

Cole, P.M., Demeritt, L.A., Shatz, K., & Sapoznik, M. (2001)/ Getting personal on reflecting teams. *Journal of Systemic Therapies*, 10(2), 74-87.

GETTING PERSONAL ON REFLECTING TEAMS

Patricia M. Cole, Ph.D.

Lisa A. Demeritt, M.S.

Karen Shatz, M.S.W.

Marcia Sapoznik, M.S.

Family Therapy Program, School of Social and Systemic Studies, Nova Southeastern University

The authors wish to thank the other members of their reflecting team: Jeff Blyth, Barbara Janus, and Debra Nixon.

Correspondence should be addressed to Patricia Cole at Nova Southeastern University, School of Social and Systemic Studies, 3301 College Ave., Ft. Lauderdale, FL 33314.

Patricia Cole is assistant professor in the Family Therapy Program at Nova Southeastern University. Lisa Demeritt is a family counselor for the Broward County School Board and a Ph.D. (Cand.) Karen Shatz is a clinical social worker, a family therapist at Broward Homeless Assistance Center, and a Ph.D. (Cand.). Marcia Sapoznik is an academic counselor for Broward Community

College and a Ph.D. (Cand.).

Abstract

Reflecting teams remain a creative way of bending the tradition of a therapy team hidden behind a one way mirror. Several therapists have adapted the original reflecting team concept to fit with a more narrative tradition, particularly that of encouraging reflecting team members to talk about their personal experiences. This concept will be illustrated through a case example with the therapist, team members, and supervisor sharing their different perspectives. The discussion concludes with specific guidelines to help ensure the effectiveness of reflecting team self disclosure.

Getting Personal on Reflecting Teams

Reflecting teams have been used in family therapy since Tom Andersen (1987) introduced them in the 1980's. Giving clients the opportunity to actually see and hear the therapy team talk about clients' dilemmas remains a widely used practice. Several therapists have adapted the original reflecting team concept to fit with a more narrative tradition, particularly that of encouraging reflecting team members to self disclose and share their personal experiences. The discussions of this article center on the reflecting team process, the concept of sharing personal stories, and how these ideas helped untangle a stuck case. The case will be illustrated through the voices of the therapist, team members and supervisor, who also offers some guidelines for thoughtful use of reflecting team self disclosure.

Reflecting Team Concepts

Reflecting is defined as thinking seriously or contemplating on or upon something. However, reflecting can also be thought of as casting blame or discredit on or upon. Most therapists attend to the first definition by using reflection as an opportunity to offer new and multiple perspectives to clients by sharing their thoughts about clients' problems and successes. The one way mirror has provided a reflecting place from which to observe clients, and it is through this mirror that therapists have a chance to reflect on the words and actions that take place on the other side.

Family therapists have used the reflecting team to organize interventions, to generate hypotheses, and to assist primary therapists. However, it was Tom Andersen (1987, 1991) who took the reflecting team from behind the one-way mirror and put the team on display for the clients to see and hear. Voices could be heard, ideas could be generated, and new perspectives could be offered. In his original ideas, Andersen believes (1987) that certain guidelines should be followed. For example, team

members should take turns sharing positive comments about the clients, and the comments should be “appropriately unusual.” This means that the remarks should be different enough for clients to hear something new, but not too different for the clients to identify with the teams’ messages.

Reflecting Team Self Disclosure

Many authors hold onto the ideas and structure of Andersen’s reflecting team and write about the intrinsic value of reflecting teams to break through the anonymity of team members behind the one-way mirror (Freedman & Combs, 1996; Janowsky, Dickerson, & Zimmerman, 1995, Lax, 1995; Madigan & Epston, 1995; White, 1995). These authors reinforce the ideas of Rogers (1980) and Germain (1993) that sharing personal stories can contribute to the therapeutic process. Lax (1995) posits that when reflecting team members offer reflections that relate to their own personal lives, power differentials between team members and clients are reduced. Sharing personal stories with clients helps flatten the hierarchy between client and team members. If clients have the opportunity to hear the team member’s personal experience with their problem, then clients can decide to accept or reject the team member’s ideas.

Freedman and Combs (1996) also believe in self disclosure by team members as a way to neutralize hierarchy. This hierarchical flattening comes about through reflecting team members’ shared personal experiences as they reflect on clients’ problems. It presupposes that clients will hear these tales in a way that will make them feel in a more egalitarian relationship with the entire team and strengthen the joining process. This places the client, therapist, and team in a more authentic therapeutic atmosphere, thus allowing new and meaningful narratives to emerge.

These ideas of helping to create more meaningful narratives relate to the work of Gregory

Bateson (1972), who points out that we learn about ourselves and our relation to others through comparative reflections. As we compare what we know against a background of other possibilities, the comparison allows us to make distinctions. One of the ways of doing this is for team members to share their personal stories with the clients as a template for comparison; the team members' reflections may become a background for the creation of clients' new reflections.

The following case example will demonstrate how personal reflections were woven through the supervisor, individual team members, the primary therapist and ultimately, the client. Sharing personal stories that related to the evolving narrative of this particular client provided a different mirror for the client to reflect her own life experiences. Comparing and noting similarities to the team's shared life experiences allowed the client to reconstruct a new experience for her life. Her old story, contrasted with the different stories she was hearing, revealed a new world of possibilities.

Case Example

Samantha, a client in her late thirties is what Duncan, Hubble, and Miller (1997) might call a therapy veteran. Samantha's tour of duty began with individual counseling immediately following her divorce and most recently family and individual counseling with a domestic violence agency. The therapist, who provided the individual counseling, gave her support and reassurance for her decision to file for divorce, and the domestic violence agency educated Samantha on the effects of such violence. She reported that these previous interventions were somewhat helpful, but did not "fix the problems." This constant search for a solution led Samantha on another tour of duty.

Her most recent tour brought her to Family Therapy Associates, a clinic located on a university campus. The clinic is a facility in which family therapy doctoral and masters students counsel clients with

the assistance of a supervisor and team. This approach, based on the Milan and MRI influence, allows student therapists to conduct a session behind a one-way mirror while the student team members and faculty supervisor observe. Toward the end of each session the therapist may take a short break to speak with the team. Following the break, the therapist returns to the room and possibly delivers a message or asks the client questions generated by the team. The team members often change places with the clients and therapist to deliver their comments in a reflecting team format based on the ideas of Tom Andersen (1987).

Samantha scheduled an appointment and brought to therapy her four children: five year old Dane, seven year old Jessica, thirteen year old Mary, and fourteen year old Chuck. Each had a story to tell. However, their out of control behavior (running around the room, screaming at each other, and hitting back and forth) prevented the therapist or team from hearing the family story. Samantha had to physically restrain Dane on several occasions, since he had a history of running away from any situation, including school, home, church, etc. Chuck and Jessica yelled at Dane throughout the session while Mary remained silent. Mary explained that what was going on in the room reflected the way they lived; they lived “loud.”

Samantha’s primary therapeutic focus remained on “fixing” her children. And during the initial sessions, the therapist tried to assist Samantha achieve her goal. Unfortunately, it seemed that any attempt to gather more information that might help Samantha was interrupted by the confusion in the therapy room. Even if the children were taken to different rooms by team members, some of the children would misbehave by trying to run away. Then, the mother and primary therapist would stop the therapy session to help control the children. Whenever the therapist suggested that Samantha come in

for an individual session without the children, she refused. The children were clearly out of control, and Samantha appeared frustrated and tired. Finally, the team decided to tell Samantha that therapy would continue only if the children did not attend for a few sessions.

For the next session Samantha decided to leave the children at home and come to therapy by herself. The session began by Samantha providing a report on the children. Then she moved onto her 15 year marriage to an abusive, unfaithful man and the divorce that continues to haunt her. She identified her coping mechanism for stress as “turning it off,” which did not seem to be working for her anymore. Although the children were no longer in the room, Samantha still told her story in a confusing manner. The narrative seemed jumbled, and Samantha, at times, retreated into a defensive position.

During this time, the therapist had a conversation with one of the family’s former therapists. He labeled this mother and her children “the hopeless case” and advised the therapist to “get rid of them before they drained the life out of her.”

Lisa, The Therapist’s Story

I have worked with children, adolescents, and their families for years, and enjoy working with this population. When I read the intake information for this case, I became intrigued and excited that so many children were going to be involved in therapy. That excitement quickly evaporated during the initial session, which was fraught with chaos and stress. In fact, even with my work experience at the local adolescent shelter, this case frustrated me more than any other. The children were out of control, and I felt a failure as a therapist unable to establish a sense of structure throughout the first session. These feelings of hopelessness and helplessness only escalated as the sessions continued. My team members offered to take the children to separate rooms so that I might be able to speak to individual

family members. Despite their generosity, I knew their first choice was to remain behind the mirror as a team.

In addition to feeling frustrated with the children's behavior, I felt stuck in my interactions with their mother. The team, supervisor, and I agreed that we needed to do something different. Our supervisor had been talking to us about transparency in therapy and its use on reflecting teams. She encouraged us to disclose more personal information about ourselves. That seemed to fit for this particular case since hearing some of our personal stories might open up possibilities for Samantha's new narratives. This could help create a more authentic atmosphere, which in turn could help us join on a deeper level of trust.

Getting Personal

The next session was a shift for all participants: therapist, team, supervisor, and client. Everyone moved to a position of more authenticity by sharing some of their personal concerns and sharing experiences from their lives. The therapist began by telling Samantha that she had talked to one of her former therapists. She spared Samantha the label of the "hopeless case" given by this man, but did share her frustrations about therapeutic progress and asked Samantha, "Are we doing anything different from your former therapists?" Samantha answered, "Yes, no one has ever wanted to talk to me about myself before." This was the opening that the team had been waiting for. They called in to see if Samantha would agree to a reflecting team that wanted to share some ideas with her. She agreed, and she and the therapist switched rooms with the team.

The team included one male and four females, including the supervisor. Every member, but one, shared a personal story that connected to Samantha's life. These stories were about family members,

friends, and even themselves. Each story was different; the common thread of oneness woven into these stories created a sense of authenticity. The following sections contain the supervisor's and two team members' experiences with self reflection.

Pat, The Supervisor's Story

I wanted the student therapists to experiment with self disclosure on reflecting teams. When I read articles on this procedure, it reminded me of the reflexive position in research (Maione & Chenail, 1999; Steier, 1991) that I had embraced, both in my research teaching and research "doing." That position involves letting the reader know the researcher's personal experience with the research question. In doing this, the reader then has the right to decide how to interpret the research results, or, in other words, how much they want to "buy into" the researcher's ideas. That seemed to fit with therapy. If therapists told their clients something about their own experiences with the clients' problems, then the clients could decide how much they wanted to "buy into" therapy. This reflexive position of transparency in therapy interested me enough to explore it with students finishing the last clinical practicum of their doctoral program.

When I introduced this new concept to the team, I expected some resistance. After all, most therapists have been trained not to self disclose. The comfortable position for these therapists would be to give little information about themselves, and if asked a personal question by clients, the therapists might respond, "Why is that question important to you?" or "How do you think my answer will be helpful to you?" In other words, they not only avoided giving an answer, they also turned the question back to the client?" Now I was asking them to volunteer personal stories that connected to the client's story.

The team and therapist seemed very willing and excited to try out this reflecting team position. We all agreed that the case was stuck; we were disagreeing among ourselves about how to proceed, and it was time to try something different. It seemed as if we had not yet joined with Samantha--that she had not yet “bought” into therapy. Even when we insisted that she attend therapy alone, we were still hearing her story sprinkled with defensiveness and confusion. Under these conditions, it was difficult for new stories to emerge. Perhaps if we wanted more honesty and joining from Samantha, we would have to be more honest ourselves.

The first step in this direction was Lisa sharing her frustration with the client and asking the question, “Are we doing anything different from your former therapists?” When Samantha answered that we were by encouraging her to talk about herself, this gave us the opening to try our personal reflections. The team had already been sharing their stories with each other behind the mirror and were waiting for an opportunity to share them with Samantha. Before entering the therapy room, we reviewed the ground rules: The comments about ourselves should be brief; they should relate directly to the client’s problem; and we should comment and ask questions among ourselves to create a more conversational atmosphere.

Marcia, a Team Member’s Story

I was a member of the team behind the mirror while the therapist, Lisa, worked with the family. In the sessions, the client discussed her children and her difficult jobs, both at work and at home raising children without a father to help. When she started attending sessions by herself, she recounted the story of her marriage and divorce. Although Samantha tried to do everything for her husband, she felt that he demeaned her in front of the children and continued abusing her and the children.

Sometimes when she spoke, I caught glimpses of a softer side of her, a side that wanted to share with us what she had gone through. Additionally, I experienced her as a strong woman with a strength that she did not recognize. With all the pain she experienced, she had been able to pull herself together enough to leave him and raise the children by herself. After the divorce, she described how she tried to improve her life by putting herself through police training and became the only female to graduate from her class. Samantha added that in order to survive, she had to keep on trying and changing. As she said this, the first word that popped in my head was perseverance. Here was a woman who had always taken care of her husband and children, yet after the divorce, had decided to put herself through school to achieve something for herself and her family. I admired this woman more and more.

When she showed pictures to Lisa of herself before and after the divorce, I thought of my sister who also looked so much more alive and healthy after leaving her husband. Therefore, when my time came to speak on the reflecting team, I wanted to acknowledge the changes she was making in her life, so I told the team that Samantha reminded me of my sister who had gone through a divorce. My sister also wanted to make changes and had changed her appearance and the way she dressed. I added:

Many women in troubled relationships think they are going backwards, but then they go full force forward, and it seems that Samantha and my sister are going full-force.

The supervisor, Pat, asked me how our family tried to help my sister, and I answered:

We tried to help in every way--comfort her, coddle her, be there for her, and at the same time, she didn't want that. She would take off on her own; she didn't have any kids at that time. So we all worried about her. I think that's the other side, that family members worry a lot. But, all

in all, my sister is a strong woman just like Lisa's client. My sister pulled through, and all is going well, and I know that Samantha is going through a lot of changes, and that she's coming out a stronger woman than she ever has been and will probably be a stronger woman than she ever perceived herself.

As I was saying all of this, I knew I had to keep it short and to the point. I also knew that as a person who had a family member with a similar experience, I had to express my thoughts as a person telling a story to another person. That meant that I did not have to give advice to Lisa's client; that is not what a reflecting team does. They discuss and ask each other things that might be helpful for the client to hear. When Pat asked me how our family dealt with my sister's divorce, and how we tried to help, my answer reflected what the client had already mentioned. I tied the client's discussion of her family to my sister's experience and what my family had experienced with her. I perceived the client as a strong woman, and so I wove my sister's narrative into Samantha's narrative. Emphasizing my sister's experiences in a brief story was my way of telling the client that she was doing the best that she could during this time. I spoke of my sister's ability to change her life and grow stronger, which Samantha was already doing, even though she may not recognize it.

My one reservation with this experience was sharing a story that my family considered private. Family members seldom talk to outsiders about my sister's divorce. At first, I was hesitant to say anything, but I felt that the story might be helpful to Samantha.

Karen, a Team Member's Story

While I watched the family from behind the mirror, I wondered how Samantha was able to manage the chaos created by her children's behavior. She was a woman who worked full time and had

some minimal support from her parents. But, for the most part, she was alone in her struggle to find some way to bring order to her family. Samantha appeared to be a competent, bright and articulate woman, and I was trying to make sense of what was behind this family's bedlam. Once the therapist was able to speak with Samantha alone, the story of her marriage unfolded.

During the therapy session, I attended to Samantha's story through the lens of my own divorce and single parenthood. I remembered times when I felt overwhelmed with some of the responsibilities that I had during the time of adjustment to single life. Although our experiences were markedly different, I considered how I dealt with the regrets in the failure of a marriage. I thought that while Samantha had endured terrible abuse throughout the marriage, I posited that she might have still harbored some sentimental feelings about her husband.

When family and friends have expectations about other people's time-frame of adjustment, the road towards healing is different for everyone. Those who have never experienced marital separation or divorce seemed to be less patient about the process of healing. Some people might think that one should be further along in reclaiming one's life. I believe that there is never a set timetable for these kinds of life adjustments. When others acknowledged the challenge of the 'recover' process, I felt understood and accepted. Perhaps this would resonate for Samantha.

One of Samantha's stories that seemed to keep her from moving forward involved illusions. The illusion was that she believed her husband would become the kind of partner that she had wanted in union with another woman. I thought of friends and clients who had told me repeatedly about similar fantasies. I used the metaphor of a frog turning into Prince Charming when I would explore those stories with others.

This team was supervised by Pat, who had an interest in the process of reflecting teams. We had several discussions about reflecting teams in a class and a previous practicum. So it was with that background, that Pat invited the team to consider a different kind of reflection. She talked about searching into our own life experience that would have some kind of fit with the client's story. I was curious because my previous experiences on reflecting teams had been rather unsatisfactory. While reflecting team members were to take on an appearance as non judgmental observers, I thought that we ended up sounded cheerful and preachy. No matter what I said, it seemed rehearsed and artificial to me, probably because I felt no genuine connection to the family and their experience. I always felt that we were imposing our voice onto the client instead of finding a way to make the client curious about how our voice fit with theirs. I believed that positively connoting something special that I saw in a family was genuinely delivered and felt, but I thought that families could only accept that feedback in limited doses while they were struggling with the problems in their lives.

As I stated earlier, I was a divorced single parent, and thought that I would want to share one of the recurrent themes of divorced people. This new way of reflecting seemed to a forum to relay personal experiential stories that might resonate for Samantha. When I spoke to the team from a place of personal experience, I felt more authentic. As a woman with a story of divorce, sharing some of my own narrative might help her shift her personal story. And if it did not, at least she would hear that others experience similar challenges.

I talked briefly about the time limits that friends and support systems might want to impose on the adjustment process. "Some people say things like, it's been long enough; you should start getting on with your life and put the past behind you." That never proves to feel like support!

Samantha had talked a lot about her husband's relations with other women. I wondered if she too might be imaging the transformation of her husband from frog to Prince Charming with some other woman. One of the statements I made was . . . "the illusions we have about husbands, is that they will be just the kind of husband we had really wanted in their next relationship...we don't know how they will be; we just know what we had and what we wished for." I went beyond my own experience with this illusion and added experiences of friends and clients who had similar fantasies. I hope that by sharing this personal reflection of myself and others, Samantha might see her own story as make believe. She had no evidence that her former spouse would become Prince Charming with another woman.

One of the more comforting moments for some divorced people is the knowledge that others experience contradicting feelings. I hoped that Samantha's sentimental feelings towards her former spouse would not be mis-construed by herself and others. In sharing some of my own thoughts with her, I believed that I would be validating her similar and dissimilar experiences.

I have spent some time thinking about this kind of reflecting. In retrospect, I had some concerns that I divulged too much personal information. I felt that it was important to share my matching stories with the client. However, I might not have shared these same stories with some team members. Generally we choose our audiences when we decide to make personal disclosures. I believe that the implicit value of a reflecting team is to provide new information. That is the challenge for a reflecting team member. How much is enough, and what is too much? How much information can one disclose about one's life in order to make a difference in a reflecting commentary without compromising one's sense of personal privacy? If I over-edited my statements, I may have reduced the impact of what I had to say, and it may have been useless information for Samantha.

The Therapist's Story From the Other Side of the Mirror

As the team members took their seats in the therapy room, and Samantha and I sat in the darkened team room, she said something that caught my attention, "Things look different from in here." This was a simple, yet powerful theme for this session. Things were different, and what was about to occur would affect all those involved.

Pat, the team supervisor, spoke first. She summed up her perspective of the therapeutic process so far:

We've been behind the mirror for a long time now, and I was sort of having the impression that we are just starting to get to know her.

Samantha smiled as Pat spoke; this statement seemed to open the door for other team members to personalize their statements and become more transparent.

The client moved closer to the mirror focusing on the team as they began to talk. The first team member to speak was Marcia, who had a family member who had recently gone through a divorce. Marcia discussed how once her sister left a troubled relationship, she was able to start taking care of herself, much like Samantha had been doing. It appeared that Samantha was beginning to connect with the team. Despite the barrier of the mirror, the honest and revealing nature of the team was beginning to unite seven people.

Pat: What was it like as a family member?

Marcia We tried. . .to comfort and coddle her, be there for her, but at the same time, she didn't want that; she'd take off on her own. . . .So, we all worried about her.

Samantha immediately began to talk out loud as Marcia spoke. She was not necessarily speaking to me;

she was speaking to Marcia. She made comments like:

Ugh, that's so true! My family keeps hounding me, and I know it's because they care and all, but they don't understand. There's nothing that they can do for me right now. I have to do this on my own.

I sat back and watched as Samantha seemed to take on a whole new personality. She was participating in the conversation on the other side of the mirror.

The second team member to share was Karen. She provided the perspective of a woman who has been through divorce:

The illusions we have about husbands, is that they will be just the kind of husband we had really wanted in their next relationship...we don't know how they will be; we just know what we had and what we wished for.

Samantha sat and nodded throughout Karen's reflection. A smile would come across her face, and she would say, "H'm" from time to time. This was the quietest I had ever seen her. She seemed to forget I was even there, and I decided not to ask her what she was thinking; it seemed too private. Instead, I sat back as an outsider to this connection between team members and client.

One of the final comments from that team resonated with Samantha. They were curious about the challenge of parenting. Because they or close relatives had lived through it, they wondered how hard it was for her to be "a mom and a dad at the same time." With this statement, the client laughed out loud. As the laughter turned into a radiant smile, she told me a story that I later shared with the team:

It's funny that they said that. You know how this past weekend was Father's Day? Well, I had to work an overnight, and so when I got home, I went to sleep, and when I woke up, the kids

had made me breakfast, and they gave me a card. It was a Father's Day card, and inside they wrote, "Thanks for being a great mom and dad." Then they made me a tape of them talking about how much they love me.

As the team wrapped up their statements, Samantha turned to me and said:

I just can't believe they are real people, with real problems. . . . I just thought you guys sat back here and knew it all.

Lisa and the Team's New Story

As we switched rooms, we passed in the hallway, and there was a lot of eye contact between the team and Samantha. Time was up, so Samantha and I briefly discussed her positive responses to the reflecting team and scheduled her next appointment. When I walked back into the team room, the atmosphere was different. After sessions, the usual story began like this: I returned to the therapy room and shared my frustrations about the case; the team would offer suggestions, and we would start disagreeing with each other. With this session, the team and I started a new story. When I shared Samantha's comments behind the mirror, we all got excited and agreed that the reflecting team was a good fit for Samantha. It seemed that for the first time the client, the team, and I were all on the same page and headed in a new direction together.

Lisa and the Client's New Story

The semester came to a close, and I began to see Samantha without the team. In the sessions that followed the personal reflections, I noticed a significant difference in the way the sessions flowed. It was almost as if the client had a new outlook on therapy, as something she could use in her life. I also sensed a new level of trust and focus in our sessions. We continued discussing the divorce and how,

she, as a woman, was dealing with raising four children while working full time. Previously these issues had been difficult for her to discuss, but now she approached them from a new story line--from a defensive and confused victim to an open and more focused survivor who was doing the best she could under the circumstances. She also reported some progress in her children's behavior and seldom talked about her frustrations with them. This new story line seemed very different from before when her focus in therapy centered on "fixing" the children. She now seemed more interested in exploring changes, successes and "fixing" her own life.

When I discussed this with my supervisor, she asked me to reflect on the changes. I think the transparency of the team members and their willingness to "be real people" (as Samantha said) allowed the client to feel less judged and less defensive. In her eyes, we had shifted from therapists who "sat back and knew it all" to "real people with real problems" who might have something to offer.

Discussion

Although the use of sharing personal stories was successful in this case, it is not a technique to be used without thought and preparation. As one supervisee said, "It can be like a choir in which one person singing off key will ruin the effect of the whole piece." In discussing the concept with another supervisee, she confessed, "If I am given permission to talk about myself, I may never stop." Therefore, with the successes comes the warnings. Clear guidelines can help encourage effective transparency on a reflecting team. Several criteria were mentioned in the previous section:

1. The personal comments should be brief. The attention should be on the client and not the team member. As Freedman and Combs (1996) point out, "As we introduce new ideas, we situate them in our experience, at the same time, taking care not to dominate the conversation by talking overly much

about ourselves” (p.276). Some team members may need some editing work before sharing their personal stories in the therapy room.

2. They must relate to the client’s story. Following Andersen’s (1987) beliefs, the comments should be appropriately unusual or different enough, but not too different and not too much the same. Another way of saying this is to talk about the personal reflections as gloves. Team members are looking for a “fit” between the hand and the glove in which the glove needs to be larger or different enough from the hand in order to fit. For example, in my personal reflection, I shared that although I had never been divorced, I had been in situations that seemed overwhelming. At these times, I needed a support system and wondered about Samantha’s support system. If I had become more specific by trying to relate the death of my mother to Samantha’s death of her marriage, I think my comments would have been too different for the client to make a connection.

3. Team members can interact among themselves about their personal stories, especially in relationship to the client’s story. This is a departure from some reflecting teams in which each person takes a formal turn in expressing his or her comments with little feedback from other team members. The more free flowing, informal tone flattens the hierarchy among team members as well as with clients. Clients are used to being on the receiving end of questions. When they witness other therapists in this position, it seems to demystify the expert role of the reflecting team. Also, a more conversational tone in the therapy room creates a more authentic atmosphere. For example, when Marcia talked about her sister’s divorce, I asked her about her own experience going through this with a close relative. Marcia spoke of her dilemma of wanting to be there for her sister but not to smother her. Another team member then wondered if the client, Samantha, may have friends or family members like Marcia with the same

dilemma.

With more practice, additional guidelines have been added:

4. Check the client for feedback about these personal statements. If the client seems uncomfortable or disinterested, the process should stop. The therapist can be checking for the client's reaction and advise the team. This is further protection against the stories entertaining the team more than the client.
5. Process team members' personal stories after the reflection. For example, after Marcia self disclosed about her sister, she felt some ambivalence over family loyalty, because the divorce remained such a private and unspoken topic in her family. Karen's concerns centered around sharing personal information with some colleagues even though she felt it was useful to the client. The message here is to avoid the assumption that sharing these personal stories will only have an impact on the client.
6. Understand the limits of your team. Karen, one of the team members, was so enthusiastic about the process that she tried it out with a team of beginning masters' students she was supervising. She explained the implicit ideas behind making personal disclosures to all the team members and asked them to "rehearse" their reflections. In spite of this preparation, one of the team members interpreted the process as a time to give advice about how she handled a similar situation and lectured through most of her reflection. Other team members felt "naked" instead of transparent, and did not want to remove the armor of "expert" they thought they needed for their cases.

Summary

Sharing personal stories on reflecting teams can help co-create new narratives for clients. Team narratives can be used as a background for the new stories that clients want to perform. Although this can be an exciting part of therapy, this technique should not be applied without thoughtful discussion and

preparation. When carefully considered, sharing personal stories creates an atmosphere of more authenticity and can be a transforming experience for the client as well as the therapist and team members.

References

Andersen, T. (1987). The reflecting team: Dialogue and meta-dialogue in clinical work. Family Process, 26(4), 415-428.

Andersen, T. (1991). The reflecting team: Dialogues and dialogues about the dialogues. New York: Norton.

Bateson, G. (1972). Steps to an ecology of mind. New York: Ballentine.

Duncan, B. L., Hubble, M. A., & Miller, S. D. (1997). Psychotherapy with “impossible” cases. New York: Norton.

Freedman, J., & Combs, G. (1996). Narrative therapy.: The social construction of preferred realities. New York: W. W. Norton & Company.

Germain, L. (1993). Congruence and transparency. In D. Brazier (Ed.), Beyond Carl Rogers. London: Constable.

Janowsky, Z. M., Dickerson, V. C., & Zimmerman, J. L. (1995). Offering reflections: Some theoretical and practical considerations. In S. Friedman (Ed.), The reflecting team in action: Collaborative practice in family therapy (pp. 167-183). New York: Guilford Press.

Lax, W. D. (1995). Offering reflections: Some theoretical and practical considerations. In S. Friedman (Ed.), The reflecting team in action: Collaborative practice in family therapy (pp. 145-166). New York: Guilford Press.

Madigan, S. P., and Epston, D. (1995). From “spy-chiatric gaze” to communities of concern. In S. Friedman (Ed.), The reflecting team in action: Collaborative practice in family therapy (pp. 257-276). New York: Guilford Press.

Maione, P., & Chenail, R. J. (1999). Qualitative inquiry in psychotherapy: Research on common factors. In M. A. Hubble, B. L. Duncan, & S. D. Miller (Eds.), The heart and soul of change: What works in psychotherapy. Washington D. C.: American Psychological Association.

Rogers, C. (1980). A way of being. Boston: Houghton Mifflin Company.

Steier, F. (1991). Research and reflexivity. Newbury Park, CA: Sage.

White, M. (1995). Reflecting teamwork as definitional ceremony. In Reauthoring lives: Interviews and essays. In M. White (Ed.) Interviews and essays (pp. 172-198). New York: Norton.