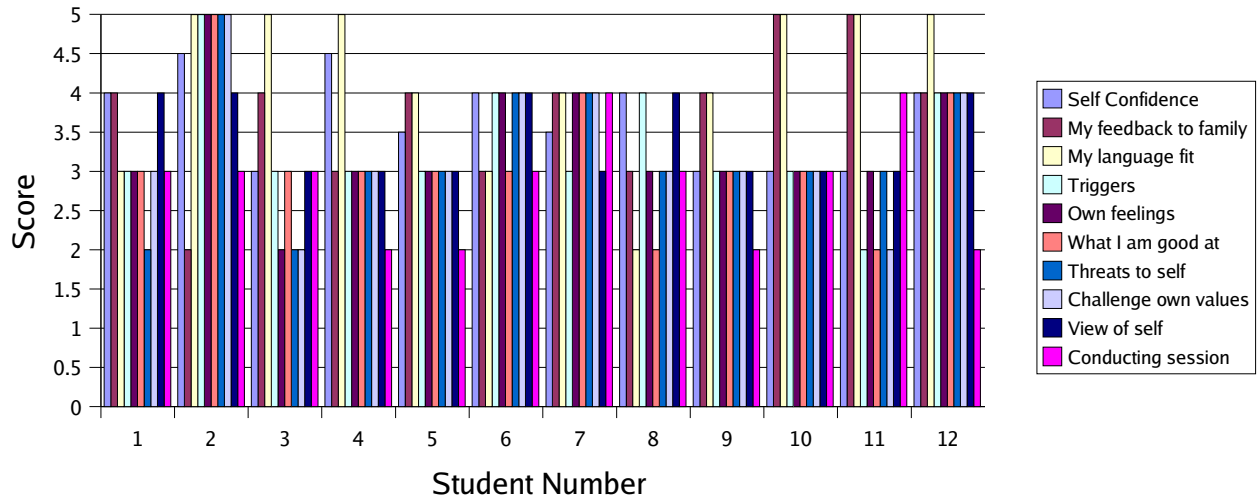
second group who attended 16 sessions only three students counselled, each completing a greater number of sessions.

The information for the following 3 graphs was taken from tables 9, 10 and 11 which can be found in Appendix 5. The tables 9 and 10 were derived from the questionnaires given to the students in the 2003 group after four and eight months, respectively(see Appendix 2, 3 and 4). Table 11 was then drawn from the tables 9 and 10 and shows the changes in the students over this four month period. Appendix 4 has the modified third questionnaire given to the students after 8 months in 2003.

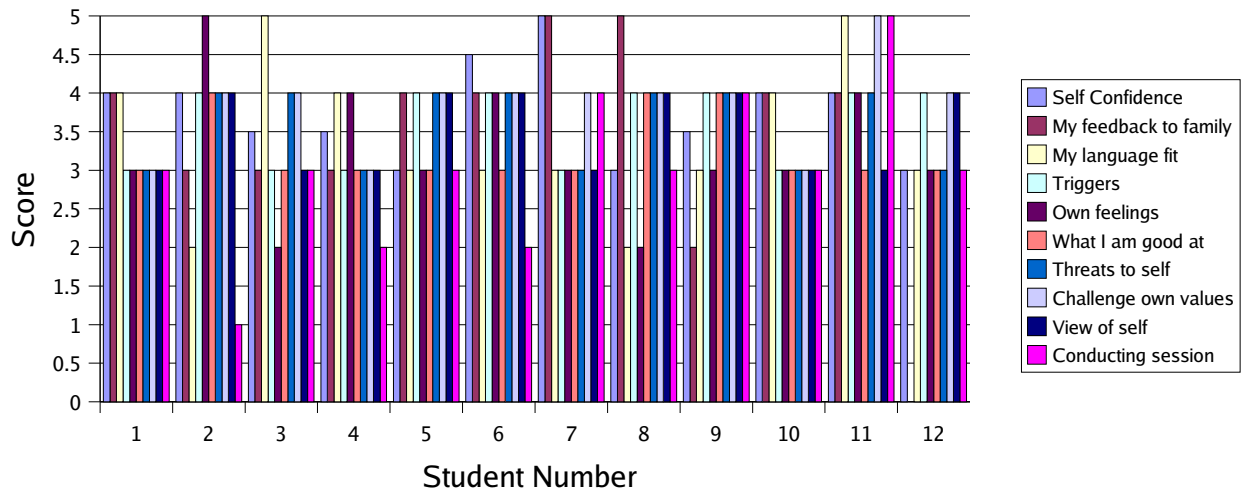
The information from these tables has been converted into three graphs which were used to determine differences and patterns that developed in these two groups of students during the course of 2003.

The graphs were drawn from the information in the tables as found in the appendices. Graph 7 is drawn from the information in table 9 and shows the students' assessment of self-reflection at 4 months. Graph 8 shows their self-reflection at 8 months. The third graph was developed by taking the difference between these two and putting that information into a graph. As mentioned in the discussion of the 2002 group, there are in some cases negative results as the students have sometimes assessed themselves as 'less' reflective in certain areas. However, either positive or negative results indicate that self-reflection has taken place.

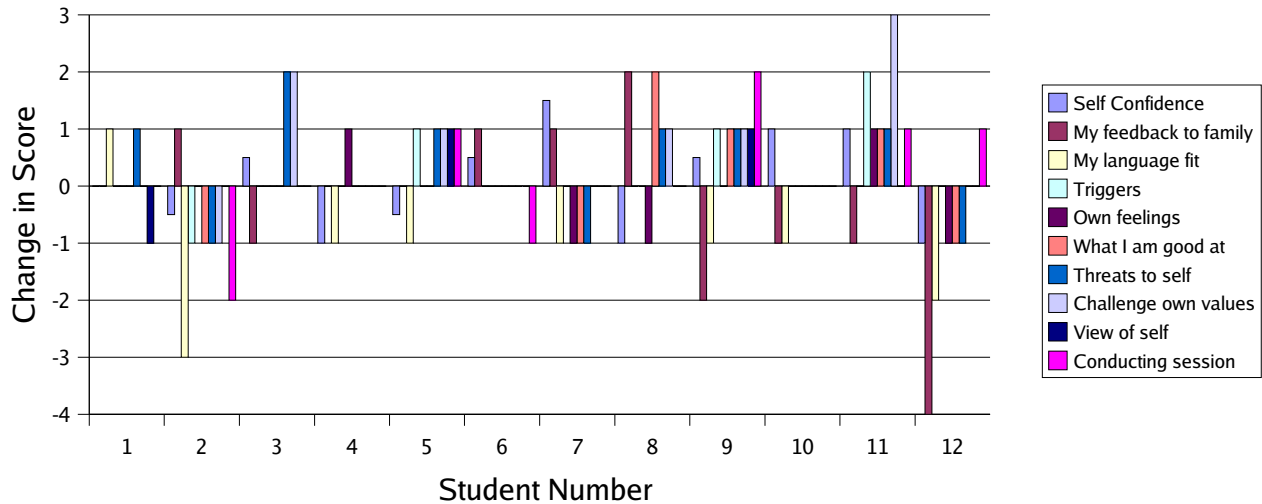
Graph 7: 2003 Student Group 4th Month



Graph 8: 2003 Student Group 8th Month



Graph 9: 2003 Change Between 4th & 8th Months



3.3.1 Self reflection

3.3.1.1 Self confidence

In the first group of six students, 1-6, one student reported 'no change' in her level of self confidence, three reported less confidence, and two reported feeling more confident. One of the students who said she felt more self confident was the student who did not have an opportunity to counsel a family at all, due to time constraints. The second group, consisting of students 7 -12 all reported a change in their levels of confidence with only two feeling less confident. One of these students who reported less confidence, had had several sessions counselling a family (student 8 who had 5 counselling sessions) and one (Student12) did not counsel at all. The video material of the feedback to the families was viewed and this student (12) seemed to become less involved in the process towards the end of the year. It seemed as if she had simply lost interest in what was happening with the families. The person who trained these students was interviewed at the end of the year and when this was pointed out she concurred with the observation. She said that this student had been particularly keen to counsel a family and that as they proceeded towards the end of the year she realised that she was not going to have that opportunity. The trainer wondered if this had led to the loss of interest and distancing of herself from the process.

If we look at all these results we see that there has been some awareness of change in levels of self confidence in eleven out of the twelve students. This can also be seen as a change in the self agency of the students as they have, during the course of the year, created new narratives about the self developing a more broadly defined self identity. The difference in terms of increased or decreased levels may be due to individual perceptions and to the way in which they have changed their self -narratives. Those becoming more confident may have seen or experienced the process as manageable so that a new idea of themselves as “therapist” or as “team member” has grown which is broader and allows for greater latitude in this role. Those who reported less confidence may have seen the process of therapy as complex and a little daunting. This might have led them to develop a different story where they feel they are less able to cope in therapy. Either way, self reflection has led the students to their own conclusions as to how they might cope in a therapeutic situation.

3.3.1.2 Giving feedback

The same indicators were used as for the 2002 group, to ascertain whether the students had developed awareness of how they gave feedback to the family, namely

- I am aware of how I give feedback to the family
- I think about whether my language has fit the family.

Every student reported some change in terms of giving feedback to the family, either there were changes in their awareness of language use or in how they gave feedback to the family. However, half of the students reported that they were less aware of either language use or how they gave feedback and half were more aware on at least one of these measures. I found this rather unexpected since the method of working with reflecting teams is very much associated with language use. These students would have spent some time discussing language, both their own and that of the family, in the time they were trained and in pre and post session discussions. This I would have expected to lead to a self narrative where language was an important aspect of the feedback from the team as well as the in the creation of meanings. It is possible that as they became more

confident in their interactions with the families, they thought less about the language they used to do so.

Again there is a sense that as the students are themselves in a process of change, of their self-narratives or paradigm, that how they had assessed themselves earlier in the year was different to how they assessed themselves at the end of the process. One does wonder what would have emerged if there had been an opportunity to meet with these students and to dialogue with them about their experiences. I feel that this was a limitation in this study, which might have led to a very different understanding if I had worked in a more usual qualitative research design.

The following table gives an indication of the changes indicated by students in their questionnaires.

Summary Table 4: Giving feedback 2003 group (derived from graph 9)

| Student Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|-----------------------|------|------|------|------|------|------|------|------|------|------|------|------|
| My feedback to family | | More | Less | Less | Less | | More | More | Less | Less | Less | |
| My language fit | More | | | Less | More | More | Less | | | Less | | Less |

3.3.1.3 Threats and Triggers

Those things that are threatening or painful for the therapist may be avoided by the therapist in a counselling situation. When the client brings to therapy something that triggers painful or difficult experiences for the therapist, the therapist may be unable to stay with the client in his/her pain. This could lead to a situation where the client has less opportunity to grow and to deal with those things that hold him/her back. As a therapist develops an awareness of his/her own emotional triggers, he/she is better able to recognise her own limitations when dealing with particular issues. Students who during their training get an idea of their own areas of difficulty and get help with these will be in

a better position to draw alongside clients who are experiencing pain that is similar to what has been experienced by the therapist. Developing an awareness of these areas will involve the student in self examination or self reflection.

From a post-modern perspective, as the student reflects on the narratives around the self and begins to explore a wider range of self narrative which possibly includes painful stories, she/he will become more willing and able to hear the stories of others which are painful to them. The widening of the self-narrative will enable the 'therapist in training' to broaden the scope of the stories that he/she works with to include those that were previously difficult to hear.

Again the three indicators used to assess awareness of areas which could be difficult or challenging for the student were:

- I feel aware of the things that trigger me
- I feel aware of the things I find threatening
- I feel aware of what challenges my values.

Summary Table 5: Threats and triggers: 2003 group (derived from graph 9).

| 2003 Groups | | | | | | | | | | | | | |
|----------------------|----------------|------|------|------|---|------|---|------|------|------|----|------|------|
| | Student Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Triggers | | | Less | | | More | | | | More | | More | |
| Threats to self | | More | Less | More | | More | | Less | More | More | | More | Less |
| Challenge own values | | | Less | More | | More | | | More | More | | More | Less |

Of the 12 students in the group, six developed an awareness of what was threatening to them or challenging of their values. Three students reported feeling less aware of these issues and three remained unchanged according to their self report. Three of the six who

reported feeling less aware of the things that triggered emotional pain or were unchanged in this respect, were students who did not counsel families. In fact, only one of the students who did not counsel a family felt she had developed more awareness of these triggers.

In the light of these observations one might question whether by joining the family system, the students developed a greater awareness of their own difficult or painful narratives. Those who were more distant, seeing the family only through the mirror and having no direct contact were possibly less aware of these difficult areas.

3.3.1.4 The self of the therapist

Again the same indicators were used as with the 2002 group, namely,

- my view of myself
- being aware of what I am good at
- developing an awareness of my own feelings.

Summary Table 6: The self of the therapist: 2003 group (derived from graph 9)

| 2003 Groups | | | | | | | | | | | | |
|-------------------|------|------|------|------|------|---|------|------|------|----|------|------|
| Student Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| View of self | Less | Less | More | | More | | | | More | | | |
| What I am good at | | Less | | | | | Less | More | More | | More | Less |
| Own feelings | | | | More | | | Less | Less | | | More | Less |

In these two 2003 groups, two students reported “no change” in their ideas of themselves as therapist. These two students (6 and 10) had no counselling experience during the year. There were six students who said they were more aware in terms of one of the

indicators at least and the others reported less awareness of their own feelings, view of self or what they were good at. If we then compare this result with the information under “triggers and threats”, we see that the students who here report less awareness of themselves also report less awareness of what triggers them or is difficult and painful to cope with. Students 2, 7 and 12 report less awareness in both sets of information and student 8 reported some change but is not consistent either with more or less awareness.

Both students 7 and 2 reported more willingness to risk and this could be linked to the less awareness of the self of the therapist and of what is threatening to the therapist. Interestingly, student 12 reported less willingness to risk as well but, as discussed, this student seemed to have lost interest in the process along the way.

3.3.1.5 Conducting the session

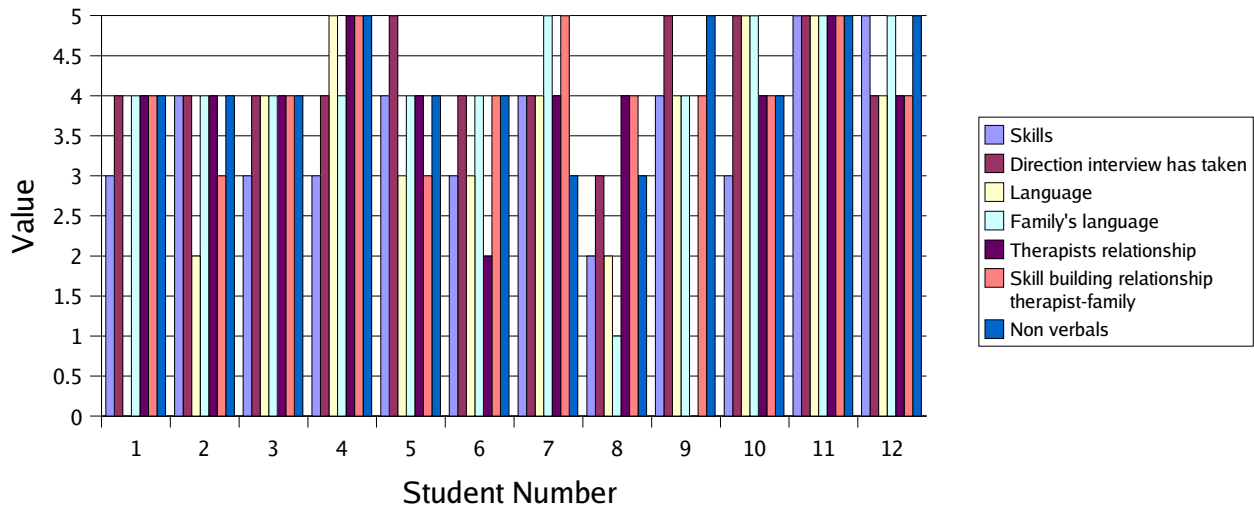
Four students reported that they had been aware that they might have conducted the sessions differently from what they had observed in the sessions. One might expect that students who were thinking about the therapy might have developed some ideas of their own about what they would have done in the session and that this might have led to a different direction for the family in therapy. Of these four students, two had counselled families themselves and two had not had that opportunity. Two students also reported that they were less thoughtful about the way in which the session was conducted. One of these two had counselled and one had not. Six students said they had not thought about how they might have conducted the session differently. Here we see not very much difference between those that had been involved as counsellors and those who had just observed the process. However, 50% of the group had done little or no reflection on how they might have worked differently.

3.3.2 Self reflection with respect to process

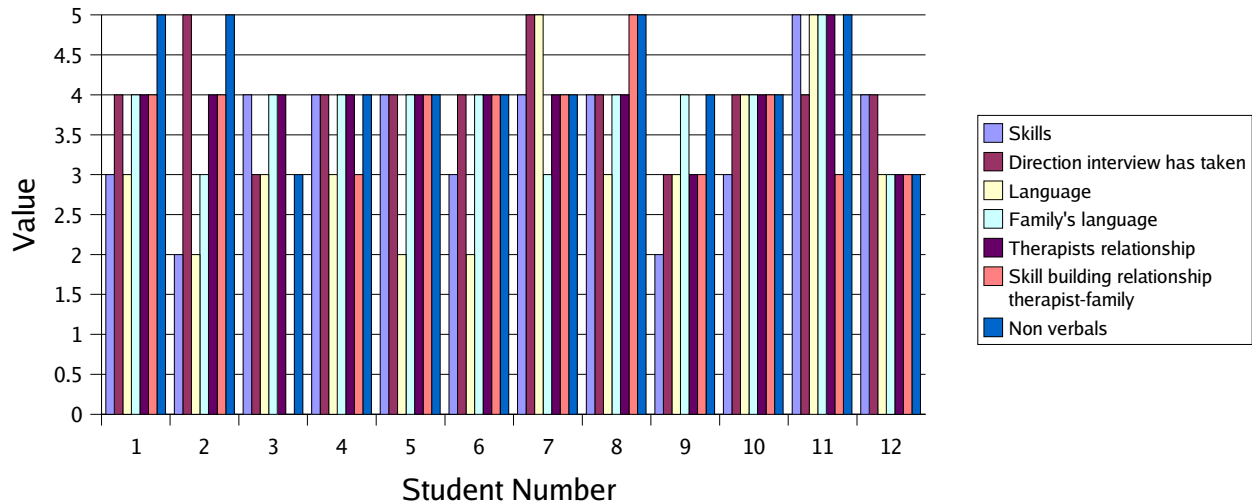
Information taken from the questionnaires administered during the fourth and eighth months of the time the students spent at family Life Centre (see appendix 3 &4) taking part in family therapy, was used to develop tables 12, 13 and 14. (These tables can be seen in Appendix 5)

The information from tables 12, 13 and 14 was put in the form of graphs and these are used to examine and discuss the outcome of this process as experienced by the students in the year 2003. Graph 10 was developed from the information from table 12 and covers the process after four months in the team. Graph 11 is derived from table 13 and looks at students' experiences of process after eight months in the team. Graph 12 from table 14 gives an indication of the difference in the students' experiences between the fourth and eighth months.

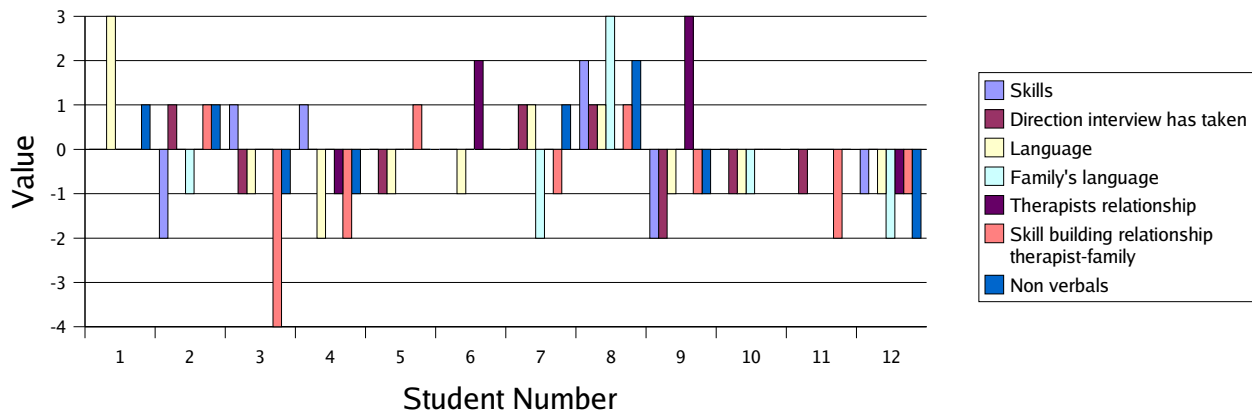
Graph 10: 2003 Student Group Process 4th Month



Graph 11: 2003 Student Group Process 8th Month



Graph 12: 2003 Change Between 4th & 8th Months



As with the 2002 group, seven indicators were selected to give an understanding of whether the students had become more aware of the process of therapy during the period between the fourth and the eighth months. If we look at graph 12, we see that there are nineteen responses marked above the baseline (0) and thirty one, below the baseline. This would seem to indicate that there was less awareness of the therapeutic process at the end of eight months than had been observed in the 2002 group, where there were more responses above the baseline than below. On the whole the students in the 2003 group spent longer counselling the families. I wonder whether this difference in awareness of

process could be something to do with their greater involvement in counselling so that they were less consciously aware of process.

3.3.2.1 Skills

In this group only three students (3,4,and 8) became more aware of the use of skills and three were less aware (2, 9 and12). The students who were more aware of skills had all counselled families. Two of the less aware students were also two that had reflected little about themselves. The other six students reported “no change”. From a post-modern perspective, these students had not developed new self narratives during the therapy process. Interestingly, the student who is a social worker (5) reported no change in awareness of skills used. Possibly the use of skills is more integrated into her professional self than the other students as she has practised social work for some time. She was the student with most previous counselling experience. The three students who reported a greater awareness of how skills were used had all counselled families for a few sessions (3-5sessions).

3.3.2.2 Direction of the session

Three students (2,7 and 8) were more aware of the direction the session had taken and that it could have moved differently. Two of these students had longer periods counselling the families. Five students reported that they were less aware of the direction the session had taken. Presumably they did not think about the direction the session might have taken if they had been in the counsellors seat. Knowing how often this is discussed in post session discussions, I am surprised by this lack of awareness.

3.3.2.3 Language

This group seemed to develop little awareness of how language was used in the system. Only three reported a positive awareness of language use. This again is surprising when one considers how central language is in the work of Andersen and that language would in all likelihood have been discussed in supervision. Only one student reported being

more aware of the family's use of language. This was again a student who spent some time counselling a family. Of the four students who reported less awareness of the family's use of language, two had not counselled at all.

3.3.2.4 Therapist relationship with the clients

Only four students seemed to be at all aware of this important relationship. Two reported greater awareness. One had spent 5 sessions with her family and the other had not counselled. However, when the interview with the trainer was held, I learned that this student was top theoretically which might have had some affect on her awareness of this relationship.

3.3.2.5 Skills used to build therapist/ client relationship

With regard to this indicator, three appeared to be more aware and six seemed to be less aware in the eighth month than in the fourth month, of the skills used to build the relationship. The three who reported more awareness were the social worker, a student who had completed a Person-centred counselling course and one student who had had 5 sessions with her family, all of whom might have been aware of the need to build a relationship with the client. Two of those who were less aware had not had an opportunity to counsel a family at all. Perhaps the building of the relationship between the family and therapist seemed irrelevant to some students as they might think that it would develop naturally as they were exposed to the family.

3.3.2.6 Non verbal communication

When one realises that non verbal communication is often very useful in understanding the client life world, one must wonder what has happened during this process for four students to report that they are less aware of non verbal communication in the eighth month than they were in the fourth month. Four were more aware of this communication which is what one might expect, as often nonverbal behaviour is more congruent with the

family's experience than what is reported verbally and therefore observation of non-verbal communication is very useful.

If we now look at the graph 12, we see that the students who reported no growth in awareness of process and in fact, were less aware are the three from the second group who did not counsel at all. All the other students reported some level of awareness of the counselling process although for some there was little change in the light of their counselling experience. For example, student 9 who had a total of 5 sessions with a family in a counselling role, reported only a greater awareness of the therapists' relationship with the family and less awareness of the process in several areas. Student 8 who also counselled a family on 5 occasions, reported positive change in awareness of the process. Student 6 who did not counsel did develop awareness of the therapist's relationship but no more than that. The trend here would seem to indicate that the students who had access to the families as counsellor, possibly developed a greater awareness of the process than did the non-counselling students.

3.3.3 Willingness to risk

A willingness on the part of the students to risk having a voice or a different voice, is used as a second indicator of the growth of the student as a counsellor.

- This can be assessed through the self report of the students as in the statement:
“I am becoming more willing to share my thoughts and ideas in the team”
- A second way in which the students were assessed was in their participation in the reflecting team. Initially the number of times a student took part in the feedback session was noted. This proved to be extremely subjective and personal. For example student 10 in this group was very involved at first in that she spoke 7 times in the first and second feedback sessions and then gradually took a less prominent role only speaking twice in the last recorded session. This would seem to indicate less

willingness to risk, but the way in which she was involved changed. Initially there was a lot of agreement with the trainer possibly indicating that she was willing to risk having a voice. Then later she would let everyone have their say before she put forward her perspective. What she said then generated quite a bit of discussion. To me this would indicate growth of the therapist and possibly greater willingness to risk having a different voice, as she introduced new ideas which were then discussed. However, this student reported no change in her willingness to share in the team. She could have felt that she was always willing to risk and that would seem to be the case. However, the way in which she risked changed during the process.

- In an interview with the trainer of the team, this student seems to have stood out as one student who had grown through this experience. One must wonder whether this method of assessing growth and particularly a willingness to risk, gives a good indication of change.

As with the 2002 group, both these groups of students became more at ease in the feedback sessions as the year progressed. Initially all communication in feedback sessions was addressed to the trainer and later in the process, conversations between the students developed indicating possibly a greater degree of risk-taking in the second half of the process.

3.4 Reflections on the 2003 group

The 2003 group of students had a different experience of therapy from the 2002 group as they were divided into two groups who only attended therapy on a fortnightly basis. They therefore had less exposure to working in family therapy or taking part in the team. What seems to be a trend is that there is less awareness of the process of therapy than in the 2002 group. However, the students do seem to have begun to develop a new self-narrative in terms of themselves as therapists.

Most of the students have developed a story of themselves that includes a greater self-agency and confidence in themselves as therapist. They are beginning to develop self-narratives that include a wider range of stories about themselves. This would certainly help them to be more accessible to clients and to be able to stay with them in their pain.

If we look at the work experience of this group of students we see that the majority have been involved in the teaching profession, some with considerable experience in this field. The role of teacher is often seen as that of an expert who transfers knowledge to his/her pupils. There is seldom any query about the teacher's expert role. The therapist, on the other hand, may have expertise in terms of theory, but in this way of working with families is required to take on a position of "not knowing". This shift could be an extremely difficult one as it is such an extreme move. One must ask whether, in the course of a few short months and with little exposure to this work, it is possible to make such a shift. My feeling is that several of these students have begun a journey. I do wonder how far they have come along this road towards a different way of working and whether, in fact, they can be expected in such a short time to have moved very far.

Chapter 4

4.1 Reflections on the outcomes of the research

4.1.1 Introduction

In this study two aspects have been used to explore whether students are benefiting from their exposure to family therapy in the reflecting team. I have looked at how the students, during their time at Family Life Centre, have changed in terms of

- self reflection and
- their willingness to have a voice or a different voice. This can be linked with their being in a position of “not knowing”. When the therapist or team member enters the therapy room in a “not knowing” position they are not safely ensconced in their expert position, as the family is seen as expert and allowed to take centre stage and lead the process in the way it chooses. In such circumstances to risk having a voice or to introduce difference can be seen as a willingness to risk.

If we think about self reflection and the willingness to risk, which are both used in this study as ways of determining whether the therapist has grown through exposure to family therapy and especially to the reflecting team process, we become aware of the two being quite at odds with each other. If we think about self reflection and the willingness to risk from a modernist perspective, we might see the two as mutually exclusive in that we might expect that as students become more aware of themselves in therapy, they might be less willing to risk having a new or different voice or even speaking in the therapy room at all, in case they say the wrong thing. When the student works in front of a mirror possibly for the first time, having a voice may be particularly difficult and risky.

If we look at self-reflection and the willingness to risk from a post-modern perspective, we are required to leave behind our dominant discourse and to take a position of being

curious or 'not knowing' in the therapy room. Here there would be no right way of working or of understanding the client's story (Andersen 1990: 52) as we would each come to therapy with our own pre-understanding which would affect what we would hear and what we would respond to. Self reflection leads to the development of new self-narratives (Anderson 1997: 136). In this instance self reflection and a willingness to risk might be seen as inter-related.

The students in both groups reported very little increase in their willingness to risk during the time they spent in the team but for most there was a greater level of self reflection either in terms of self awareness or in terms of awareness of the process. For many there was change in both these areas of self reflection.

In an article by Young et al (1989: 72), reference is made to the fact that for trainee counsellors the reflecting team set up can lead to performance anxiety. However, the use of this type of approach in training also spreads the responsibility around the whole team. This article also introduces the idea that this type of training tends to keep the trainees more involved than when they merely sit behind the mirror and a message is relayed to the family.

4.1.2 Comparison of the outcomes from the two groups, 2002 and 2003 groups

Apart from the student in the 2003 group who obviously withdrew a little once she realised she would not get a chance to work with a family, most of the students seemed to remain engaged in the process and to enjoy the experience. This was born out by the observations of the video taped feedback sessions throughout the year. Initially, many of the students seemed to make few comments in the sessions. This gradually increased throughout the year as the students became more accustomed to the reflecting team set-up although talkative and quiet students tended to remain consistently talkative or quiet

throughout the process. During earlier sessions most of the comments seemed to be around the topic introduced by the trainer. In later videos one can see that conversations developed in the team, with not every comment directed at the trainer. At this time there seemed to be comments made that were different from those introduced by the trainer. This would suggest that the students were indeed more willing to risk a different voice as the therapy progressed.

If we look at the two groups we see that the first group (2002 group) with their greater exposure to the process seemed to develop more awareness of process. The 2003 group of students seemed to be less aware of the process of counselling than the group from the previous year. However, they did seem to be more self-reflective resulting in personal growth. There does seem to be a great deal of variation in that although some of the students in the 2003 group had less sessions behind the screen, they developed a great deal of awareness of the process. In particular student 8 (2003 group) stands out as she developed greater awareness in five of the seven areas investigated. In the 2002 group students 3 and 4 stood out as really having understood the process of therapy. Student 3 was more aware in five and student 4 in all seven of the areas under investigation.

All of the students in both groups were engaged in an on-going process of self-reflection with possibly more reflection taking place as they became more involved in family therapy. How they changed through their involvement in the reflecting team and in working with families is personal and different for each student. Bateson (1979: 38) says that all experience is subjective. Rogers also sees all experience as subjective and personal and that for each person reality is different from the reality of others (du Toit et al. 1998: 4). He (du Toit, et al 1998: 24) also says that it is through interaction with significant others that the self is formed. Here we see the development of the therapist self takes place as the students interact not only with the families, but with each other and with the trainer, throughout the training process.

Andersen (1996:120) talks about the inner and the outer voice. He describes the inner voice as the conversation each team member has with him/herself as he/she listens to the family and to the other members of the team in reflecting to the family. The outer voice is what is shared with the family and team. The reflection on what is spoken and heard allows the team members as well as the family to create self-narratives that include some of what has been discussed and thought about in the session (Freedman & Combs 1996: 17). We see that there is an on-going process of evolution of the self through narratives that include other people. As the students listen to the stories of the family and other team members, they develop new understandings of their own stories and this leads to new self-narratives (Anderson 1997: 135-6).

There seemed to be little difference in the development of the students who were given the opportunity to counsel in this set up from those who did not get that chance. If we consider self reflection as a measure of the development of a counsellor, and from the literature this would seem to be a reasonable assumption, we find that every student had developed to some degree. Self reflection for the first team (2002) seemed to be in terms of both the individual self and in awareness of the process of therapy. The 2003 group were less aware of the process of therapy possibly due to their experience of seeing families only every second week but they did become more self-reflective developing new understandings and new self-narratives during the course of the therapy. Possibly also, as they had more time in the therapist role, several of the students having 5 or 6 sessions with the families, they were more immersed in the counselling and less consciously aware of process. Exactly how each group and each student in the group changed over the period under discussion was different. In the second year of investigation there seems to have been a greater correlation between the development of self-reflection and the students exposure to counselling a family. Interestingly, the student who was academically first in this group did not counsel and reported little change in awareness of either the process or of her own growth of awareness of herself as a therapist. Can we then ask whether theoretical prowess is not a good indication of

practical therapeutic skills? This information was gained through an interview with the trainer after the end of the academic year.

4.1.3 Conclusion

This study was started in response to the enrolment of a larger number of students into the educational psychology masters course than had been the norm. There was some concern that all the students would be unlikely to get an opportunity to counsel a family during the time they were involved in family therapy and whether this would affect their learning. I was aware of how I had grown through my involvement in family therapy and from the feedback I had received from the team I worked with during this time. I wondered what was happening to the students behind the mirror as they had less access to the family. The trainer at Family Life Centre was very concerned about the students' growth during the year they had training in family therapy. She reflected and discussed how to accommodate the students so that they would get the most benefit from the process and decided initially to accommodate all of them in a big group with a smaller group going into the room each week to give reflections to the family (Andersen 1995: 421). In this instance the rest of the team sat in the viewing room quietly watching the feedback to the family. During the second year, having had such a large turnover of families during the 2002 year, she decided to try something different. The whole group was divided into two smaller groups who only attended family therapy on a fortnightly basis thus having two groups of 6-7 working together throughout the year.

4.1.3.1 Self-reflection

During the first year (2002), the whole group attended all of the sessions splitting in half to reflect to the family. This gave the students maximum exposure to the process. However, the families they worked with were aware of the large number of people

behind the screen particularly when they went through to the back to hear the reflection from the team. This does seem to have had an effect on the process as each counselor completed very few sessions with any family. In fact, the families seen by this 2002 group stayed in therapy for a very short time. The most sessions completed by any one student was six, but all the rest completed between one and three interviews. However, this group did develop a good idea of the counselling process and of themselves within this process. There seemed to be little difference in the development of students who counselled from those that did not.

The second group (2003) was divided into two teams who attended family therapy every second week. Each student then had less time behind the mirror actually observing interviews and working as part of the reflecting team. Here we find the families stayed in therapy for longer so that not all the students had a chance to counsel. Those that interacted the most and most directly with families (they counselled over several sessions), seemed to develop a better understanding of process than the other students. This would fit with the findings from the previous year where the whole group had had little direct exposure to families, having relatively short periods with each one, but a longer overall period of contact. These students from the 2002 group also developed a greater awareness of the process of counselling. The majority of students developed greater confidence during this time in both groups and greater self awareness and self growth. They began to develop new self-narratives as they worked with families incorporating a wider range of stories.

What is very obvious is that each student grows differently to every other student. This is not really surprising as each one is unique, coming into this process out of their own unique world of experience. Each student experiences the time behind or in front of the mirror in a personal way and so grows in a way which fits for him/herself. This does call into question the whole process of training if a particular outcome is desired. However, we can also see that every student benefited in that each one developed confidence and got to know and understand him/herself more fully. Possibly one of the problems for the

trainer in the second year was maintaining the interest of those students who did not get the opportunity to counsel a family themselves. There was one student who quite obviously lost interest.

4.1.3.2 Willingness to risk

If we now take into account the students' "willingness to risk", we might expect that there would be more willingness to risk by the end of a process like this. What is observed in both the 2002 and the 2003 groups is that the risk initially is "to have a voice". Different students were more or less willing to share in the reflection process what they were thinking and what they had observed of the family. More outgoing, confident students were more open to sharing than others. They seemed to maintain the pattern set at the beginning throughout the process with quieter students remaining quieter than the others even when they did find a voice after a time in the team. However, the introduction of difference to the family (having a different voice) developed only later in the process as this was possibly experienced as more of a risk by the students. Possibly the move in understanding of there being a "right way" to the more post-modern/constructivist idea that there is "no right or wrong" way, was difficult for many students to put into practice. Again it seemed to be the more outgoing, bolder students who made this move.

Greater awareness of self and self reflection can also lead to an awareness of one's own shortcomings and this can also negatively effect one's willingness to risk. Only two students in the 2003 group actually admitted to feeling more willing to risk and I wonder if the self-reflection and growing awareness of the self didn't negatively effect the willingness to risk for some of the students.

The question must arise as to which of these two groups was most successful. The focus would determine the outcome of this. Certainly from the point of view of training the first group of students seem to have developed a greater understanding of process, self growth

and self reflection. However, if the focus is on providing a service to families, which is of considerable importance in a service organisation, the second group (2003) seems to have been more helpful in the development of counselling skills and offering the students an opportunity to experience the process of family therapy in a way that promoted self-growth and self-reflection.

4.1.4 Reflections on the thesis as a whole

During the course of the time I was involved in this research, my epistemology changed as I studied and read theoretical material different from that to which I had been exposed. This led to my changing the questionnaires which I developed during the first year to some extent although I did not feel that I could change them much, as I wanted to compare the two groups. This made me aware of how these two groups of students were also in the process of change. They too were required to interact with new and different ideas. This shifting of paradigms is quite a long and difficult process and in the movement I experienced times when I felt very confused and almost stuck and unable to counsel. I wondered if the students in these groups were going through a similar process.

The majority of students had been involved in the teaching profession where they had filled the role of expert and the conveyors of knowledge to their students. They were required to be different in the teams, where the family fulfilled the expert role and they were to take up a position of “not knowing”. For those who wanted to make this shift, would probably have been very difficult. Dealing in the therapeutic milieu with norms completely foreign to them could have proved very hard. When you are used to being the authority, when you have known THE way, the uncertainty of no single 'truth' or right way of doing things, was probably an extremely difficult and arduous shift.

In discussion with students who have completed this course at the University of the Witwatersrand, it seems that the theoretical base from which the students work is a

psychodynamic one. This theoretical orientation would also tend towards seeing the therapist as the 'expert'. Coming in to the family therapy sessions from their work at the university must have been difficult as the major part of their input would have been different to what they were learning at FLC. This does make one wonder how the students moved at all and does call into question whether discrepancies observed such as the students reporting for example, "less" awareness of process was something to do with where they themselves were in this shifting of stories and paradigms.

4.1.5 Recommendations

Since this research was undertaken, the students from the Education Psychology masters programme no longer do a family therapy module at Family Life Centre, due to a change in the management of the department. From this research project, it has emerged that the smaller groups meeting on a two weekly basis seem to have provided for the students' learning without a detrimental effect on the families who were counselled. This must be a primary consideration for the Centre. I would therefore recommend the second scenario experienced by the 2003 group as being the most suitable for future training.

During the writing up of this research I have become aware of how difficult it is to do a qualitative research project while using quantitative methodology. At the start of this enquiry, the use of questionnaires seemed to be a way around the lack of direct access to students. However, as the information gained from the questionnaires has been examined and discussed I have become more aware of questions I would like to ask and aware of how this method of working has left me with possibly more questions than answers. Interviews with the students and group discussions could have led to a better understanding of how they were growing through the process of this therapy.

In the light of this lack of access to the students themselves, I would recommend further qualitative research to enhance the understanding gained so far in terms of the

development of the student as a therapist through this experience in the team. Being able to discuss with the students their own subjective experiences and to understand the development of the voices that were evident by the end of the study would have greatly improved my ability to give constructive recommendations.

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Appendix 1

Family Therapy Training Programme for Wits M. Ed. Students.
(Supplied by Family Life Centre)

1. Objectives.

1. To provide a context for the students that contributes to the exploration of other ways of thinking about families, family therapy and themselves, providing alternative stories about how life might be.
2. To allow for and invite the expression of aspects of students' lived experience.
3. To recruit the students imagination.

2. Phase 1 – Introduction to family therapy

1. Getting to know each other – team building
2. Getting to know Family Life Centre:
 - our expectations of students
 - policy
 - report writing
 - confidentiality
 - values

3. Phase 2.

1. Overview of family therapy – theory and techniques to be integrated throughout the year
 - Structural family therapy
 - Milan family therapy

- Constructivism
- Narrative approach
- Egan model and techniques
- Reflective team approach

2. Revisiting basic counselling skills. e.g. warmth, basic empathy, congruence – where they fit with family therapy

3. Learning new principles

- | | |
|------------------------------------|----------------------------|
| - hypothesising | -respect |
| - neutrality | -kindness |
| - circularity | -genuineness |
| - curiosity | -telling a story |
| -creativity | -externalising the problem |
| - deconstruct a dominant discourse | -developing a counterplot |

4. Phase 3

Each week a student will see a family – they are expected to continue with this family through to termination. Needs of the family are our first priority.

The origins of family therapy lies in the teachings of the Milan school (in the use of the one-way mirror, the pre-session, the session, the inter-session, the intervention and the post-session). The reflective team has been introduced to family therapy and is an option offered to families.

Students are expected to view their tapes (of session) before the next counselling session. They are also expected to write a short report for the client's file.

5. Phase 4.

1. Live supervision
2. Support and encouragement to learn.
3. Think creatively
4. Team work is essential and is a basic tool of this training programme
5. There is an oral examination at the end of the year. The student is asked to present creatively his/her experiences of family therapy i.e. What are the ways they have taken over the story of family therapy and made it their own?

Appendix 2

First questionnaire administered at the start of the research process in 2002 and 2003.

Questionnaire 1.

1. Name.

2. Background information.

Work background.

Previous counselling experience.

Life experiences which have been life changing.

3. What do you understand by a reflective team?

4. You have had training, which included some experience of being part of a team.

How did you experience being “observed”? Mark any of the following that fit with your experiences and comment if you have different ideas and feelings.

Insecure

Judged

Angry

Embarrassed

Anxious

Exposed

Uncomfortable

Other: _____

Vulnerable

How did you experience being the “observers” behind the glass? Mark any of the following that fit with your experiences and comment if you have different ideas and feelings.

Excited

Bored

Anxious

Interested

Challenged

Confused

Uncertain

Other _____

5. What are your expectations at this point with respect to –

being part of the team?

-

counselling in this family therapy set-up?

| | | | | | |
|---------------------------------------------------------------------------------|---------------------------------------------|--|--|--|--|
| | by the family | | | | |
| 9. I am more aware of how I give feedback to the family at the time | | | | | |
| | Later | | | | |
| 10. I feel more confident as part of the team in giving feedback to the family. | | | | | |
| 11. I am becoming more willing to share my thoughts and ideas in the team | | | | | |
| 12. I feel able to support the feedback given by others. | | | | | |
| When I see a session in progress, I feel | Anxious | | | | |
| | Insecure | | | | |
| | Angry | | | | |
| | Challenged | | | | |
| | Like I want to take over | | | | |
| | Not good enough | | | | |
| | Sympathy for therapist | | | | |
| | Sympathy for family | | | | |
| | Aggressive | | | | |
| | Open to my own feelings | | | | |
| | Aware of things that trigger me | | | | |
| | Aware of what I am good at | | | | |
| | Aware of things that I find threatening | | | | |
| | Aware of what challenges my values | | | | |
| | Aware of what challenges my views of myself | | | | |
| Any other feelings 1 | | | | | |
| 2 | | | | | |

I am aware that I have grown this year as a therapist and a person. Would you like to comment on this?

I am becoming more open to myself and am getting to know myself. Comment.

Questionnaire 3 for research project for family therapy

Name:

In the last eight months you have been part of the reflecting team in family therapy.

Please can you answer these questions in the light of that experience? If you have counselled a family please answer Q6 and leave Q7 out. If you have only been part of the reflecting team, please answer Q7 and leave out Q6.

1. In the following questions there is a choice of responses from 1 – 5 where

1 = never

2 = seldom

3 = sometimes

4 = often

5 = always

- 1. I think about the families we have seen between sessions
- 2. I wonder if I would have conducted the session differently.
- 3. I think about what skills were used .
- 4. I think about the effect of using particular skills.
- 5. I have become more confident as a member of the team.

When we discuss the interview after family therapy,

- 1. I think about the direction the interview has taken.
- 2. I wonder if what the family has heard has been helpful to them.
- 3. I wonder if I could have phrased my input in a way that the family could more easily hear.
- 4. I am becoming more aware of the language used by the family.
- 5. I think about whether my language has fit the family.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
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2. In being part of the reflecting team, what have you learned about yourself that will help you as a counsellor. Comment.

3. Please indicate whether you have become more/less contemplative in risking giving feedback to the family.

4. You have been part of the reflecting team for eight months. During that time you have probably felt more at ease in the team and begun to take risks in sharing your own ideas and thoughts both with the team and in feedback to the families. At this point how would you to rate your risk-taking.

If, 1 = never risk my own ideas

2 = occasionally risk my own ideas

3 = sometimes risk my own ideas

4 = easily risk my own ideas

| | | | | |
|---------------------------------------------|---|---|---|---|
| My risk taking that is of my own initiative | 1 | 2 | 3 | 4 |
|---------------------------------------------|---|---|---|---|

| | | | | |
|--------------------------------------------|---|---|---|---|
| My risk taking in response to others input | 1 | 2 | 3 | 4 |
|--------------------------------------------|---|---|---|---|

5. Please indicate whether there was any incident that influenced your willingness to risk your own ideas and thoughts in the team in giving feedback to families. This could be positive or negative. Comment.

Appendix 4

Questionnaire 3 for research project for family therapy(amended for 2003 group)

Name:

In the last eight months you have been part of the reflecting team in family therapy.

Please can you answer these questions in the light of that experience? If you have counselled a family please answer Q6 and leave Q7 out. If you have only been part of the reflecting team, please answer Q7 and leave out Q6.

1. In the following questions there is a choice of responses from 1 – 5 where

1 = never

2 = seldom

3 = sometimes

4 = often

5 = always

1. I think about the families we have seen between sessions
2. I wonder if I would have conducted the session differently.
3. I think about what skills were used .
4. I think about the effect of using particular skills.
5. I have become more confident as a member of the team.

When we discuss the interview after family therapy,

1. I think about the direction the interview has taken.
2. I wonder if what the family has heard has been helpful to them.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| | | | | |
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2. In being part of the reflecting team, what have you learned about yourself that will help you as a counsellor. Comment.

3. Please indicate whether you have become more/less contemplative in risking giving feedback to the family.

4. You have been part of the reflecting team for eight months. During that time you have probably felt more at ease in the team and begun to take risks in sharing your own ideas and thoughts both with the team and in feedback to the families. At this point how would you rate your risk-taking.

If, 1 = never risk my own ideas

2 = occasionally risk my own ideas

3 = sometimes risk my own ideas

4 = easily risk my own ideas

| | | | | |
|---------------------------------------------|---|---|---|---|
| My risk taking that is of my own initiative | 1 | 2 | 3 | 4 |
|---------------------------------------------|---|---|---|---|

| | | | | |
|--------------------------------------------|---|---|---|---|
| My risk taking in response to others input | 1 | 2 | 3 | 4 |
|--------------------------------------------|---|---|---|---|

5. Please indicate whether there was any incident that influenced your willingness to risk your own ideas and thoughts in the team in giving feedback to families. This could be positive or negative. Comment.

6. Some of you had the opportunity to counsel a family. Please state what you learned in this process that the other members of the team may have missed out on by being only part of the team.

7. If you did not counsel a family do you think you missed out on some of the learning you might have achieved and if so in what way?

Appendix 5.

Table 2: 2002 group self reflection after 4 months.

| 2002 Group | 4th Month | | | | | | | | | |
|-----------------------|----------------|---|---|---|---|---|---|---|-----|---|
| | Student Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Self Confidence | 4 | 3 | 4 | 3 | 4 | 4 | 2 | 2 | 3.5 | 3 |
| My feedback to family | 4 | 5 | 4 | | 4 | 4 | 4 | 4 | 4 | 2 |
| My language fit | 3 | 4 | 4 | 3 | 4 | 4 | 5 | 4 | 5 | 4 |
| Triggers | 4 | 5 | 4 | 4 | 4 | 4 | 3 | 4 | 4 | 4 |
| Own feelings | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 3 | 4 |
| What I am good at | 3 | 3 | 4 | 3 | 3 | 4 | 3 | 3 | 3 | 3 |
| Threats to self | 4 | 4 | 4 | 3 | 3 | 4 | 3 | 3 | 4 | 3 |

Table 3: 2002 group self reflection after 8 months.

| 2002 Group | 8th Month | | | | | | | | | |
|-----------------------|----------------|---|-----|---|-----|-----|---|---|---|---|
| | Student Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Self Confidence | 4 | 3 | 3.5 | 4 | 4.5 | 4.5 | 4 | 4 | 4 | 4 |
| My feedback to family | 4 | 3 | 4 | 5 | 4 | 4 | 5 | 4 | 5 | 4 |
| My language fit | 4 | 4 | 5 | 4 | 3 | 5 | 5 | 4 | 5 | 4 |
| Triggers | 4 | 4 | 4 | 4 | 4 | 3 | 4 | 5 | 5 | 4 |
| Own feelings | 4 | 3 | 4 | 4 | 4 | 3 | 4 | 5 | 5 | 4 |
| What I am good at | 4 | 3 | 4 | 4 | 4 | 4 | 4 | 3 | 5 | 4 |
| Threats to self | 2 | 4 | 4 | 4 | 4 | 3 | 4 | 4 | 4 | 4 |
| Challenge own values | 4 | 4 | 4 | 3 | 4 | 3 | 4 | 4 | 4 | 4 |
| View of self | 1 | 3 | 4 | 3 | 4 | 3 | 4 | 4 | 4 | 4 |
| Conducting session | 4 | 5 | 4 | 4 | 3 | 4 | 3 | 4 | 3 | 4 |

Table 4: Change in self reflection over the period between the fourth and eighth months of the 2002 group.

| 2002 Group | Change Between 4 th & 8th Months | | | | | | | | | |
|-----------------------|---------------------------------------------|----|------|---|-----|-----|---|---|-----|----|
| Student Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Self Confidence | 0 | 0 | -0.5 | 1 | 0.5 | 0.5 | 2 | 2 | 0.5 | 1 |
| My feedback to family | 0 | -2 | 0 | 5 | 0 | 0 | 1 | 0 | 1 | 2 |
| My language fit | 1 | 0 | 1 | 1 | -1 | 1 | 0 | 0 | 0 | 0 |
| Triggers | 0 | -1 | 0 | 0 | 0 | -1 | 1 | 1 | 1 | 0 |
| Own feelings | 0 | -1 | 0 | 0 | 0 | -1 | 0 | 2 | 2 | 0 |
| What I am good at | 1 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 2 | 1 |
| Threats to self | -2 | 0 | 0 | 1 | 1 | -1 | 1 | 1 | 0 | 1 |
| Challenge own values | 0 | -1 | 0 | 0 | 1 | -1 | 0 | 1 | 0 | 1 |
| View of self | -3 | -1 | 0 | 0 | 1 | -1 | 0 | 2 | 1 | 1 |
| Conducting session | 0 | 0 | 1 | 2 | 1 | 0 | 0 | 0 | -1 | -1 |

Table 5: 2002 group process at four months

| 2002 Group | 4th Month | | | | | | | | | |
|----------------------------------------------|-----------|---|---|---|---|---|---|---|---|----|
| Student Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Skills | 4 | 5 | 3 | 2 | 4 | 4 | 4 | 3 | 3 | 3 |
| Direction interview has taken | 4 | 3 | 4 | 3 | 3 | 5 | 4 | 2 | 5 | 4 |
| Language | 3 | 4 | 4 | 4 | 2 | 4 | 5 | 4 | 3 | 5 |
| Family's language | 4 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 3 |
| Therapists relationship | 4 | 5 | 4 | | 4 | 4 | 5 | 3 | 4 | 4 |
| Skill building relationship therapist-family | 4 | 4 | 4 | 3 | 4 | 4 | 5 | 3 | 4 | 2 |
| Non verbals | 4 | 4 | 4 | 2 | 4 | 5 | 4 | 3 | 5 | 2 |

Table 6: 2002 group process at 8 months

| 2002 Group | 8th Month | | | | | | | | | | |
|----------------------------------------------|----------------|---|---|---|---|---|---|---|---|---|----|
| | Student Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Skills | 4 | 4 | 3 | 3 | 4 | 4 | 4 | 4 | 3 | 4 | 4 |
| Direction interview has taken | 4 | 5 | 5 | 5 | 3 | 5 | 4 | 4 | 5 | 3 | |
| Language | 4 | 5 | 5 | 5 | 2 | 3 | 4 | 4 | 4 | 5 | |
| Family's language | 3 | 3 | 5 | 4 | 4 | 5 | 5 | 4 | 5 | 3 | |
| Therapists relationship | 4 | 5 | 4 | 3 | 2 | 5 | 5 | 4 | 5 | 4 | |
| Skill building relationship therapist-family | 4 | 4 | 5 | 4 | 3 | 4 | 4 | 4 | 4 | 3 | |

Table 7: 2002 group change between 4th and 8th months

| 2002 Group | Change Between 4 th & 8th Months | | | | | | | | | |
|----------------------------------------------|---------------------------------------------|----|---|---|----|----|----|---|---|----|
| | Student Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Skills | 0 | -1 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 1 |
| Direction interview has taken | 0 | 2 | 1 | 2 | 0 | 0 | 0 | 2 | 0 | -1 |
| Language | 1 | 1 | 1 | 1 | 0 | -1 | -1 | 0 | 1 | 0 |
| Family's language | -1 | 0 | 2 | 1 | 1 | 1 | 1 | 0 | 1 | 0 |
| Therapists relationship | 0 | 0 | 0 | 3 | -2 | 1 | 0 | 1 | 1 | 0 |
| Skill building relationship therapist-family | 0 | 0 | 1 | 1 | -1 | 0 | -1 | 1 | 0 | 1 |
| Non verbals | 0 | -1 | 1 | 2 | -1 | 0 | 1 | 0 | 0 | 2 |

Table 9: 2003 group self-reflection after 4 months in the team.

| 2003 Groups | 4th Month | | | | | | | | | | | |
|-----------------------|-----------|-----|---|-----|-----|---|-----|---|---|----|----|----|
| Student Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Self Confidence | 4 | 4.5 | 3 | 4.5 | 3.5 | 4 | 3.5 | 4 | 3 | 3 | 3 | 4 |
| My feedback to family | 4 | 2 | 4 | 3 | 4 | 3 | 4 | 3 | 4 | 5 | 5 | 4 |
| My language fit | 3 | 5 | 5 | 5 | 4 | 3 | 4 | 2 | 4 | 5 | 5 | 5 |
| Triggers | 3 | 5 | 3 | 3 | 3 | 4 | 3 | 4 | 3 | 3 | 2 | 4 |
| Own feelings | 3 | 5 | 2 | 3 | 3 | 4 | 4 | 3 | 3 | 3 | 3 | 4 |
| What I am good at | 3 | 5 | 3 | 3 | 3 | 3 | 4 | 2 | 3 | 3 | 2 | 4 |
| Threats to self | 2 | 5 | 2 | 3 | 3 | 4 | 4 | 3 | 3 | 3 | 3 | 4 |
| Challenge own values | 3 | 5 | 2 | 3 | 3 | 4 | 4 | 3 | 3 | 3 | 2 | 4 |
| View of self | 4 | 4 | 3 | 3 | 3 | 4 | 3 | 4 | 3 | 3 | 3 | 4 |
| Conducting session | 3 | 3 | 3 | 2 | 2 | 3 | 4 | 3 | 2 | 3 | 4 | 2 |

Table 10: 2003 group self-reflection after 8 months in the team.

| 2003 Groups | 8th Month | | | | | | | | | | | |
|-----------------------|-----------|---|-----|-----|---|-----|---|---|-----|----|----|----|
| Student Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Self Confidence | 4 | 4 | 3.5 | 3.5 | 3 | 4.5 | 5 | 3 | 3.5 | 4 | 4 | 3 |
| My feedback to family | 4 | 3 | 3 | 3 | 4 | 4 | 5 | 5 | 2 | 4 | 4 | |
| My language fit | 4 | 2 | 5 | 4 | 3 | 3 | 3 | 2 | 3 | 4 | 5 | 3 |
| Triggers | 3 | 4 | 3 | 3 | 4 | 4 | 3 | 4 | 4 | 3 | 4 | 4 |
| Own feelings | 3 | 5 | 2 | 4 | 3 | 4 | 3 | 2 | 3 | 3 | 4 | 3 |
| What I am good at | 3 | 4 | 3 | 3 | 3 | 3 | 3 | 4 | 4 | 3 | 3 | 3 |
| Threats to self | 3 | 4 | 4 | 3 | 4 | 4 | 3 | 4 | 4 | 3 | 4 | 3 |
| Challenge own values | 3 | 4 | 4 | 3 | 4 | 4 | 4 | 4 | 4 | 3 | 5 | 4 |
| View of self | 3 | 4 | 3 | 3 | 4 | 4 | 3 | 4 | 4 | 3 | 3 | 4 |
| Conducting session | 3 | 1 | 3 | 2 | 3 | 2 | 4 | 3 | 4 | 3 | 5 | 3 |

Table 11: 2003: Change in self-reflection during the period between the 4th and 8th months.

| 2003 Groups | Change Between 4 th & 8th Months | | | | | | | | | | | |
|-----------------------|---------------------------------------------|------|-----|----|------|-----|-----|----|-----|----|----|----|
| Student Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Self Confidence | 0 | -0.5 | 0.5 | -1 | -0.5 | 0.5 | 1.5 | -1 | 0.5 | 1 | 1 | -1 |
| My feedback to family | 0 | 1 | -1 | 0 | 0 | 1 | 1 | 2 | -2 | -1 | -1 | -4 |
| My language fit | 1 | -3 | 0 | -1 | -1 | 0 | -1 | 0 | -1 | -1 | 0 | -2 |
| Triggers | 0 | -1 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 2 | 0 |
| Own feelings | 0 | 0 | 0 | 1 | 0 | 0 | -1 | -1 | 0 | 0 | 1 | -1 |
| What I am good at | 0 | -1 | 0 | 0 | 0 | 0 | -1 | 2 | 1 | 0 | 1 | -1 |
| Threats to self | 1 | -1 | 2 | 0 | 1 | 0 | -1 | 1 | 1 | 0 | 1 | -1 |
| Challenge own values | 0 | -1 | 2 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 3 | 0 |
| View of self | -1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| Conducting session | 0 | -2 | 0 | 0 | 1 | -1 | 0 | 0 | 2 | 0 | 1 | 1 |

Table 12 : 2003 Group: Process at 4 months.

| 2003 Groups | 4th Month | | | | | | | | | | | |
|----------------------------------------------|-----------|---|---|---|---|---|---|---|---|----|----|----|
| Student Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Skills | 3 | 4 | 3 | 3 | 4 | 3 | 4 | 2 | 4 | 3 | 5 | 5 |
| Direction interview has taken | 4 | 4 | 4 | 4 | 5 | 4 | 4 | 3 | 5 | 5 | 5 | 4 |
| Language | | 2 | 4 | 5 | 3 | 3 | 4 | 2 | 4 | 5 | 5 | 4 |
| Family's language | 4 | 4 | 4 | 4 | 4 | 4 | 5 | 1 | 4 | 5 | 5 | 5 |
| Therapists relationship | 4 | 4 | 4 | 5 | 4 | 2 | 4 | 4 | | 4 | 5 | 4 |
| Skill building relationship therapist-family | 4 | 3 | 4 | 5 | 3 | 4 | 5 | 4 | 4 | 4 | 5 | 4 |
| Non verbals | 4 | 4 | 4 | 5 | 4 | 4 | 3 | 3 | 5 | 4 | 5 | 5 |

Table 13: 2003 group : Process at 8 months.

| <u>2003 Groups</u> | <u>8th Month</u> | | | | | | | | | | | |
|----------------------------------------------|------------------|---|---|---|---|---|---|---|---|----|----|----|
| Student Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Skills | 3 | 2 | 4 | 4 | 4 | 3 | 4 | 4 | 2 | 3 | 5 | 4 |
| Direction interview has taken | 4 | 5 | 3 | 4 | 4 | 4 | 5 | 4 | 3 | 4 | 4 | 4 |
| Language | 3 | 2 | 3 | 3 | 2 | 2 | 5 | 3 | 3 | 4 | 5 | 3 |
| Family's language | 4 | 3 | 4 | 4 | 4 | 4 | 3 | 4 | 4 | 4 | 5 | 3 |
| Therapists relationship | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 4 | 5 | 3 |
| Skill building relationship therapist-family | 4 | 4 | | 3 | 4 | 4 | 4 | 5 | 3 | 4 | 3 | 3 |
| Non verbals | 5 | 5 | 3 | 4 | 4 | 4 | 4 | 5 | 4 | 4 | 5 | 3 |

Table 14: 2003 group: Change in process between 4th and 8th months.

| <u>2003 Groups</u> | <u>Change Between 4th & 8th Months</u> | | | | | | | | | | | |
|----------------------------------------------|-------------------------------------------------------|----|----|----|----|----|----|---|----|----|----|----|
| Student Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Skills | 0 | -2 | 1 | 1 | 0 | 0 | 0 | 2 | -2 | 0 | 0 | -1 |
| Direction interview has taken | 0 | 1 | -1 | 0 | -1 | 0 | 1 | 1 | -2 | -1 | -1 | 0 |
| Language | 3 | 0 | -1 | -2 | -1 | -1 | 1 | 1 | -1 | -1 | 0 | -1 |
| Family's language | 0 | -1 | 0 | 0 | 0 | 0 | -2 | 3 | 0 | -1 | 0 | -2 |
| Therapists relationship | 0 | 0 | 0 | -1 | 0 | 2 | 0 | 0 | 3 | 0 | 0 | -1 |
| Skill building relationship therapist-family | 0 | 1 | -4 | -2 | 1 | 0 | -1 | 1 | -1 | 0 | -2 | -1 |
| Non verbals | 1 | 1 | -1 | -1 | 0 | 0 | 1 | 2 | -1 | 0 | 0 | -2 |