

REFLECTING TEAM SUPERVISION (RTS):  
REFLEXIVITY IN THERAPY, SUPERVISION AND RESEARCH

by

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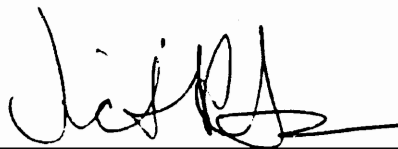
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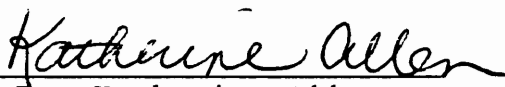
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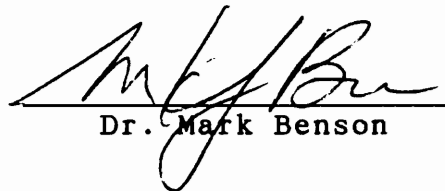
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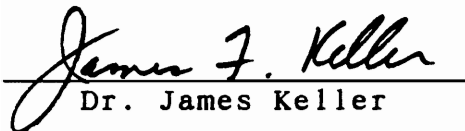
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Family and Child Development

(ABSTRACT)

Informed by constructivist and social constructionist theory, a qualitative research study was conducted applying Andersen's (1991) reflecting team model to explore use of self themes in the supervision process. A male and female supervisor were paired with a male and female therapist to form two person supervision and reflecting teams. Four RTS sessions were conducted. Each RTS session involved three phases: 1) supervision of a case with the reflecting team observing, 2) reflecting team discussion of their observations with the supervision team observing, and 3) supervision follow-up by the supervision team with the reflecting team observing. The three phases of the RTS process led to three derivations of the original therapist story. The RTS process was discussed after each session in the post-session discussion.

Utilizing the reflections of the reflecting team from Phase 2, a difference that makes a difference was introduced into the supervision story. In Phase 3, the supervision follow-up, the supervisor helped the therapist explore previously non-conscious use of self themes in the supervision narrative and construct a different narrative about him/herself and the case brought for supervision. The nature of the points of connection established in the socially constructed conversation between the therapist and client(s) was pertinent to the establishment of a "relational distance" between the client and the therapist that was too close or too distant. The supervisor not only helped the therapist become aware of the points of connection but also helped introduce a difference that allowed the therapist to be more maneuverable.

All three phases of RTS are important to a supervision process. The role of the reflecting team in uncovering the "unsaid," and the supervisor in creating a difference possibly become less critical as supervisors develop reflexivity and incorporate these two phases into their typical supervision process.

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## A C K N O W L E D G E M E N T S

So much has happened over the last several months: I have experienced the death of my father-in-law, the birth of my second daughter, and the completion of this document. I would like to dedicate this work to the cycle of life I have experienced recently. I have had tears of sadness and tears of joy.

I would like to thank Dr. Vickie Fu, my chair, who has been a "difference that makes a difference" to me. She has a wonderful ability to join in a way that is supportive, challenging, honest, giving and validating. For you Vickie, I have the greatest respect. You, along with the other committee members have been my reflecting team.

I must also thank my wife, Angela, who cleared the way for me to get this done by taking on additional work at home while carrying and delivering our daughter. The birth of these ideas pales in comparison to the feat accomplished over those nine months. I am humble. I must also thank my daughter, Caitlin, who can not read this now, but had to get to know a different daddy especially toward the completion stage when she received much less attention from me. I hope this is put into context later.

I would like to thank my two families who were very supportive in many different ways during the writing process, especially during the period after the birth of our daughter on March 19, 1993 when extra help was needed. There were a lot of babies around the house needing nurturance. Thank you.

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C H A P T E R 1 :  
I N T R O D U C T I O N A N D  
R E V I E W O F T H E L I T E R A T U R E

I fostered the skills of reflexivity and participant observation as a child in my family. Reflexivity served as a coping skill growing up and continues to be helpful both personally and professionally. Patterned use of reflexivity and participant observation has led to interest in and comfort with therapy, supervision and research from a social constructionist framework. This study, on use of self in reflecting team supervision, relies heavily on reflexivity, participant observation, and a social constructionist framework.

The field of family and systems therapy continues to evolve from its roots in the 1950's communication projects of Gregory Bateson (Hoffman, 1981). This early work was a reaction to the dominant therapy models of the day: psychoanalysis and behaviorism. The family and systems therapy field has shown that change is constant. New models and methods of family and systems therapy continue to evolve. These come from the influx of new ideas and

theoretical perspectives, as well as, examination and replication of what actually takes place in the treatment context that is believed to account for change (de Shazer, 1991b). There is a relationship between therapy, training and supervision. When I speak of therapy, training and supervision, I am referring to these as they are found in family and systems literature and practice.

Feminist, constructivist, social constructionist theory are sensitizing the field to the co-constructions of clients, therapists, supervisors, trainers, researchers, and writers. Use of self issues are usually addressed in training and graduate programs, but focus on these issues diminishes once out of such contexts. It has been my experience that use of self themes do not stop operating in one's life once out of graduate school, but continue to operate throughout one's life. Focus on use of self in supervision is different than personal therapy. In personal therapy, focus is most often on personal issues operating at home, while use of self supervision focuses on personal issues in one's work (Aponte, 1992). As a supervisor, and therapist, it has been infrequent that supervision has focused on use of self themes unless there has been conscious awareness by the therapist or

supervisor. I believe use of self themes typically operate at a nonconscious level, and awareness becomes possible when a "reflecting", or observing position is taken to oneself. It is also likely that once out of training, and once certified or licensed, supervision is reduced, which further reduces the likelihood of receiving feedback on one's work. I believe that family and systems therapy needs a model of supervision which is practical (outside of training programs and large agencies) and addresses use of self themes.

The introduction of new methods and models in supervision tends to lag behind the introduction of new methods and models in therapy, as can be seen from the paucity of literature on supervision. Based on evolving theoretical ideas which are informing new therapeutic approaches and methods, a model of supervision, Reflecting Team Supervision (RTS), has been introduced. This model is based on the work of Tom Andersen and his colleagues in Norway, and the Brattleboro Family Institute in Vermont (Andersen, 1991). As Andersen would claim of the reflecting team, it is not a "technique," but a way of thinking and approaching therapy. Similarly, RTS is a way of approaching supervision. There has been little research

on the use of reflecting teams in therapy, and less on the use of reflecting teams in supervision. This study will utilize the reflecting team in supervision, in a way that has not yet been cited in the literature.

In this chapter, I will outline the theoretical background which informs the narrative approach upon which this model is based. I will define use of self themes from a social constructionist framework, and discuss my current use of self themes which influence and drive this study. The role of the therapist as a participant observer of a co-created therapeutic dialogue leads to greater focus on the self of the therapist in training, therapy and supervision. I will look at Andersen's reflecting team model, and applications and extensions of this model in therapy and supervision. The main research question is: How do use of self themes influence the supervision narrative? I am also interested in the importance of reflexivity and the reflecting team to the supervision process.

## THEORETICAL BACKGROUND

The theoretical background of this study is influenced by constructivist writers (Bateson, 1972; Maturana & Varela, 1987; Segal, 1986), social constructionist philosophy (De Man, 1979; Derrida, 1978, 1981; Foucault, 1965, 1972, 1980), and feminist writers and family therapists (Luepnitz, 1988; Walters et al., 1988; Goldner, 1985; Gilligan, 1982; McGoldrick et al., 1989). Additionally, the ideas of Milton Erickson (Havens, 1985) have been important to the evolution of language based approaches.

### Constructivism and Social Construction

The constructivist paradigm has influenced most fields. It dates back to an old metaphysical and epistemological debate in philosophy concerning idealism and materialism. The constructivist notions again appear in the early 1900s in the writings of the first quantum physicists (Doherty, 1986; Lucas, 1985). In the field of clinical psychology, George Kelly (1969), who believed that perception is based on our constructions, developed his

personal construct theory and claimed therapy to be a joint dialogue between the client and therapist which co-investigates testable hypotheses.

In the field of family therapy, the constructivist paradigm is found in the work of Bateson (1972), and Maturana and Varela (1987). Bateson (1972) claimed that our sense organs can only receive news of difference so perception is based on the observation of difference. We are only able to perceive a difference which makes a difference, i.e., differences which are too slight or too slowly presented, or are too great or too quickly presented are not perceived. Noticing a difference requires the drawing of a distinction or the punctuation of a chain of events. The qualities of the observer determine the distinctions which are made, as well as, what is observed and perceived.

Similarly, Maturana and Varela (1987) felt living systems to be structurally closed and so determined by how they are organized. Information and perception have no meaning apart from that given to them by the system with which they interact. Language creates the illusion that we can look and see a separate world. We bring forth reality through language, and all realities which we bring forth



through language are our own realities (Mendez, Coddou & Maturana, 1986). We participate in constructing experience through perception and language.

The social constructionist movement has been referred to as the post-modern period, the post-structuralist period, deconstructionist period, and the social constructionist period. De Shazer and Kim Berg (1992) have contrasted the structuralist and the post-structuralist periods,

For a structuralist, meanings are stable and knowable through transformation, but for a post-structuralist, meanings are seen as known through social interaction and negotiation; meanings here are open to view since they lie in between people rather than hidden away inside an individual (psyche, system, family structure, etc.) (p. 73-63).

In the post-structuralist era, language constitutes the human world. Our world is created by language so that meaning is known through social interaction and negotiation, i.e., meaning lies between people rather than within (de Shazer, 1991b, p. 45) For Derrida (1978, 1981) and De Man (1979) who were part of the French deconstructionist movement in literary criticism, they wrote that the reader brings qualities to the reading so that there can not be an objective interpretation. It is not possible to read all of the conceivable meanings of a

literary work. Each word has a wide variety of meanings brought to it by both the author and the reader which affect, and add context to the words before and the words following.

Michael Foucault (1965, 1972, 1980) added to the social constructionist discourse when claiming that power and knowledge are inseparable. When some information, from the continuous flow of information, is given status over some other information, it is given "truth" status. These "truths" become part of the culture's dominant knowledge or story, and thus become "normalizing truths" (White & Epston, 1990). Normalizing truths establish an "objective reality" which give power to those who share in this knowledge. Foucault claims that the establishment of objective reality leads to social control.

In constructivism, realities (what we perceive as "out there") are individually invented rather than discovered, i.e., meaning is attributed to what is sensed "out there" by the individual. In social constructionism, the "out there" is determined by consensual linguistic process, conversation, and/or dialogue. For both constructivists and social constructionists, we, as observers, participate in the construction of our realities.

## Gender Sensitivity in Family Therapy

Similar to the ideas of Michael Foucault, feminist writers and family therapists have critiqued the family therapy field and have begun to question its "normalizing truths." Feminist writers and therapists, along with Gerald Erickson (1988), have begun to "deconstruct" the basic assumptions underlying the family therapy field. It is clear that theories are influenced by gender. Most theoretical work has been written from a male perspective. Gender inequality is forcing the field to reconsider, and deconstruct many of its theoretical stances.

Goldner (1988) believes that gender should be viewed, and given consideration with generation, as one of the main organizing principles of our world. Power is gendered. The social construction of gender must be brought into the therapeutic dialogue (Sheinberg & Penn, 1991). Gender is seen as one of the "lenses" through which we see the world (Wheeler et al., 1989; Hoffman, 1990). Goldner (1988) believes that women are not only demanding equality, but are beginning to wonder what the world would be like if women had equal power in the creation of it.

When there is unequal power between genders, gender

roles tend to lead to dichotomized thinking, and the artificial creation and continuation of hierarchy where one pole is given status over the other, and is systematically kept in power (McGoldrick et al, 1989). Gender roles tend to maintain a particular social system which has consequences for both men and women (Roberts, 1991; Hoffman, 1990; Meth & Pasick, 1990). While the feminist writers and feminist critique of family therapy have sensitized us to the disempowered positions of women in our culture, and the field of family therapy; men have begun to talk and write about the male experience in this gender discourse.

### Milton Erickson

Much has been written about the work of Milton Erickson. In fact, it is quite common to hear a therapist refer to him/herself as an Ericksonian. Erickson has been described as a Pragmatist, i.e., he based his work on the careful observation of what was before him, rather than viewing his clients through a particular model (Havens, 1985). He felt that the therapist's model often prevented him/her from clearly seeing what was occurring before him/her. An accurate explanation of behavior cannot be

deduced from any one theory, but can only be understood by trying to comprehend what the client is trying to communicate in his/her own unique way (Havens, 1985). The notion that every client requires a different model is commonly ascribed to Milton Erickson. Therapy involves learning how others need to help themselves and creating the conditions for that work to take place. Erickson believed in the ability of the client to find his/her own solution within his/her own unconscious resources.

Havens (1985) cautions against the creation of an Ericksonian model of therapy which creates more techniques and another filter for misunderstanding clients. "We must resist the seductive notion that we can become effective professionals merely by memorizing concepts or imitating techniques (Havens, 1985, p. 59)." One of Erickson's gifts is showing us a way to approach and view our work, rather than giving us specific interventions to try to replicate. Erickson did not want therapists to try to mimic his work, but encouraged those who came to see him to try to develop their own approach that fits with the client.

### Conclusion

The focus has shifted from structures to individual

belief systems and shared meaning systems. Cognitive maps or belief systems are altered through change in shared meaning which make up the belief systems. Others (Anderson, Goolishian, & Windermant, 1986; Goolishian and Anderson, 1988) would argue that there are only shared meanings and no individual belief systems existing outside of the shared meaning systems. Fruggeri (1992) writes of the hermeneutic circle of interpretation-action,

...beliefs held by individuals construct realities and realities are maintained through social interaction which, in turn, confirm the beliefs that are then socially originated (p.43).

Like Fruggeri, I believe that there are individual belief systems or cognitive maps which exist independently of interaction and are brought to communicational events where meaning is co-created and shared. The meanings which are shared contribute to the validation and construction of the beliefs we hold.

Meaning is altered through the influx of new information. New information is brought into the system through the introduction of news of difference, a difference that makes a difference, which is determined by each member of a "communicating system." Restricted ideas can be expanded, thus opening up the system to the evolution of new meaning. Also, exceptions and

fluctuations from a pattern can be punctuated, magnified and built upon to bring about new meaning and change (de Shazer, 1988; O'Hanlon & Weiner-Davis, 1989).

Focus has shifted from structures to the co-creation of meaning systems. Each person engaged in communication is involved in the creation of shared meaning. The therapist can no longer be the interventionist working outside of the client system, but is part of a new system, the therapy system, which includes the client(s), the therapist, and the shared meaning. There is renewed interest in the contribution of the therapist to this system. (See Appendix A for a discussion of social constructionist guidelines for therapy which are also relevant for supervision and research.)

Therapists and supervisors have cognitive maps or belief systems they bring to therapy and supervision. Their cognitive maps and belief systems, lenses for perceiving and interpreting their worlds, are made up of use of self themes.

## USE OF SELF

Use of self is dependent upon the notion of self which is being used. My notion of self and use of self allows certain possibilities and, at the same time, places restrictions on the self that is being constructed. As Gergen (1991) notes, any discussion of self is bound by culture, i.e., the self is located in the culture at a period in time. The notion of self has changed throughout time and culture. The notion of self, used in this section and study, is influenced by the present culture, and more specifically, authors who have come before me.

My notion of self and use of self is influenced by: Bowen's (1978) ideas regarding family emotional process and differentiation from that process; Adler's (1929; Mozak, 1979) and Toman's (1988) ideas about family constellation and lifestyle; and White and Epston's (1990) ideas about internalized stories. I will present my conception of use of self below. Like de Shazer (1991b), I believe the test of any construction of self is based on its usefulness and practicality. I hope, and believe, that the construction of self, use of self, and use of self themes outlined below are useful in therapy and supervision. Ultimately, you,



and others, have to be the judge. The constructions outlined below will remain as long as they are useful, or until more useful notions are constructed.

In this section, I will draw on the work of others, noted above to provide a social constructionist description of use of self themes. As a relatively new father, of a 3 1/2 year old daughter, I have been and will continue to be a participant observer to her growth and development. I would like to share how I perceive the development of her internalized narratives which make up her use of self. I would like to share three current use of self themes, which are now conscious, that are woven into my life. These themes affect my interests, perception, interpretive functioning and actions. Finally, I will discuss their influence on this study.

#### Use Of Self Description and Theory

There are a multitude of theories both individual and systemic which claim to account for the development of what can be described as the individual self. My notions about use of self were influenced initially by the ideas of Bowen and Adler (see Appendix B). Influenced by Bowen (1978), Adler (1929; Mozak, 1979), Toman (1988) and social

constructionist theory, I will outline a narrative understanding of use of self.

Our lives are storied lives or narratives (White & Epston, 1990; others). To translate our sensory experience we use language to assign meaning. The memories of our past may be in sensory modalities (visual, auditory, kinesthetic). When these memories are communicated to another we use language which then shapes those memories. Our language can then restrict and predispose us to experience the world in ways that fit with our language (Whorf, 1956; Gergen, 1991). Our memories are communicated in a narrative form. We internalize these stories or narratives about ourselves (White & Epston, 1990). These internalized stories become filters for our sensory experience as they serve to draw certain distinctions (Bateson, 1972; Maturana & Varela, 1987) out of the mass of sensations bombarding us at any one moment. Early narratives about one's life, tend to form themes by which one lives one's life.

Every story involves a selection of certain elements and the exclusion of others (Parry, 1991; White & Epston, 1990). Other individuals may help us select and interpret the elements of our stories. Use of self themes consist of

the beliefs, in the form of narratives, the individual brings to communication. Unlike Gergen (1991) I do not believe that relationships "create" the sense of "I" but that relationships bring forth a sense of "I." One's beliefs or narratives predispose him/her to perceive experience and construct meanings in ready made ways, i.e., ways that fit with previous narratives (Fruggeri, 1992). Use of self themes include predisposition to construct meanings about race, culture, gender, class and age. These narratives may change over time, as our present may also influence the past we choose to remember (Boscolo & Bertrando, 1992).

Example. As I observe and participate in the growth and development of my 3 1/2 year old daughter, Caitlin, I am aware of the stories she is beginning to internalize. These stories consist of experiences she has had and her interpretation of those experiences which are also guided by and influenced by the interpretations, for her, by the adults around her.

Recently, Caitlin's maternal grandfather died, just before Christmas 1992. She had her first experience with a major loss. As an observer, it is likely that she internalized a story about loss and sadness, because that

was the predominant theme in the family; although, this event was sandwiched between the celebration of Christmas.

I have also learned that Caitlin may construct meanings and internalize a story that is quite different than the meanings I construct. For example, Caitlin watches movies on videotape and at the theater. Many of these movies are Disney movies. I believe these movies communicate messages and themes (cultural myths) children internalize, so I am sensitive to the themes in these movies and the meanings she may construct, especially as they lead to gender perspective. For example, in "The Little Mermaid" I picked up or constructed a theme that a girl cannot become human until she is loved by a man. I often watch these movies with her and talk about them while we view them, as participant observers, in order to try to co-construct meanings, rather than allow Disney to construct them for her. In Disney's "Beauty and the Beast" two of the themes I constructed were: 1) if a female loves the beast enough she can transform him into a prince, and 2) male development needs a female's love to transform him from a beast into a prince. I checked these themes out with my daughter. In the transformation scene, my daughter communicated that when the beast dies he returns as a

prince. She had constructed a meaning different than mine. She may construct similar meanings to mine at a later time. She will have to check her meanings out to determine if they are useful and help her navigate in her world. If the themes are useful, they will probably be used again and become part of a defining, internalized story.

With her grandfather's death, Caitlin may expect him to return as a prince. In fact, she indicated to me that she would get her grandmother a new *dzia dzia* (Polish for grandfather) who was not sick. When her grandfather does not return, she will have to construct new meanings for her experience of his departure and possibly that for the beast.

Also, just recently, after viewing "A Christmas Carol," where she witnessed Scrooge's transformation, and heard him say that he felt like Tiny Tim's second father, she assured me that if I died (like her grandfather) Scrooge would be her second father. Her interpretation of death and loss seems to indicate that she will be okay, and may do better, i.e., receive in return a prince, a happy Scrooge, a new *dzia dzia* who is not sick. This internal narrative will probably not hold up. As these change, she

may go back and remember the experience of her grandfather's death differently.

### Current Use Of Self Themes

I have kept a folder of dreams, early recollections, themes etc. that are active in my life for the past several years and connected to use of self. Some themes are broader, and others more specific. These themes vary over time, but several major themes remain. While I have visual images from the past which help me recall experiences and construct these themes. When I share these memories, I put these experiences into words. The memories become narratives, and the words I use and have accessible to me help shape these narratives. I will share three current and longstanding narratives which are part of my use of self.

Power. Every individual has the experience of being in a position of unequal and less power. Everyone has been a child. I learned about the use of power from my parents. I became sensitized to the abuse of power in my family. This early sensitivity followed me out of my family to other early experiences in school, sports, work, and other social interactions. I continue to be sensitive

to and bothered by the abuses of power in my life, and continue to put my self in positions where the likelihood of the abuse of power is diminished.

Gender sensitivity. I grew up in a patriarchal family and world. I was sensitized to the abuses which are inherent in this form of social interaction. My father "ruled the roost." When my father abused his power in the home, I looked and moved toward my mother for support. I experienced my mother as having little or less power than I in some respects. As I moved toward my mother, I felt a type of "stickiness" (emotional enmeshment) which robbed me of an "I." This was a different type of power, a more subtle form of power, which I could not see but only feel. I found comfort in the "brotherhood" of my three brothers (one older and two younger). My identity became masculine through "good enough" involvement from my father, socialization in the brotherhood, and positive experiences with some male coaches. I also had the experience of being educated through eighth grade in catholic schools with first a group of very nurturing nuns, and later a group of very strict, fair and challenging nuns. I have had experience with both respected male and female mentors throughout my life. I have received love from both males

and females. Through early experiences I was sensitized to the abuses of male privilege, became comfortable with male intensity and nurturance, understood female powerlessness, avoided female dependence, appreciated female nurturance, and respected female challenge. I internalized both male and female narratives, and was sensitized to excesses I associated with either gender.

Individual Responsibility. My parents came from very dysfunctional families. They disconnected from their families of origin--my father to join the Navy at 17 years old and my mother to go to a nursing school to live at 17 years old. My parents joined together with a common, implicit goal to have the family and children become more upwardly mobile. We had each other, and not much other family. Both of my parents overfunctioned in order to make things better for us socio-economically. My father worked full-time and went to college and graduate school while we were young, and my mother ran the home and later worked as a pediatric nurse. We went to parochial school where we were constantly challenged intellectually. Education was important, and hard work was stressed. The first thing my mother looked at on my school report card was the effort score and only later the grades. There would be no loafing



or failures in my home. My three brothers and I, with some help from my parents, all finished undergraduate school. One brother is a lawyer who is going back for his doctorate in law, the youngest brother is completing a master's degree, while I have a master's degree and am completing my doctorate.

Individual responsibility and hard work leads to belief in one's ability, making a difference, and not being a victim. There is the belief that one can "pull him/herself up by his/her bootstraps." For me, it often leads to overfunctioning. I struggle with feeling okay unless I am overfunctioning, which means performing better than average, staying busy all of the time, and constantly working toward some higher purpose.

### Conclusion

The use of self themes identified above continue to operate in my life. They are correlated and circular. The sharing of power can lead to the assumption of individual responsibility and the appreciation of differences. To punctuate this interaction differently, the assumption of individual responsibility over victimization leads to the taking of personal agency and the assumption of personal

power and the appreciation of differences.

The themes related to power, gender and individual responsibility and overfunctioning affect my work as a therapist, supervisor, husband and parent. As a supervisor, I am sensitive to abuses of power and am more willing to share power with my staff and adopt a model of empowerment. In my therapy, I share power with my clients, and feel more comfortable utilizing a social constructionist model of therapy rather than the previously adopted structural/strategic model. As a husband, there is more communication about decisions, and more communication about our communication. As a father, I strive to be fair with my daughter, respect her special constructions of meaning and internalized stories, and continue to be amazed by her construction of meaning.

I am sensitive to the social construction of gender. I believe that there are gender differences and that differences are not all a matter of perspective. Until there is shared power and equality along gender lines, gender will continue to be dichotomized socially, and differences will be experienced as less than or greater than rather than as differences. Our differences create and lead to our diversity. (I have similar views

concerning inequality and differences related to race and culture.) I am open to dynamic versus static expressions of gender, i.e., gender does not have to be expressed in any particular way. For me, the dichotomy between male and female ways of thinking and behaving break down. While sensitive to feminist causes, I can not wholly embrace this movement, just as I could not get too close to my mother. I find comfort in and am influenced by the men's movement which I defend, like my father, against feminist critiques.

My tendency to work hard and take individual responsibility has led me to overfunction and be very productive at home and work. I can get a lot done. As I have become more differentiated from my family of origin (Bowen, 1978), I have become more of the author of my own story (Keen & Valley-Fox, 1989) and am more aware of the motivation behind my overfunctioning.

The operation of these issues has affected the completion of this dissertation. It is not coincidental that I am interested in RTS. I will write more about this later in this chapter. I have often joked that I became healthy before I finished my dissertation. The completion of my dissertation and doctoral program is less for the approval of others, as was my earlier overfunctioning. Not

doing it for others led to putting off completion of this dissertation, as I found many other things I wanted to do instead. I was also sensitive to abusing power in my family, neglecting my relationships at home with my wife and child, and establishing a patriarchy which would allow me to complete this study. Abusing my power at home was not acceptable to me on an emotional level. To get back to work on this study, I needed the support and encouragement of my wife and daughter, and work on my use of self themes. I have been working on these issues and am now ready to complete this study while being sensitive to abuses of power, gender issues in my home, and the source of my overfunctioning and its consequences, i.e., not feeling okay about myself unless achieving, and respected by others for those achievements.

#### USE OF SELF, POINTS OF CONNECTION, AND PARALLEL PROCESS

In this section, I discuss the connection between use of self themes, points of connection, and parallel process. I propose that use of self themes become points of connection for individuals engaged in conversation.

These themes affect the evolution of shared meaning, and contribute to parallel or isomorphic process in a linguistic system.

### Points Of Connection

Everyone has use of self themes through which they filter their experience and construct meaning. When two or more individuals enter into a conversation, they search for a way to join; otherwise, the individuals engage in a number of separate monologues while in the presence of others. The joining in conversation, rather than monologue, establishes points of connection. They co-create a dialogue between them. Social constructionists refer to this as the creation of meaning through consensual linguistic process.

There are points of connection between the client and therapist systems, points Elkaim (1990) calls resonances.

More recently, the concept of resonance has allowed me to see that these different systems can be joined by a link that is more than the quasi-mechanical replication of the same rule from one level to the next (p. 141).

The therapist is part of a therapeutic system, i.e., those in a conversation or dialogue along with the shared meaning.

## Isomorphism or Parallelism

The notion of isomorphism has been described as early as 1962 in General Systems Theory (von Bertalanffy, 1962). Gregory Bateson (1979) later wrote about the "patterns which connect." Elkaim (1990) referred to a similar phenomenon when he wrote about "assemblages" and "resonances."

Assemblages is the name given to the whole created by interrelated elements interacting in a given situation. These can be genetic or biological elements as well as ones linked to family rules or aspects of society or culture....Resonance is simply a particular kind of assemblage made up of the intersection of different systems around the same element (Elkaim, 1990, p. 142).

In Frankel and Piercy's article (1990)

Isomorphism refers to the process in which structure, pattern, and content are "recursively replicated in the interrelated domains of training and therapy" (Liddle & Saba, 1983b, p. 141).

Isomorphism, parallelism, resonance, and replication between contexts all refer to a similar concept which is taken for granted in the field. There is some research evidence for the existence of such a process. Frankel and Piercy (1990) found a parallel between two types of therapist and supervisor behavior, Teach and Support, across the contexts of therapist-supervisor, and client-

therapist. Prest, Darden and Keller (1990) experienced this parallel process when using a reflecting team in supervision.

### Parallel Process as Shared Meaning

In a social constructionist framework, the hierarchical nature of systems from a cybernetic and general systems models is replaced by a horizontal model where systems are viewed in different contexts (Hoffman, 1986, 1991) along a horizontal versus a vertical plane. The therapist may parallel points of connection with the client system in other contexts, and similarly, the client system may parallel points of connection with the therapist system in different contexts. A number of authors have written about therapeutic stuckness as a result of systemic induction, or points of connection (Beck, 1977; Berkowitz & Leff, 1984; Carpenter, Treacher, Jenkins & O'Reilly, 1983; Lynch, 1974). The resonance of points of connection with the client system by the therapist has been referred to as the client's hypnotic pull on the therapist (Simon, 1985). Also, as noted above, the therapist's use of self themes may become points of connection introduced by the therapist into the therapy system.

The first tool in therapy is the therapist's own self....I personally am not convinced that what we experience as therapists when we are doing psychotherapy is a handicap. Naturally, we cannot experience a particular feeling unless the specific situation touches some string in us....To put it differently, in the same way that for the systemic therapist the identified patient's symptom has a meaning and a function in the family system, I hold that the feelings that arise in any member of a therapeutic system have a meaning and function with respect to the therapeutic system. For me, these feelings mark the specific bridges that are being built between the family members and the therapist. They establish the common foundations on which the therapy can be erected (Elkaim, 1990, p. 163).

The therapy system becomes an ecology of ideas (Bogdan, 1984).

When the therapist and client join and begin to form a therapeutic relationship, they search for and establish points of connection. They create shared meaning in their conversations. For therapy to be effective, I believe there have to be points of connection, similar to Elkaim's resonances, which allow for the introduction of "newness" or the introduction of a difference that makes a difference. If the therapist simply joins with the client and that is the extent of the therapy, he/she establishes points of connection that do not necessarily introduce differences. Differences are not typically points of connection. In order to be a source of difference, the therapist must maintain his/her maneuverability within the



therapy system, i.e., the therapist needs to be able to have moments of awareness where he/she experiences him/herself in relation to the client. The therapist manages his/her use of self to introduce differences.

Therapist use of self involves, not only personal issues brought to the therapy system by the therapist but also training and therapy model issues. Therapists do become stuck in the rigidity of their training or therapy model (Liddle, Breunlin & Schwartz, 1988; Liddle, Breunlin, Schwartz & Constantine, 1984; and Liddle & Saba, 1983a). Erickson (Havens, 1985) warned against the restrictions to perception placed on the therapist by strict adherence to any one model.

Therapist stuckness is related to feeling ineffective and adopting a willful stance. (Willfulness on the part of the client can be referred to as resistance.) A second order therapeutic stance (Hoffman, 1986), where the therapist is aware of his/her presence as part of the therapeutic system is helpful. Therapist awareness allows the therapist to change his/her part of the interaction, dance or dialogue.

## SUPERVISION

In the area of supervision, issues related to isomorphism or parallelism are important to the supervision and therapeutic process. These issues are related to treatment issues brought into the therapeutic system by the client system and replicated in the supervision system, as well as therapist use of self themes brought into the therapeutic system which are also replicated in the supervision system.

Supervision of the therapist is intended to not only help the therapist learn new skills, but to also help "unstick" or "unhook" the therapist from his/her willful stance. Most supervisors are experienced therapists (Nichols, Nichols & Hardy, 1990), view themselves as experienced therapists, and so, in supervision, concentrate on the client system rather than the therapy system which leads to offering suggestions about how to do the therapy rather than how to help the therapist be less willful and more intentional with the client system. The supervisor can mirror the therapist's willfulness, become inducted into the therapy system process, and become stuck along with the therapist (Constantine, Piercy, & Sprenkle, 1983;

Fine & Fennell, 1985; Liddle, Breunlin, Schwartz & Constantine, 1984; and Liddle & Saba, 1983a, 1983b). It becomes important for the supervisor to be able to take an observing position, step back, and view the supervision system (the client system, the therapist, the supervisor, and their shared meaning). This may not happen for various reasons. Again, as supervisors often see themselves as experienced therapists, this is often difficult and does not happen. In addition, supervisors are held responsible for the work of the therapists they supervise. The title of supervisor implies a hierarchical position, above the therapist, which may lead the supervisor to take a willful stance, and over attachment to "therapeutic goals."

Again, the Stance of the therapist, discussed in Appendix A, is helpful for the supervisor. Supervision is a circular process and involves a dialogue or conversation between the therapist and the supervisor. The supervisor maintains a stance of curiosity, not knowing too soon, and entertaining alternative perceptions to that presented by the therapist. The supervisor wants to be intentional rather than willful. Above all, the supervisor needs to maintain personal awareness of his/her constructions by taking a stance of participant-observer, i.e., involved in

conversation with a therapist, while being aware of his/her involvement. The supervision process involves a conversation between the supervisor and the therapist, where the therapist shares his/her story about the therapy system. The supervisor introduces difference into the therapist's story, opening up space for the creation of new meaning and the evolution of a new story or narrative about the therapy system in the present and future (Clifton, Doan & Mitchell, 1990).

The supervisor also facilitates therapist awareness of use of self themes, or points of connection which may be blocking the evolution of a new, solution oriented story. Issues of gender and unequal power are addressed and made a part of the supervision dialogue (Coleman, Avis, and Turin, 1990). Coleman, Avis and Turin (1990) claim that "supervision should focus on the gender content within the family, the therapist/family relationship, and the supervisor/therapist relationship (p. 373)."

Supervision which focuses on the self of the therapist must remain sensitive to issues of power and authority (Kaiser, 1992).

There is concern that the push for personal awareness be in the interest of the work rather than simply in the interest of the personal growth of the supervisee. A supervisor who is not clear about this distinction can easily misuse her position of power by

insisting on "therapizing" the supervisee. At the other end of the continuum, the supervisee might believe that sharing deep personal vulnerabilities is a sign of incompetence, placing the supervisee in the position of needing to hide those parts of herself, this preventing her from being truly accountable in supervision (Kaiser, 1992, p. 293).

The supervisor must remain aware of the effects of power differential in his/her relationship with the supervisee. The supervisor avoids engaging in personal therapy with the supervisee, creating a dual relationship, and remaining insensitive to the effects of personal therapy within the supervision process (Bograd, 1992). At the same time, the supervisor helps the supervisee deal with sensitivities to revelation of personal issues operating in his/her work with clients. Again, it is important to distinguish between therapy for the therapist which most often focuses on the personal issues of the therapist at home, from supervision which addresses therapist use of self themes which often focus on the therapist's personal issues in his/her clinical practice (Aponte, 1992).

### Supervision of Supervision

In order to counteract the tendencies to replicate isomorphic or parallel systemic issues in the supervision process, the supervisor needs to take several measures.

While the supervisor joins with the therapist, forms points of connection, and co-creates a supervision story, he/she strives to consider what is not being said or talked about which could be part of the solution in the therapist-client story which is, so far, blind to the therapist. This requires the supervisor to maintain maneuverability within the supervision system.

The supervisor perceives the therapist as part of the therapeutic system and does not focus solely on the client system as a co-therapist to the therapist/supervisee. Live supervision through a one-way mirror is preferred to "in the room" supervision or co-therapy as the boundary of the rooms helps keep the supervisor outside of the therapeutic system (Constantine, Piercy & Sprenkle, 1983). The supervisor, in his/her training must make a role change from that of clinician to that of supervisor. This requires conceptual as well as behavioral shifts. Training is necessary for supervisors. Also, it would be helpful for supervisors to receive immediate feedback on their supervision (Roberts et al, 1989).

Again, a mirroring of interactional process occurs as one goes from one system to another. Use of self themes or training model issues move from supervisor to therapist

within the supervision system, as induction into the therapy system process moves from therapist/supervisee to supervisor within the supervision system. It is only when the "bigger picture" is viewed that this process is brought into awareness. In supervision of supervision, the parallel relationships between the supervisor and the therapist in the supervision system and the therapist with the client in the therapy system are brought into awareness. It is my experience that the supervisor of the supervisor (SOS) picks these up and gives feedback to the supervisor. In fact, it is not necessary to maintain a relationship based on hierarchy at this level but to concentrate on languaging a news of difference which keeps the supervisor from being stuck. Again, it is important for the SOS to focus on the supervisor rather than the therapist (Constantine, Piercy & Sprenkle, 1983; and Fine & Fennell, 1985). I believe that the introduction of the reflecting team into the supervision process can serve as a more effective "supervisor" of the supervision process by participating in the supervision process and by providing immediate feedback.

## REFLECTING TEAMS

The Reflecting Team approach to therapy has evolved from the constructivist and social constructionist paradigm in family therapy, as well as the use of teams in therapy and supervision. The use of Reflecting Teams in clinical work was first introduced to the field in 1987 by Tom Andersen in his now famous article in the Family Process, "The reflecting team: Dialogue and meta-dialogue in clinical work." Since this article, the reflecting team has found wide application. In this section, I would like to give background for the use of teams in therapy, and overview Andersen's conceptualization of the reflecting team.

### Therapy Models Leading to Andersen's Reflecting Team

The Reflecting Team therapy model developed by Andersen (1987, 1991) is an evolution of the use of "team" in therapy. The Milan model of therapy routinely used a supervisory team which sat behind an one-way mirror and observed the therapy session (Selvini Palazzoli, Boscolo, Cecchin & Prata, 1978). This group then gave the therapist feedback on the session, in the form of a planned



intervention, to be communicated to the client system. In essence, the team spoke through the therapist. Later, Papp (1983) utilized a similar approach, but was more likely to use the team behind the mirror as participants in the therapy room (Greek chorus) when she identified the recommendations of the team and allowed and utilized debate with these recommendations.

A model of "Direct Open Supervision" was used by Olson and Pegg (1979) in which the team behind the mirror, for practical reasons (observation rooms were not always available in their training facility), was brought into the room with the therapist and the family. Feedback by the team was not offered in postsession discussion but was available immediately and offered directly to the therapeutic system.

#### Andersen's Reflecting Team

Theory. Andersen (1991) draws on Bateson's notion that "the elementary unit of information--is a difference that makes a difference (Bateson, 1972, p. 453)." He also draws on the work of Bulow-Hansen, a Norwegian physiotherapist, who has worked with clients suffering from muscular tension. Her work involves the massaging of tense

muscles in a way (a difference that makes a difference) that reduces the tension and expands the person's breathing. He connects her work to conversations among people,

If people are exposed to the usual they tend to stay the same. If they meet something un-usual, this un-usual might induce a change. If the new they meet is very (too) un-usual, they close up in order not to be inspired (Andersen, 1991, p. 19).

Andersen focuses on differences which are not too un-usual, or differences which make a difference. These differences, of course, are determined by the listener in the conversation.

Andersen is aware that the act of making a distinction, focusing attention, and making a description always include something and leaves many other distinctions, descriptions and sensations out. He describes the brain as in constant activity. The senses modify this pre-existing activity in the brain. Any new sensations must compete with other sensations and the activity which is already going on in the brain. Andersen is not only curious about what is given attention, but about what is left out.

The consequence for clinical work is that we must search for and accept all existing descriptions and explanations of a situation and promote further searching for more explanations and more definitions not yet made (Andersen, 1991, p. 26-27).

Andersen adopts a "curious" position similar to that of Cecchin (1987).

Andersen (1991) compares conversation to breathing. The process of breathing involves inhalation, a pause, and exhalation and a pause. Similarly, conversation requires listening, a pause, speaking and a pause. The pauses leave time for "inner dialogues" which allow the individual to develop an explanation and create meaning. The conversation must be slow enough to allow for the inner dialogues (pauses) and the outer dialogue (speaking and listening). In this way, like Seikkula and Haaradangas (1991), conversation is dialogue, i.e., what is said is connected to what has already been said. It is when each person in a conversation has slightly different meanings, that there is the possibility for the generation of new meaning. There must be agreement that there are no right or wrong versions (a both/and position). New meaning can be created from what has not been said, or seen, as well as, questions not yet asked. This becomes the role of the reflecting team: to introduce differences that allow the client to ask him/herself new questions, and to introduce questions which have not been asked.

Reflecting team guidelines. Andersen (1991) provides

some revised guidelines for the reflecting team approach. He stresses that this is not a technique but a way of conceptualizing one's work. As such, the guidelines are only that, i.e., they are not strict rules which must be followed. These basic guidelines will be followed in the RTS process.

The interview opens with some discussion of the use of a reflecting team and the general process which will be followed. There is a therapy system, called the interviewing system by Andersen, which includes the therapist (interviewer) and the client. There is also a team of two or more individuals, called the reflecting team, which listens to and observes the therapy system conversation.

The therapist and reflecting team want to avoid introducing anything which may feel uncomfortable to the client. The interviewer will look for clues that something too un-usual is being introduced. Also, the reflecting team will not disclose or discuss anything the client may appear to want covered up. Negative connotations are avoided. The intent is not to overwhelm the client with information which is too un-usual. Andersen believes this may lead the client to close up defensively, rather than

remaining open. Also, the interviewer and reflecting team look for "openings," i.e., words which seem to have invested meanings. These openings are viewed as invitations, and lead to questions and curiosity.

The session begins with the therapist and client having a conversation. The reflecting team is situated behind the one-way mirror, or included in a part of the room. The reflecting team listens and observes. The reflecting team does not discuss their ideas, but remains quiet. They may speak together in order to clarify something not heard, or something not understood. After a period of time, the reflecting team can let the interviewer know that they have ideas, or the interviewer can ask for ideas from the reflecting team.

If anyone on the team has an idea s/he believes might be useful to the interview system, this person says so to the other team members and asks whether it is time to announce this or whether the team should wait. If they agree that the time has come...the person with the idea knocks at the door to the interview room and says to the interviewer, we have some ideas that might be of some value for your conversation here. If you would like to have them, please let us know when that will be convenient (Andersen, 1991, p. 60)

The interviewer decides when to include the ideas of the reflecting team. When two rooms and a one-way mirror are used, the shift between interviewing and listening to the reflecting teams' reflections can occur by switching the

lighting and sound between the two rooms, or by changing rooms. A similar shift occurs if the reflecting team is in the same room with the interviewing system. Regardless, the interviewer signals the shift.

You can sit back and listen to the conversation if you want, or think of something else if you want. This arrangement allows you to listen to and see what you yourself have been talking about from a more distant position (Andersen, 1991, p. 60)"

The interviewer makes a clear statement of the boundary in the session between the interview and the reflections.

By having the reflecting team share their ideas with the therapy system they communicate that ideas will be shared openly with everyone present. The reflecting team members look into each other's eyes, which avoids the invitation of those in the interview system to comment, and allows them to be in a listening position. The reflecting team attempts to utilize difference questions (Selvini Palazzoli et al., 1980; Penn, 1982; Tomm, 1987a, 1987b, 1988; Lipchik, 1988; White, 1988; MacKinnon, 1988; Sheinberg & Penn, 1991; Roberts, 1991) which are un-usual, but not too un-usual or not un-usual enough. The reflecting team focuses on the most significant opening from the interview and attempts to frame their comments positively. Their focus and comments are on the

conversation they just heard rather than information from another context. The reflections last between 5 to 10 minutes. The reflections are not interrupted by the interviewer, unless they are too un-usual for the therapy system. After the reflections, the interviewer signals another change, and an opportunity for the therapy system to talk about what they heard. The interviewer resumes the discussion with the client system.

Is there anything from what you have heard you would like to comment on, talk more about, etc (Andersen, 1991, p. 63)?

Everyone in the interview system is given a chance to speak and share his/her reflections of the reflections. There may be any number of shifts in a session, typically one or two, while the interview system is always given the last opportunity to speak.

#### EVOLUTION OF REFLECTING TEAM SUPERVISION

In this section, I would like to review the application of the reflecting team in various contexts and focus on four models: the Virginia Tech model; the Brattleboro model; the O and T team model; and reflecting

teams in couple's therapy. RTS is an extension and improvement on these four models. I will review these models, and discuss similarities and differences with the proposed model.

### Reflecting Teams in Various Contexts

The reflecting team approach of Tom Andersen (1987, 1991) has had a variety of uses and extensions. Penn and Sheinberg (1991) used a one person reflecting team to share reflections with the therapist in the presence of the client. Wangberg (1991) incorporated a listening or reflecting position in his therapy sessions by reflecting to members in the therapy system, or by reflecting to himself. Caesar and Roberts (1991) invited clients to, and utilized reflecting positions in, the larger system meetings, where assessment, planning and coordination of the helping systems occurred. Roberts et al. (1989) utilized a variation of the reflecting team in consultation by having one member of the reflecting team interview the therapist and client while the rest of the reflecting team observed. Lax (1991) used the reflecting team at the Brattleboro Family Institute during initial interviews. Davidson and Lussardi (1991), also of the Brattleboro



Family Institute, used the reflecting team to train systemic therapists. The therapists at the Brattleboro Family Institute have also used reflecting team in the therapy of young children and adolescent substance abusers (Lax 1989; Lussardi & Miller, 1990). Diethelm et al. (1992) brought the reflecting team into the therapy room.

### Virginia Tech Model

Model. Prest, Darden and Keller (1990) reported one of the first extentions of the reflecting team to a supervision process at the doctoral program at Virginia Polytechnic Institute and State University (Virginia Tech). This model utilized a supervision group with a designated supervisor. The content of the supervision sessions was either the taped session of a therapist or a live interview by a therapist. During the pre-session, background information was given to all participants. The supervision session focused on the therapist's work while the reflecting team observed. Next, the teams changed rooms and the reflecting team commented while the supervision group observed. And finally, both teams met for a joint meeting. The membership in the groups was not set, but allowed to fluctuate.

Findings. The authors noted that parallel process was addressed in the RTS by the reflecting team in a way that allowed for greater awareness and management of use of self themes by the therapist. Also, new ideas were generated by the multiple perspectives of the participating members.

Similarities and differences. Both approaches focus on the supervision process. The Virginia Tech model used groups while RTS uses two-person teams. Videotaped or live therapy sessions were the content for the Virginia Tech supervision sessions rather than the therapist's narrative of his/her case. The Virginia Tech model had a joint meeting of both the supervision group and the reflecting team after the reflecting team offered its ideas. In the proposed model, the supervision team met to discuss and comment on the reflecting teams' ideas after they were offered without the reflecting team being present as part of that conversation, i.e., the supervision team got the last word.

While Prest, Darden and Keller based their model on the constructivist paradigm, reference to hierarchical levels, and the implication of an objective reality for supervision, suggest that this approach was based on a cybernetic versus a constructivist or social

constructionist paradigm. Prest et al. (1990) viewed the client-therapist, therapist-supervision group, and supervision group-reflecting team hierarchically by referring to these different systems as "levels" (pp. 267-268). Also, they reported the therapist had a covert agenda for supervision, which somehow did not fit with the authors' definition of supervision, i.e., supervision was not a co-evolved process.

During the joint meeting, the therapist revealed his covert supervision agenda....Processing the case--not receiving supervision--is what the supervisor wanted (Prest et al., 1990, pp. 269-270)

In a constructivist or social constructionist framework, supervision would not be solely defined by the supervisor, but would be co-constructed and include the supposed "covert agenda" of the therapist.

### Brattleboro Model

Model. Davidson and Lussardi (1991) also used the reflecting team in supervision. Their model was used with "stuck" cases, i.e., those the therapist found difficult and was unsure what to do. In their approach, one member of the supervision group interviewed the therapist about his/her case, while the other supervision group members (usually 2) formed a reflecting team. The therapist did

not begin with a narrative of the case, but the supervisor interviewed the therapist about the case utilizing a number of different categories of questions, including circular and difference questions (Lussardi, Davidson & Lax, 1990) After a period, the reflecting team reflected to each other utilizing questions which were positively connoted. Later, in the third part, the therapist commented on any interesting ideas stimulated by the reflecting team. The therapist and interviewer either continued their interview, or all of the members conversed.

Findings. Davidson & Lussardi (1991) noted many positive effects of this approach to supervision. Among these, was the ability to help the therapist manage use of self themes in his/her work. Other findings were that it reduced the number of questions, and perspectives the therapist received from a typical supervision group, and the therapist could decide how, or if, he/she would respond to the reflecting teams' questions and comments.

Similarities and differences. Both models utilize two-person teams, and rely on narrative rather than videotape or live therapy sessions. The main difference between the proposed model and the Brattleboro model is that the supervisor or interviewer used prepared questions in the

Brattleboro model while the proposed model allowed the supervision process to be co-created by the therapist/supervisee and the supervisor. The proposed model is interested in the therapist/supervisor's story, as it evolves in the supervision process. Both models are interested in parallel process and use of self themes which are revealed in the supervision.

#### O and T Teams Model

Model. Roberts et al. (1989) developed a reflecting team approach to therapy and supervision utilizing the O (observing) team and T (treatment) team model (Boscolo & Cecchin, 1982) at a training program at the University of Massachusetts. Their original purposes were to be able to work with a large number of trainees in team therapy sessions, and to attempt to reconcile two different models of therapy (Milan family therapy model and Ericksonian hypnotherapy model). They developed two 4-person, mixed-gender teams of 3 trainees and a supervisor. The teams maintained consistent and stable membership, and shifted between O and T team roles. They worked with live therapy sessions. The format involved a pre-session meeting where all 8 team members gathered to discuss the upcoming

session. The therapist began the discussion, and worked more closely with his/her team, which would be designated as the T team for this interview. The O team had time for their ideas. The T and O teams would gather behind the one-way mirror, while the trainee interviewed the client. Initially, there was informal discussion between the two teams, and later in their process, the teams developed firmer boundaries and confined their discussion to their team. During the intersession, feedback was given to the therapist. Initially, it was reported that the T and O teams met in different rooms, but later they met in the same room with the O team doing more observation of the process in the T team. In the post-session, both O and T teams met to share their ideas.

Findings. Roberts et al. (1989) reported three modes in the development of their approach. First, the O team served as a quasi T team. During this mode, the O team, similar to the T team, was involved in the treatment. Weak boundaries were noted between the two teams. This mode presented opportunity for double description (Boscolo & Cecchin, 1982). Second, the O team still served as a quasi T team, but the teams worked toward model integration and differentiation. The boundaries between the teams were

tighter as they experimented with the Milan family therapy and the Ericksonian hypnotherapy models. Third, the O team moved out of the quasi T team role, stopped devising interventions, and began to observe the T team's discussions. The O team focused on the interface between the T team and the family, and the group process occurring in the T team. In this role, the O team was able to observe and comment on isomorphic and parallel process. In essence, the O team became a reflecting team of the live team session. Roberts et al. (1989) noted that gender issues were addressed through their model.

Similarities and difference. Roberts and her colleagues at the University of Massachusetts used larger teams of four members as compared to the use of two member teams in the proposed model. The authors felt that too much information was generated by the large number of participants. The discussions within the T and O teams during the therapy sessions could result in consensus within the team. Team consensus would reduce the team to one perspective or two perspectives for both O and T teams. Double description or two different perspectives can be presented by a two member reflecting team if they remain silent during the interview phase of the supervision

process. In the O and T team model, the focus is on a live therapy session rather than the narrative story of the therapist. The live therapy session may become an "objective reality" for the reflecting team, while the therapist's narrative is more obviously the therapist's construction. The O and T team model concentrated on the therapy session while supervision was a by-product.

### Reflecting Team in Couple's Therapy

Model. Miller and Lax (1988) used the reflecting team in couple's therapy to address issues of power, dominance, and control associated with gender. They felt that the therapist's gender often led to bias, miscommunication and identification with one member of the couple. In their approach, a male therapist paired with the male member of the couple, while a female therapist paired with the female member of the couple. In one session, they would have both women in the room conducting an interview, while both men observed. Later, the men would offer their reflections while the women listened and observed. And finally, the two women would reflect and comment on the ideas presented by the men. This same process was repeated for an interview between the men, with the women observing, later



offering reflections, and then observing the men's reflections on their ideas.

Findings. Miller and Lax (1988) noted that this approach seemed to help the couple "become more verbal in observing and describing their own and each other's view of the relationship (p. 17)." They noted that talking with the same-sexed therapist helped each member of the couple articulate his/her position. Also, each seemed better able to respond to the other's position after being in the reflecting position. Finally, they concluded that it may be that gender teams would make less difference once each therapist became "re-socialized" and more skilled at conversation.

Similarities and differences. This model was used in therapy but it has implications for the proposed supervision model. This model spurred interest in using the reflecting team to identify and address gender issues occurring in therapy and supervision. Miller and Lax (1988) used same-gender teams in the interview and the reflecting teams. The proposed model used same-gender and cross-gender teams to explore gender issues.

## CONCLUSION

This study is informed by social constructionist theory and influenced by my construction of use of self and use of self themes. Use of self themes are present in the stories and narratives we tell and share, and are present in the therapist's story about his/her client. In the next chapter, I will describe a method for utilizing the reflecting team in supervision to examine use of self themes emerging from the supervision process.

## CHAPTER 2 : RESEARCH METHODS

Moon, Dillon and Sprenkle (1990) described the utility of qualitative research in the family therapy field. They articulated elements of a qualitative research study which should be reported. This section will follow those guidelines and report on the subsequent elements of this study: 1) the research tradition, 2) the pragmatics and organization of the study, 3) the researcher's role, 4) the data selection techniques, and 5) data collection and analysis.

### THE RESEARCH TRADITION

There has been a call for a systemic research methodology to study systemic phenomenon (Moon et al., 1990). Family therapy has its roots in phenomenology and the inductive method (de Shazer, 1991b). There are ties between the qualitative research paradigm and the field of family therapy. I believe qualitative researchers (Strauss & Corbin, 1990) follow principles and methods similar to

the social constructionist therapist. (See Appendix A) I agree with Steier (1991) that the social constructionist researcher takes a reflexive stance. Moon, Dillon and Sprenkle (1990) cite the suitability of qualitative research for the study of process research, discovery oriented research, and to bridge research, theory and practice. I hope to bridge the gap between research, theory and practice by using qualitative methods to write a research narrative regarding the use of self themes that emerge in the RTS process.

### Theoretical Perspective

The theoretical perspective from family therapy literature, has been outlined in the Introduction. I will summarize the theoretical research tradition, and discuss it in terms of this research. This study is based on constructivist and social constructionist theory.

Distinctions are made by the observer which separate some information from a continuous flow of information. Drawing distinctions is an act of selection, and involves the observer in a participatory way, i.e., the observer is always a participant-observer who actively determines "differences which make a difference" (Bateson, 1972). All

participants bring qualities to their interactions and conversations. Meaning is consensually created through the dialogue between two or more participant-observers who share their distinctions or individual meanings (Maturana & Varela, 1987). The social meaning which evolves in these conversations does not lie within any of the participants, but within the social space between them (de Shazer & Kim Berg, 1992). The consensual meaning is given special status, as a normalizing truth, by its separation from all other possible shared meanings (White & Epston, 1990).

The shared meaning reported in any research study is the co-construction and the evolution of all of the possible meanings. As the researcher, I co-construct the research with the participants. I bring certain lenses and biases to the research. Some of these biases were reported in Chapter 1. This research takes place consecutively with other events in my life. Of these other events in my life, how will they show up in the research, or how will the research compete with them for attention? What will be a difference which makes a difference? How can I remain intentional and avoid becoming willful?

The participants are those directly involved in the study, the supervisors and therapists, as well as those who

are less directly involved, those on my research committee. This study will be filtered through many lenses. (Not all of these lenses will be or can be reported in this study.) This dissertation is the co-evolution of meaning with my research partners and dissertation committee, i.e., it is our dissertation. It is co-created around assemblages, resonances, and points of joining with all of the participants.

### Research Model

Marshall and Rossman (1989) provide a table to assist the qualitative researcher match strategy with the research questions. The table links the purpose of the study, the research questions, the research strategy or model, and the data collection techniques. Utilizing this table, the present study will explore and explain use of self themes in the therapist narrative about his/her client, while remaining sensitive to gender, and differences in power in the RTS process. The constant-comparative, or grounded theory method (Glaser & Strauss, 1967; Strauss & Corbin, 1990) will guide the development of case studies based on participant observation and focused interviews.

The grounded theory and case study methods attempt to

understand a phenomenon by "grounding" it in the data which is collected. The emerging concepts and categories are connected and expounded in a story or narrative describing the interaction and interrelationships between them. The stance of the researcher is to be able to move in and look closely at the data and to move back to look for meta-level categories and connections. The researcher is guided by his/her open-ended research questions, and sensitivity to theory. Hypotheses are always tentative and need confirmation of their utility, rather than correctness. The role of the researcher is critical in the explication of the theory. The researcher must be aware of his/her participation in the development of the explanations, as a social constructionist family therapist is aware of his/her co-constructions in therapy (McNamee & Gergen, 1992).

#### Application of Grounded Theory

Strauss and Corbin (1990) summarized their grounded theory research method. I will describe how these procedures will be carried out in this study. While Strauss and Corbin (1990) write about theory, I interpret this as a method to ground a narrative in the data and not to necessarily develop new theory. This study is already

saturated with theory. Their method will influence the development and linkages of case study narratives.

"The research method will build rather than test theory (Strauss & Corbin, 1990, p. 57)" The purpose of this study is not to prove any particular theory or research objective, but to explore use of self themes communicated through the narrative of supervision. There must be a starting point for the research study. This point is outlined in the introductory chapter. The research is an informed inquiry, and has some parameters--the research question, and method--which focus the study. The question and method guide the research, while the data generated from the RTS sessions will drive the research process and determine the next area of inquiry. The researcher remains curious, and is interested in the possible evolution of ideas as RTS is conducted.

"The research process will have the rigor necessary to make the theory "good" science (Strauss & Corbin, 1990, p. 57)" The research process will be rigorous as the results will emerge from the flow of data generated in the RTS process. De Shazer (1991a) and Golann (1987, 1988) make distinctions between description and explanation.

"Muddles," or confusion can result when explanation is not



based on description; while there is less confusion, and more clarity when explanation corresponds to description. Remember that even the act of description involves the drawing of a distinction from the flow of information "out there" and involves construction by the observer in a participatory way which affects that which was observed (Bateson, 1972; Maturana & Varela, 1987). While description may be less muddled, and provide a more accurate representation of what is "out there" than explanation, we are still not dealing with an objective reality or an objective science.

In terms of therapy, and supervision, it is helpful to have videotape of sessions to serve as description, i.e., to ground the explanation in actual practice. In research, the analysis is clarified when grounded in description of the results. In the present study, the content of the results will be descriptive or phenomenological as it will be based on videotaped and transcribed RTS sessions, and notes. The analysis of the research will be hermeneutic as it will rely on interpretation and meaning given to it by the researcher and other participants.

"I will attempt to break through the biases and assumptions brought to, and that can develop during, the

research process by remaining attentive to the co-construction, and co-evolution of this study (Strauss & Corbin, 1990, p. 57)." While I attempt to remain aware of the self I bring to the study, my research committee, in essence, becomes a type of a reflecting team to the narrative which evolves.

In summary, the research study will be based on, and extend the use of the reflecting team in supervision. It will focus on use of self themes in the supervision process as expressed in the co-evolved narratives of the participants. A distinction between description and explanation will be made. The explanation and analysis will be grounded in the description, i.e., the practice of RTS, and what occurred as captured in the videotape of the sessions and discussions. I will remain aware of the co-construction of meaning from the description, and attempt to make this covert process overt. The analysis will be influenced by the research method outlined by Strauss and Corbin (1990). The above practice should "provide the grounding, build the density, and develop the sensitivity and integration needed to generate a rich, tightly woven, explanatory theory that closely approximates the reality it represents (Strauss & Corbin, 1990, p. 57)"

## RESEARCH PRAGMATICS AND ORGANIZATION

In this section, the pragmatics and organization of the proposed study will be described. The study calls for the collection of data from a RTS group. An RTS group was formed for the purposes of this study. The format and process of the proposed RTS approach was similar to that described by Andersen (1991), and has been influenced by extensions of this original work by a supervision group at Virginia Tech (Prest, Darden & Keller, 1990), the Brattleboro Family Institute (Davidson & Lussardi, 1991; Miller & Lax, 1988) and a training group at the University of Massachusetts (Roberts, et al., 1989). In place of the therapy system, the supervision team, consisting of therapist and supervisor, was used along with a two person reflecting team. The structure and format as well as the variables involved in this study will be described.

### Participants

I used participants from my present agency, Family Service of Roanoke Valley. Two supervisors, one male and one female, were selected. I participated as the male supervisor. I am a Licensed Professional Counselor in

Virginia, have over 10 years of therapy experience, and 5 years of supervisory experience. Faye participated as the female supervisor, and is a Licensed Clinical Social Worker in Virginia. She has over 20 years of therapy experience and 5 years of supervision experience. I selected two therapists, one male and one female. Both therapists, Ted and Celia, are experienced, masters-level therapists, and are working toward licensure.

### Setting

The setting was Family Service of Roanoke Valley. Family Service is a private, non-profit social service agency which provides a number of helping services to a broad range of clients. Approximately half of the budget is funded by contributions made through the Roanoke Chapter of the United Way. Over the last several years, this United Way has reduced its contribution to Family Service, which has led to Family Service becoming more self-supporting and independent. Fees for service at Family Service are subsidized by United Way, and range from \$5 to \$70 for counseling sessions. Ability to pay, based on family size and income, are considered when the subsidy is determined. Some services are funded by grants (Children's

Treatment Program) and do not have fees. While in the past, Family Service provided services with little regard for fee, with yearly cuts from the Roanoke Chapter of the United Way, it has had to increasingly balance lower fee with higher fee services. Part-time, licensed therapists have been added to pick up the rising demand for counseling for less subsidized, higher fee insurance clients. Volunteers, therapists working toward licensure and students working toward graduate degrees, have also added much more lower fee service without an increase in agency expenditures.

Family Service of Roanoke Valley is part of a consortium of family service agencies which make up a state council. It is also part of a national organization of similar Family Service agencies. Family Service of Roanoke Valley is a nationally accredited social service agency. It has been in existence in the Roanoke Valley for nearly 100 years.

#### Structure and Format

Two supervisors (male and female) and two therapists (male and female) were utilized in this RTS study. Each supervisor worked with each therapist, while the remaining

supervisor and therapist served as the reflecting team. This allowed for combinations of female supervisor with both male and female therapists, and male supervisor with both male and female therapists.

Approximately, 2 hours were set aside at a convenient time for the participants each week for 4 consecutive weeks. The RTS session format involved three phases: 1) supervision with the reflecting team observing (lasting approximately 30 to 45 minutes), 2) reflecting team discussion of their observations and perceptions with the supervision team observing (lasting approximately 15 minutes), and 3) supervision discussion of questions and ideas offered by the reflecting team with the reflecting team observing (lasting an additional 10 to 15 minutes). Time is approximated as there needs to be a flow to the process and allowance for natural breaks and evolution, but limits are placed to coincide with a typical 60 to 90 minute supervision session. RTS can occur with both groups using the different areas of the same room, but the one-way mirror provides a more defined boundary between the groups. Each RTS session also included a post-session discussion to explore any reactions by the group members to the RTS process.

The RTS sessions took place in the taping room, and the supervisor's office. The supervision group met in the taping room, while the reflecting team met in the supervisor's office. At the second phase, the reflecting team shared their comments in the taping room while the supervision group observed from the supervisor's office. At the third phase, the supervision team returned to the taping room to discuss reactions to the reflecting team's comments, and the reflecting team returned to the supervisor's office to observe the supervision team. In the post-session discussion, all participants met in the taping room.

#### RTS Variables

Medium. The content of the supervision sessions were narrative case presentations. There were no guidelines for how the case was to be presented. The case presentation was left to the therapist, as interest was in the therapist's story about the case, and the evolution of the story within the supervision process.

Supervisor. A male and a female supervisor were used. Although they are described as supervisors, the RTS process is a non-hierarchical process, i.e., the supervisor

does not have responsibility for the case, and does not have to instruct or teach the therapist. The supervisor's role was to follow the Stance and Guidelines outlined in Appendix A. He/she should maintain a stance of curiosity and be willing to explore the evolution of the therapist's story about his/her client. The supervisor can utilize circular, future, difference, and gender questions referred to earlier, as well as the supervision questions outlined by Lussardi, Davidson and Lax (1990).

Reflecting Team. The reflecting team can have flexible group membership, but, in this study, it rotated among the two members who were not part of the supervision team. The reflecting team was composed of a male and female member, when the supervision group had a male and female member. The reflecting team consisted of both male members when the supervision team had both female members, and both female members when the supervision team had both male members. The reflecting team's task was to concentrate on the interactions and process in the supervision team rather than strictly on the case material presented by the supervisee. If the reflecting team concentrates on the case material then it is more likely to become inducted into the isomorphic or parallel process of



the supervision team.

There was concern by Davidson and Lussardi (1991) that allowing the therapist to simply present a narrative of his/her case without structuring the supervision interview with questions, would lead the team to accept the therapist's constructions as the "reality." I do not share these concerns as it is clear that the therapist's narrative is his/her construction. The reflecting team is instructed to look for "openings" (Andersen, 1991) and to consider the questions, comments, perspectives that are not discussed by the supervision team. The reflecting team avoids making comments about information the supervision team members may want to remain "covered up" (Andersen, 1991). They attempt to give feedback that is "unusual," but not too un-usual, or not un-usual enough (Andersen, 1991). The reflecting team will not discuss their observations during the supervision phase, and will offer their comments and ideas in a positive, and tentative way. The objective is to offer perspectives, which have not been considered, in a way that can be heard by the therapist and supervisor.

Therapist/Supervisee. As stated, the therapist/supervisee was rotated between the two

participating members. The stance of the therapist/supervisee is one of openness, understanding that the introduction of multiple perspectives to a situation can lead to changed beliefs and the creation of a new story. The feedback which is offered is neither right nor wrong, good nor bad, but news of difference, which, depending on the structural determinism of the individual (Maturana & Varela, 1987), may or may not be a difference which makes a difference.

#### Ethics: Risk-Benefits

In any naturalistic or qualitative study there is risk to the participants whose lives and work may be intruded on by the research process. It is important to obtain informed consent of the participants, and outline the potential risks and benefits of participation (LaRossa, Bennett, & Gelles, 1981).

The focus of the study was on the operation of use of self themes in the supervision process. Although Andersen (1991) cautions against the introduction of material that the therapist or supervisor want to remain "covered up," there is the risk that such material may be unintentionally introduced into the supervision discussion. While being

sensitive to such material, the nature of use of self themes is that they usually operate at an unconscious level, out of the awareness of the individual. Each participant must be, and was, informed of the possibility and probability of the revelation of such material.

The potential risks of participation should be offset by the potential benefits of participation. The supervisors will gain supervision experience from RTS. They will receive immediate reflections on their supervision which, hopefully, will improve their supervision ability. All participants were exposed to focus and dialogue regarding use of self themes occurring during the sessions. It will be up to the individual participants to make distinctions regarding the value of these experiences, and to determine what they will take away from them. Without being specific, it is expected that the consistent exposure to use of self themes will help each participant become more aware of his/her self in interaction and relationship, and become a more effective supervisor and/or therapist. I expect that there will be some personal growth from this experience for all participants. On a more practical level, therapists received supervision from a Licensed Professional

Counselor, and AAMFT Supervisor-in-Training which time can count toward licensure and/or certification.

The unseen participants, the clients who were discussed, should benefit from their therapists returning to their sessions with new narratives or stories which may make a difference to their dialogues. The clients will have to determine what a new perspective by the therapist means to their therapy. (Determining the effects of this supervision model on the therapy, by observing following sessions or interviewing clients, could be another research study.)

Once this study has been written up, all participants will have contributed to the growth and practice of family therapy and supervision. I benefitted by completing my dissertation, and receiving my doctorate, which will contribute to my professional potential and will allow me to again focus on my relationships in my family, and a daughter born on March 19, 1993. My committee, who were also participants, should benefit from the exchange of ideas, and launching another graduate student from the program.

## RESEARCHER'S ROLE

I have considered the affects of different degrees of participation, i.e., confining myself to the role of the researcher and author versus a more involved role in the RTS sessions. I do not believe that "distance" from the action reduces the influence of my beliefs and motivations on the study as long as I am the one writing it up. A more distant role of researcher would simply give me different data upon which to co-construct the research story. It would not make the data "out there" anymore of an "objective reality." I would still filter it through my lenses.

Patton (1980, found in Marshall & Rossman, 1989) described five continua to delineate the participant-observer's role. In the present study I will be a full participant-observer, i.e., the research study will occur within my present work site, and as part of my typical responsibilities as the Director of Counseling. I made my role clear to those in the agency and those participating. I gave a partial explanation of the study, i.e., shared the general purpose of the study without sharing the specific research questions. The duration of the study was over

multiple observations, i.e., I conducted at least four RTS sessions, and will continue RTS sessions as a regular form of supervision. The focus of the observations was on use of self themes as expressed in the supervision narratives.

I participated in several roles during this study. I was a supervisor for two of the RTS sessions, a member of the reflecting team for two of the RTS sessions, a facilitator of the group discussions after the RTS sessions, and at the end of the study, and as the author and researcher of this study.

This issue, my role, perturbs use of self themes for me. I had not considered a role other than as a "team player." Growing up in the middle (second son) of a family of four boys, I have always been in the middle of a group, as a key participant. My historical role on teams, sports and otherwise, has been that of a team player. I have always been a role player, and a key player, i.e., I have not held the spotlight, but played a role which accentuated others' participation, brought out the best in my teammates, and improved the overall functioning of the team. This is an integral part of me, and will most certainly be present in the way I approach this study.

My overt participation, (participation in the RTS

sessions), and covert participation (participation as facilitator and researcher) both affect the outcome of this study. My experience with the research model may weight my participation, and be different than that observed by others who would fill the same roles. My perceived sensitivity to gender may serve to "wash out" some of these effects in the supervision. When using the reflecting team in couple's therapy, Miller and Lax (1988) found that gender teams made less difference once participants were "re-socialized" and more skilled at gender sensitive conversation. I do not have to find any particular results related to use of self themes. Gergen and Gergen (1991) found that "enlightenment without observation," extension of knowledge in the field without observation, is possible by attempting to explain a finding that was not anticipated. So, what if use of self themes were not apparent in the present study? How would this be explained, before the collection of any data? How would it be explained by the data? Both would be interesting questions to explore.

The therapist who is perturbed by a particular client, and finds that he/she has certain "hooks" where he/she becomes willful, does not need to remove him/herself from

this therapy, but needs to "manage" these issues by utilizing them to increase his/her sensitivity to them (Keller & Protinsky, 1984). Self awareness and reflexivity by the researcher make the effects of his/her participation less imposing upon the findings (Steier, 1991). The "Stance of the Social Constructionist Therapist," outlined in Appendix A, served as guidelines for me as a researcher. Without reviewing these sections again, I translated them into guidelines for research: 1) research as conversation, 2) research as intentional, 3) research as creating new possibilities, 4) research as the introduction of difference in the present, and 5) research as narrative. There will naturally be some replication of earlier thoughts.

The research process was a conversation or dialogue between me, the participants, the data which was generated, and the dissertation committee. This was a circular process where shared meaning evolved. I brought certain lenses and biases to the work as did the other participants. As a participant-observer, I attempted to remain intentional, and avoided positions of willfulness. I attempted to identify times when I got locked into a position of wanting the results to turn out a particular



way. I tried to detect a willful position by identifying times when I felt "ineffective" as a researcher. These were times when my use of self themes were involved. When this occurred I took a step back from the research, into an observing or reflecting position, and asked myself difference questions.

I attempted to remain open to the evolution of new meaning in the study. I tried to remain open to "new possibilities" not seen at the beginning of the study, and the exceptions not accounted for or predicted. This position of intentionality within a stance of curiosity has been simily described in social construcionist research by Ravn (1991) as promoting "unity" within "diversity."

I deconstructed my beliefs to basic assumptions I carried into the study, and remained aware of these and their possible operation. I kept a journal of my reflections, to assist me in taking an observing position to myself. I included my personal reflections in the dissertation. I utilized others: participants in the RTS, chair of my dissertation committee, and the members of my dissertation committee, to reflect on my ideas and help me take a reflecting position to the research.

The dissertation is a story or narrative which has a

number of main characters, and a story line or narrative which is grounded in the experience of RTS. The description comes from the videotaped sessions, meetings, and notes. I was actively involved in the selection and attribution of meaning given to the description. The other participants, those in the RTS sessions and my committee members, were also involved, in a reflexive way (Gergen & Gergen, 1991), in the ascription of meaning. The story that evolved is one of the many stories which could be written. The meaning given to the narrative will be one of the many possibilities involving the interaction between the reader and the written story.

#### SELECTION TECHNIQUES

This section will describe the selection or sampling techniques utilized in the study. Unlike a quantitative research study which would describe the procedure for selecting subjects, the selection followed qualitative guidelines which examined incidents and a representative sample of concepts rather than subjects (Strauss & Corbin, 1990). The selection process determines which data will be

analyzed. Basically, the selection and the analysis must occur sequentially. The following sections on selection techniques guided the selection process, but did not dictate the procedure. The specific selection steps and decisions are described in the data collection and analysis section

The sampling was dependent on the evolving theoretical significance of the concepts and categories. Sampling, as described by Strauss and Corbin (1990), increases the "depth of focus."

In the initial sampling, a researcher is interested in generating as many categories as possible, hence gathers data on a wide range of pertinent data (Strauss & Corbin, 1990, p. 178).

The initial open sampling is followed by analytic sessions which begin to focus the sampling.

Later, the concentration is on development, density, and saturation of categories; here the data gathering is more focused on specific areas (Strauss & Corbin, 1990, p. 178).

Strauss and Corbin's (1990) coding procedures influenced the sampling procedures. They have established procedures for developing categories out of concepts coming from the qualitative data which are given density, and linked together into a narrative or story. In this study, each of the four RTS sessions was a case study with its own

narrative or story. Strauss and Corbin's ideas influenced the development of these four stories. Later, each of the four stories was compared and examined for similarities and differences. The sampling and selection procedures followed the coding procedures used, and were closely tied to theoretical sensitivity, i.e., interest in use of self themes emerging in the supervision narratives.

### Sampling in Open Coding

The aim of open coding is to discover, name, and categorize phenomena; also to develop categories in terms of their properties and dimensions (Strauss & Cobin, 1990, p. 181).

The aim of sampling in open coding is to assist the open coding, i.e., create as many categories as possible, and to break these down into their properties and dimensions. I attempted to maintain a stance of curiosity, and where I was open to new possibilities, and the uncovering of relevant information. The theoretical perspective, and research questions provided some focus and direction. I attempted to maintain a balance between informed focus and discovery.

The initial sampling for open coding was "purposeful (Strauss & Corbin, 1990)," i.e., I selected four RTS sessions on which to focus the research. As indicated

previously, these sessions matched a female supervisor with a male and a female therapist, and a male supervisor with a male and female therapist. During all RTS sessions I: kept notes, was open to categories, and recorded these. Each RTS session was followed by a brief post-session discussion to share reactions to the RTS process. While initially open coding, I was involved in a conversation or dance with the data, i.e., each selection of relevant information influenced and guided the next selection.

#### Sampling in Axial Coding

The aim of axial coding is to relate more specifically the categories and subcategories that were uncovered during open sampling and coding, and to find evidence of variation and process with reference to them (Strauss & Corbin, 1990, p. 185).

Sampling for axial coding focuses on discovering and verifying relationships between the different categories identified in open coding. I attempted to look for connections based on differences and variation in the RTS sessions at the dimensional level: conditions, context, action/interaction, and consequences (Strauss & Corbin, 1990). I also sampled in axial coding based on theoretical relevance.

Again, while participating in the RTS sessions, I kept

notes which identified categories, and I was also curious and took notes on possible relationships between the categories. I explored the possible relationships in the post-session meetings. I made "purposeful" statements of relationships between categories after RTS sessions, and was curious regarding these during the following session. I was able to do this by "choice," i.e., focusing selectively on those relationships identified, during the RTS process, but had to do so by "chance," i.e., that which is available, when going over the videotapes (Strauss & Corbin, 1990).

#### Sampling in Selective Coding

The aim of selective coding is to integrate the categories along the dimensional level to form a theory, validate the integrative statements of relationship, and fill in any categories that need further development (Strauss & Corbin, 1990, p. 187).

The sampling in selective coding is selective in order to obtain needed information to fill out categories, verify relationships between categories, and to confirm the narrative or story of the research findings. Throughout the sampling, there is constant comparison of the explanations and meanings with the descriptions and actual data. Examples which did not fit the research narrative

were not automatically thrown out, but were viewed as possible exceptions which could add variation and diversity. Again, a stance of curiosity was attempted. Modifications to the categories, category relationships and research narrative was made, and comparisons made between the new explanations and descriptions.

I began to develop explanatory narratives concerning the changes in the therapist's narrative about the client, and the operation of use of self themes while the the four RTS sessions were being conducted. I compared these evolving ideas with what was occurring in the RTS sessions, and was curious about them in the post-session discussions. I had further opportunity to verify the research narrative, and relationships between the categories by reviewing the videotapes and manuscripts of the four selected RTS sessions. Finally, there was a focus group at the end of the sessions to reflect on the different narratives, and to discuss any reactions to the experience.

## DATA GENERATION AND ANALYSIS

Strauss and Corbin (1990) outline sampling

considerations for a qualitative study. Using these as guidelines I will include sections on the following: 1) determination of the type of data to be utilized and how it was collected, and 2) determination of whether developmental considerations were involved, and 3) the way in which the data was analyzed.

### Type of Data Collected

Data were of several types. I took researcher notes while participating in the RTS sessions. I kept a journal of my reflections and experiences during the study. Four RTS sessions and their corresponding post-session discussions served as the data. They were videotaped and transcribed. I conducted a focus group at the end of the four videotaped RTS sessions to discuss the participants' reactions and experiences with RTS, and to get their reflections on the evolving narratives of the four RTS sessions. The focus group also addressed the practical applicability and continuation of RTS in the agency.

### Developmental Considerations

Time could play a role in the month in which RTS sessions occurred. The RTS group could have matured, grew



and changed over time in a way that positively affected the functioning of the RTS group. Each therapist could have become more comfortable with the process, and so had a different experience in later sessions. The growth in the members in the reflecting team could also contribute to different outcomes as members gained experience offering reflections. More positive and sensitive reflections could lead to a greater likelihood that they were heard by the supervisor and therapist/supervisee. Group process (Roberts et al., 1989) was likely to be involved in RTS and to change over time. It is not within the scope of this study to account for developmental considerations in the RTS process.

### Analysis

In Chapter 1, I established theoretical sensitivity which would guide the study. I explored ideas that emerged regarding use of self themes in the RTS process. While participating in the RTS sessions, the ideas about use of self and "relational distance" began to emerge. I tried to participate in the sessions, as a supervisor and as a member of the reflecting team, as I have participated in such sessions in the past, i.e., without trying to willfully create any phenomenon, but to try to offer

quality supervision for the participants. Emergence of use of self themes occurred, without prompting, in the first three sessions, but seemed to be hidden in Session 4. I saw Session 4 as not supporting the theory that was emerging as it lacked discussion of use of self themes. I looked at this session more closely later in the process.

While conducting the RTS sessions, I began to convert the videotapes into audio tapes. While converting, I watched the videotapes, and made notes of significant process occurring in the sessions. Once converted to audio tapes, I began to transcribe the audio tapes. I attempted to capture everything that was said, the way that it was said without translating the dialogue into complete sentences. In all 4 sessions, there were two individuals talking together and two individuals observing in each of the first first three phases. I tried not to break up a speaker's statement, and often included comments made by the other participant within parentheses of that section of discourse. I put commas in where there seemed to be breaks, and did not include periods when a thought was not complete, or continued to flow. Transcribing in this way helped to capture the story, and conversations that were unfolding.

While transcribing the tapes, each taking approximately 10 hours for a total of 40 hours, I became very familiar with each session. In the original transcripts, if I was struck with a thought or feeling, I would record it in the transcript at the point I had the insight. I used these later, and then removed them from the transcript.

After typing the transcript, I printed them in condensed print in order to be able make notes to the right of the dialogue. I worked on each transcript consecutively. After printing Session 1, I went over it once to track and make process notes on the interaction, and again to track and make notes on apparent use of self themes. Next, I stepped back from the transcript and went over my notes and punctuated moments when there seemed to be a shift in the process. While getting the transcripts ready, ideas contained in Chapter 4 started to become more clear, and I began to draw a picture and make notes and tie together the theoretical notions that were emerging.

I envisioned Chapter 3, as 4 case studies, one for each session. Each session would tell it's own story and be able to stand alone. To write Chapter 3, the results, I described, in my words, the interaction occurring in the

sessions. I was aware that the development of the theme or story line is influenced by the author as it moves farther from description toward explanation (Golann, 1987; de Shazer, 1991a). I cut and pasted quotes from the transcript to support certain assertions. I reduced the data based on theoretical sensitivity. I did not want to look at my influence as the writer at this point for fear that I would get into a reflexive loop and not be able to continue forward with the next sessions.

After typing the interaction sequences, I went through it to track and note the points of connection and use of self themes and broke these down by client-therapist, therapist-supervisor, and therapy-supervision. I also noted the major theme or themes of the session. Initially, I had written way too much, about 150 pages, I met with my advisor, got some ideas and reflections, slept on it, and then got up and began to condense the chapter. I removed the interaction sequences, and supported the points of connection sections with transcript.

The first 3 sessions supported a theory based on Bateson's (1972) notion about a difference that makes a difference and Andersen's (1991) notion about the unusual. I still was not sure how Session 4 would fit. I also

started to break the sessions into the phases, and look at what was occurring, and not occurring, in these different phases. Thoughts started to come together on the importance of the 3 phases. As ideas came to me, I would jot them down and put them in folders with a heading which seemed to cover the idea. I would pull these together, later, as I wrote.

As I began writing the ideas about "relational distance," I saw Session 3 as an example of one of the categories (Strauss & Corbin, 1990). Upon closer examination, I realized that it was a member of a category, but offered some additional information not found in Session 1. I had to go back and include these ideas in the theory. I decided to write Session 4 as a separate story, the exception. I reviewed the theoretical notions in Chapter 1 when trying to explain what accounted for it being an exception. While writing an explanation for the exception, I realized that it was a special case of the theoretical notions emerging from the first 3 sessions. I decided to include Session 4 in the theoretical section about relational distance to further enrich the ideas already there.

I believe that the theoretical notions regarding

"relational distance" in Chapter 4 are probably outlined, i.e., the main categories are in place. My experience with Sessions 3 and 4 tell me that the theory is not saturated by the 4 sessions, and that at a later time, additional sessions may further enrich and fill out the theory.

## CHAPTER 3 :

### RESULTS

One of my professors has said that qualitative research is data reduction. I did not fully understand this when I first heard it, but I did make note of it. I understand it better now. For someone who likes to save things, you should see my house, qualitative research can be rather painstaking. There is not the customary time to say goodbye before you throw it away. As I find out about my internalized narratives, or use of self themes, I realize they are not inherently negative, but can be gifts if I am aware and remain aware of their operation.

My wife and I recently had our second daughter during the writing of this manuscript. Lots of family came to visit to help out. I will not tell you all of those stories, but I went into the kitchen one morning when my father was making breakfast for everyone. He had quite an operation going. One of the items was Cream of Wheat, one of my favorites as a kid. Well, he had boiled the water, and poured in the Cream of Wheat, like instant oatmeal, and it was not. The Cream of Wheat was too watery. It needed

to go back into the pot. Cream of Wheat needs to be boiled down, it needs to be thicker, and richer, so that you can eat it rather than drink it. Cream of Wheat that is too watery is boring, but Cream of Wheat that is cooked too long and is too thick is unpalatable. That is what I had to do with the first version of this chapter. I had to put it back in the pot and boil it down.

I was originally concerned that I would lose something if I took anything out. Remember, I like to save things. I did not have the right metaphor to guide me. I am aware now that I tend to think out loud on paper, while my brother, the English major, thinks in his head and writes it down once. By boiling this down, I was getting rid of some of the water, or throwing away my scrap sheets. It is not something to feel bad about, but just part of the writing process for me.

Back to the Cream of Wheat. When I boiled it down, something was missing. I slept on it and figured it out. I enjoy my Cream of Wheat with a little salt, sugar and butter which are all unfashionable in today's health conscious world. I still add these to my Cream of Wheat. Like the salt, sugar, and butter, I am the flavoring. I am not the Cream of Wheat, but I hope that I make it taste



better without giving you a heart attack.

I would like to explain the evolution of the stories that make up this chapter. My family and I go to a weekend folk festival in Black Mountain, North Carolina every Spring. I remember a Nigerian musician, storyteller on a Saturday morning entertaining all of the children with a song and story. It was about a traveler who was sleeping. Each time he awoke, he would find himself in another dream. Each dream was a different adventure. He told a story of a dream, within a dream, within a dream, within a dream. These RTS stories are similar to this Nigerian folk song or story.

Whose stories are these? Like a hot potato, these stories belong to the one who tells them last. These are my stories. And if you read closely you can read the story, within a story, within a story, within a story. One can tell a lot about the storyteller by the story he/she tells. I cannot pretend that these stories are not as much about me as they are about the stories I am telling.

These stories start with a client's telling of a story to a therapist. The original supervision story begins with a therapist's narrative about a client. This original supervision story is as much about the therapist as about

the client. Narratives were used rather than videotape for this very reason. I am interested in the therapist's use of self, not a debate over the micro-moves and reality captured on the videotape. These therapist stories are shared with a supervisor, who adds his/her piece to the story by talking with the therapist. This different story is shared with the reflecting team observing outside of the room. After a period of time, the reflecting team share their version of the different story with the therapist and supervisor, for a third telling of the original therapist's story. The supervisor and therapist use this story to tell even another story. The story that you get is my story of all of this storytelling.

In this chapter, for each of the four RTS sessions, I will report the therapist's story about the client. After that I will share the points of connection which lead to the generation, or construction of meaning between the client and therapist, between the therapist and supervisor, between reflecting team and supervision team, and between the therapy and the supervision processes. Finally, I will share what I perceive as major use of self themes for the therapist's telling the original stories.

The title of this study is about the reflecting team

in supervision. In these sections, the amount written about the reflecting team is noticeably less than that dedicated to the supervision team. The different RTS phases are discussed in Chapter 4. Here, I would like to mention that this differential between space for the supervision and space for the reflecting does not, in any way, diminish the importance or contribution of the reflecting team to the supervision process. In fact, what follows after Phase 2 is critically influenced by the observations of the reflecting team, as we shall see.

#### CELIA'S STORY: SESSION 1

Supervisor: Wally; Therapist: Celia; Reflecting team: Faye and Ted.

##### Session 1: Therapist's Narrative

Celia chooses a case for supervision where she has recently brought me in as a co-therapist. The case involves a middle aged, divorced and remarried mother and her three adolescent daughters. I have experience working with children and adolescents. Celia has brought me into

the case to help her with the teenage daughters who are escalating their misbehavior. The older two daughters are sexually active, and have had sex with their boyfriends and others in the home while the mother has been away. The mother has a history of having been sexually abused as a child by her father, who she has reportedly confronted with the abuse. She divorced her first husband who was abusive and is presently in another abusive relationship. The mother is afraid that the daughters will be sexually abused, or that their acting up is a sign of being sexually abused. The mother initially came into therapy with Celia to get help for her children, and has also come for some individual sessions. Celia and I met with the daughters, and their mother, for the first time about one month prior to this supervision session. Within a week after that first session, the older two daughters ran away from home. They are set to come back for therapy the evening after the supervision session. The mother did not come in for any individual sessions with Celia between these sessions, or since the daughters ran away.

### Session 1: Points of Connection and Use of Self Themes

Client-therapist. Celia indicates throughout the

transcript that there are points of connection she shares with this client. From these points of connection, Celia makes constructions and assessments about the client which are hypotheses based on use of self themes. Celia identifies that the client has come in to seek help with her daughters. While exploring the client's concerns regarding her daughters, Celia finds that the client had been sexually abused by her father. Celia has a similar abuse experience in her background. Celia has been in therapy to deal with her own abuse, put a time limit on her treatment and recently completed a course of treatment. Celia believes and reveals in the transcript that knowledge, information, teaching and insight are important in recovery. This is what she would like to give to the client.

Knowledge and insight give Celia power. Not having power, or feeling powerless lead to feeling unsafe. Feeling unsafe stirs up traumatic memories of the previous abuse, and has affects on current functioning, e.g., shutting down and restricting experience, and not having interest in sex.

Celia: Well, see, it is my belief that, in my experience that, you can be, you could have confronted the person, the father like she had, and worked through a whole lot of it, but if you end up in a position again where you're feeling somewhat

threatened in some way, (uh-uh), or maybe she is even fearful of her girls, you know, we're wondering if they are being molested, to me that could throw her back into another memory type pattern that would drudge up all of that stuff again, (uh-uh), you know, I don't think you ever really get rid that whenever you, you know, that post-traumatic stuff, even though you're empowered, somewhat, and work through some of it, I think whenever you get in another threatening unsafe situation, it kind of causes a lot of it to come back. Does that make sense to you?

And earlier in the session,

Celia: ...it seems like she told me that she wasn't interested in having sex with her husband,

Wally: Is is that what you were saying that some of the relationship with her husband would bring back memories, is is that, (I'm suspicious, yeah), is there a connection between her not having sex and and memories (Well I think that is a typical response sometimes when people are in memories) to not (they just, yeah) want to have sex, they are cued to the memories (hm-hm).

Celia: Yeah, they kind of shut-down in that department, it is just not something they wanna, to do,...

For Celia, taking a risk is similar to confronting someone or a situation which leads to feeling more control.

Celia: Okay, well see, as we talked about the risk, for me, I don't have trouble taking risks, but that, to me, comes from that people that have been abused are more saf.., they're safer after having experienced it, (what do you mean), in other words, I felt safer confronting you and telling you about it afterwards than I would have never talking to you about it.

Wally: Let me see if I understand, by taking a risk and telling me about those things you felt safer (afterwards) afterwards, getting it out, (hm-hm), then if you hadn't, (hm-hm), and that

Celia: That goes (go ahead) that goes back to, people that are abused, the safest time for them is after the abuse (okay) so they'd rather go on and get through it (okay) and feel safe (okay) afterwards so that is why I don't have trouble with the risk.

Wally: Okay, I was a little confused and wanted to understand you more, is that, taking the risk, if that is akin to being abused, (hm-hm), you are safer after the (hm-hm) abuse than (hm-hm) sitting on the edge of (hm-hm) taking the risk (right)

Celia: So I don't have trouble taking the risk.

Wally: Okay, because it feels better (yeah) than afterwards (hm-hm) okay, because it's, plus it puts you

Celia: Right, because, you see, I have already done that with you (right) so I didn't feel uncomfortable talking to you about other men.

Wally: And does it also kind of put you in control (hm-hm) like you being the one (hm-hm) to take the risk (hm-hm) rather than having someone else try (hm-hm) to pry some information (hm-hm) out of you or something?, (yeah, I'd say) um.

Celia feels safer after taking a risk, or after the abuse, than before the risk or the abuse.

When a victim realizes that he/she can no longer be abused by the perpetrator, he/she can then confront the perpetrator which is a major step in recovery.

Celia: I think it was just her confrontation with her father. She realized that he couldn't hurt her anymore and she told him about it. She confronted him about it. And that changed it.

Celia believes that confronting the perpetrator is a sign that many of the sexual abuse issues have been dealt with.

Celia: Well, he had, he had physically abused her, (this husband), uh-uh, and she had served a warrant on him, she's really, once she confronted her father, it seemed to, I think, empower her somehow, she was able to do a lot of things that she hadn't been able to do previous, (uh-uh), and I'm also wondering if that's what's happening with the girls, in other words, has she now become just a little bit more empowered overall, and is she now taking more control with raising the children, and is that what's happening, you know, at home with her relationship with the girls?

Wally: Oh, okay, (you see), so because she is empowered, (it is spilling over) right. Maybe the girls got away with a lot of things and now she is (hm-hm) starting to, um, set more limits (hm-hm) or be firmer with them (yeah) and they are not liking that, and so, (yeah), they are escalating the misbehavior some (hm-hm) and which creates kind of a power struggle (hm-hm) going on between them.

Celia: Because see, I think, she is, I think, when she told me that she confronted her father about it, and she doesn't feel anything for him and that she doesn't allow the girls to go near him or anything and then I started hearing her say things like she had had her husband arrested and other things it makes me now wonder about the girls acting, in other words, who is this new person, (yeah), that is so empowered, this mother that was not empowered before.

Wally: So what happened, that changed for her, that allowed, that helped her be empowered like that?

Celia: I think it was just her confrontation with her father. She realized that he couldn't hurt her anymore and she told him about it. She confronted him about it. And that changed it.

It is not clear whether Celia has confronted her own father, but this has been a current issue with which she has struggled. For the mother to be able to talk to her



daughter's father regarding support is thought to be a sign of empowerment. Celia also struggles with this issue as she tries to get financial support for her daughter from her ex-husband.

Celia and the client both have mothers described as powerless. It is important for Celia, and the client, to realize that, as mothers, they do not have to be powerless, and so need to be active in protecting and taking care of their daughters.

Celia: And the other thing is that her mother was powerless, and she isn't, now that she realizes all of this stuff about her own father and everything she definitely doesn't want to be in that role but her (she doesn't want to feel powerless) mother was in that role, hm-hm, she definitely wants to feel like she is doing something (yeah) and I think once she figured that out that's what helped her to go serve warrants on her husband and helped her to go down and and prosecute that guy for having sex with her daughter, that 18 year old, (uh-uh), it's like now all of a sudden I don't have to be like my mother (yeah) you know, it's like part of that um the insight of realizing that maybe she was being like her mother all those years, before she confronted her father, (yeah).

Realizing that she does not have to be, and not being, like the powerless mother is empowering for Celia, and felt to be empowering for the client. Celia and the client are concerned about possible abuse of their daughters. Both mothers' daughters are acting out and misbehaving, although Celia's daughter is not acting out to the same extent as

her clients' children. Both Celia and her client are presently focused on getting help for their daughters.

Celia: Once she feels more comfortable I believe with them getting help and she will be able to work on her stuff better, otherwise she is being very polite and she is going through the motions but I just kind of get that feeling that she really is doing this because of the girls, to get them into counseling (okay) and that was the theme that went on for a couple of sessions until we got her girls in, it just kept coming back all through the session well I really need to get the girls into counseling.

And later,

Celia: Yeah, because, um, yeah, I can relate to what she's feeling, in other words, and is she fearful that her children are going through the same thing that she went through, and the fact, that her need, she, her need to get her children protected first, (yeah), I-I can relate to that (yeah) is that what, does that answer what you said?

Wally: Yeah, yeah, would it help you personally to know that Lisa is okay? (oh yeah, absolutely), would that,

Celia: In fact, I think a lot of things that I do in my whole life as a mother is with that theme, in other words, I have to make sure that she is okay before me.

Wally: And is that also a way of taking care of yourself?

Celia: Oh yeah, probably yeah, I can't function if I think she's, see that's why I, one of the reasons, and maybe it's a selfish reason, one of the reasons I decided to get her into counseling, is because I can't stand for her to be upset (um, okay), you see, I can't stand it.

Celia does not believe the mother knows how to help her

daughters.

Celia: Well I think she is willing and wants to help her girls, she just doesn't know how (okay) she feels helpless.

Celia may not know quite how to help her own daughter, and so both mothers are trying to get them into therapy with a safe person.

Celia: Okay, well this is what I have been vacillating over, one of the reasons I haven't had Lisa into counseling yet, is because I have been very sceptical and very nervous and overprotective of her about who I would allow (yeah, yeah) okay, and since nobody here (uh-uh) there really isn't anybody here that would really work with (well yeah we couldn't), that I felt really comfortable with, I felt comfortable with all of you people, but it was like because of our re- work relationship, it wouldn't work (oh yeah, and we can't do that) so I vacillated for months and months over thinking, well, who would I send her to, and then, so what I did then, when I called S.W. so I ended up calling (uh-uh), I asked her, well how do you want to, how do you do this, and she says, well, I generally like to meet with the two of you together the first time and then after that, you know, the mom and the daughter come in together for about 15 minutes and then I speak to the daughter, well, you see, that put my mind at ease then, you see, because I felt like, okay, well, I'm gonna have atleast some feeling of what's going on in there (yeah) so that I can trust it better, you know, I, because, it's (yeah) back to the same thing, this is your little child, you know, you don't know what some stranger is gonna be telling her.

Celia's fear and concern for her daughter brings back memories of the abuse, and activates her to do something, take a risk, rather than be powerless.

Therapist-supervisor. The therapist, Celia, and I

have an interaction between our use of self themes which form points of connection between them in the supervision session. Celia, as a survivor of sexual abuse, is sensitive to feeling powerless. As stated earlier, powerlessness brings back unwanted abusive memories and is somewhat paralyzing to Celia. I have identified a use of self theme which leads to sensitivity to abuses of power, and as the supervisor in this session, do not want to abuse my power with Celia. The interaction of these issues, and the content of the case brought for supervision lead to a unique dance between Celia and I which parallel issues in the therapy and in the supervision.

As indicated above, Celia is focused on her own daughter, and the client's desire to protect her daughters. Celia's focus on the daughters is not an area where she feels she has expertise, or power.

Celia: Yeah, but, she said, I don't think, she expressed that this time both of them, (uh-uh), it's, and, what I'm curious about Wally, and it's like I told you I don't know that much, don't feel like I know a whole lot about adolescents at this point in time, um, and I'm certainly working on learning and I was looking forward to working on it with these girls so I'd understand more but I'm just curious as to this happening with the impending counseling session.

This is an area of expertise for the supervisor, who is focused on the mother getting help with her issues.

Wally: Uh-uh. Do you think she'd still be willing to

come in if if the girls were were gone or out of the picture, would she still be coming in to work with you, or do you think she---.

Celia believes that the mother cannot get help for her issues until she feels her daughters are safe, and so is not sure what the next step is for her in her recovery other than protecting her daughters.

In the supervision, I hear several of Celia's statements about the case as her constructions, probably coming from her own background, experience, knowledge and concerns. Some of these statements are: 1) to confront the father, or the abuser, means that she has dealt with many of the sexual abuse issues; 2) if the mother gets help for her children, it will help her; 3) the mother is more entitled to help after trying to get help for her children; and 4) a sign of empowerment for the mother is to ask the natural father for financial support for the children. I begin to challenge these constuctions by exploring for more information, and focusing on the mother coming in for herself, irrespective of whether the daughters come in. When there is open disagreement between Celia and I about whether the daughters will say more with their mother there or with only the counselors there, Celia gives me the power, saying I am the supervisor.

Celia: I have a feeling they're not going to be, the

reason I kind of feel that we might need mom in there is because I have a feeling they're not going to be too laughing willing and open to uh tell us what happened for some reason (oh, you), in other words I'm just, have that (without mom there the girls won't tell us what happened) hunch, they won't tell us probably much of anything.

Wally: Hm. See, and I'm thinking that they are liable to tell us more with the mom not there (Okay, well, okay) so (yeah, so I'm, okay, well then) so I'm curious (okay, so I'm ) curious about that, will they tell us, they maybe won't own up and fess up to some things unless the mom is there but they may tell us some things the mom doesn't know if she is not there.

Celia: Okay, well, it's whatever you think, you are the supervisor, laughing that is why I am asking you, what

Wally: ... Um, I don't know Celia, I'm just curious about that, I don't know if they will tell us more or less, they may tell us more about some things and less about others.

Being an "all-knowing" supervisor is uncomfortable for me.

I try to give some of the power back to Celia, and share it with her in the session. I continue to direct the supervision toward the mother, where Celia has more expertise.

Wally: What do you think you are going to do with Penny when she comes in? What are, um.

I try to go with Celia more, and be less challenging. I challenge Celia's assertion that the client does not have many issues related to the sexual abuse left to work on. This challenge comes after Celia has indicated that the

client is not interested in having sex with her husband because sex with him cues memories of the abuse.

Wally: Help me with this part about, the um, the thing about the memories and no sex, that um, that you're feeling that she is pretty empowered in terms of working through some of these issues and, it would seem to me, that if she had worked through these then, she would have, um, relationships that included sex, I don't know how often or how frequent sex would be okay with her, I don't know if the sexual abuse is affecting how much and how often she wants to have sex, and so I'm wondering if that is not in a way saying that there is some more that I need to work on (well, yeah) and I'm not ready to work on that (that part).

And later,

Celia: Well, see, it is my belief that, in my experience that, you can be, you could have confronted the person, .... Does that make sense to you?

Wally: Yeah, I'm just seeing, I'm curious about that, I'm thinking about, um, situations where I have memories not that, I haven't been sexually abuse but, I'm thinking back to memories where um bad things may have happened, (hm-hm), and um, (Well, let's take) there are times when those could come back up and I could and I could have an emotional response, um, but I'm wondering when, if working on those, doesn't somehow, um, kind of siphon off that whatever that emotional stuff that's connected to them?

Celia: Well, I think it does temporarily, but, I think what, I guess, basically, what I'm hearing her tell me is, and there are differences, okay, she knows that her father molested her, she doesn't remember every incident, okay, (yeah) she didn't really have to remember every incident, to to go to her father and confront him, okay, (yeah), but, I think what happened, sort of like what I experience myself is, okay, I've kind of dealt with the fact that it was my father that molested me, and I dealt with all of that and I understand all of that, ....

Celia finally indicates that the source of her constructions are her beliefs, more specifically her experience. I comment in the first person about my personal experience with memories. I challenge the notion that there could still be emotional trauma and reactivity and no issues on which to work. Celia then takes a risk and talks directly about her personal experience of abuse.

I become more supportive, and less challenging, of Celia when talking about her own experience. I then shift to talking about the next step in recovery for Celia and for the client.

Wally: Yeah, and I wonder what the next step would be for her and for you in terms of working with this, I mean, if, you have already done a lot of work, and she has done some work, she has confronted, (hm-hm) in fact, are yall in similar places in terms of recovery? (possibly, yeah, I thought about that too) both of you, have you confronted um, your father, she's confronted hers, but, you've done some work in this area and it doesn't seem like you are having as many memories, is that accurate?

The reflecting team noted that there was a sharing of power and more negotiation in the latter part of the supervision.

Faye: Because he gave her feelings validation (yeah) and recognition, and you sensed, I think felt there was support in that (yeah, oh yeah definitely)...um, one of the things that I thought was, um, was neat, it was almost like, to me, a negotiation at the end (hm-hm) uh, (of agreeing, on the client, which they were going to go with them) yeah, um, cause Celia was presenting different things about the client (hm-hm)



and, you know, what had happened since the girls ran away, and what they were going to do next and then Wally was coming in with different options (hm-hm) and it was almost like they were negotiating an agreement (hm-hm) what what would be done with this family and what they felt was best (hm-hm)

Ted: And, and, like we said earlier, seemed to work well since they were both leaning forward and (hm-hm) and and changed, changed, physical positions ... I wrote, it was kind of a wondering about clients, that, I never chose this word, no on ever in power full-time in the session, like it was, uh,.. , I don't know (one person did not dominate) but it was equal, yeah, (give or take) yeah right it was a definite give and take (yeah) yeah

Faye: Well, an overall impression it was very easy (yeah) as our supervisor would say, it was a conversation (yeah) both laugh.

In the supervision follow-up, Celia and I use reflections by the reflecting team to discuss the supervision process. We talk directly about issues related to power, and Celia's sensitivity to feeling powerless. Celia makes a connection between taking a risk, as she did in the supervision session in discussing her personal issues, and anxiety prior to abuse. Celia and I also discuss boundary issues between supervision and therapy.

Wally: Yeah, and for me hearing that, um, we've shared some of this in supervision before, that um, there's times when, your, well your, our issues are always present in our work, but sometimes these issues are present in your work and we've discussed some of those parallels before, um, I felt pretty comfortable hearing that from you, um, and I didn't feel like, um, I was going to have to be really vigilant of keeping it from going into personal therapy because I know that you've-you've had personal therapy and that

there's, you probably talk differently to your therapist than you (hm-hm) do to me and so I thought that you would probably be keeping the conver (hm-hm) conversations in the two different areas (hm-hm), um, although I think it's-it's nice as a supervisor to have someone be open to discussing the operation of that in (hm-hm) both places without being asked to be your personal therapist, but yeah, that there are connections, and that is one of the things I was saying, um, that are-are you in a similar place in terms of your recovery and you said you were a step ahead in terms of (hm-hm) your recovery than Penny, um, .

Celia: That is just my feeling, I mean, I might find out different, but (yeah) I think that, just because, I have more information (yeah), I know more, I, you know what I mean, I have been in more therapy than her, (right, right), um

Wally: Right, that, that, for you to be helpful, you need (to be ahead) to be a step ahead (hm-hm), um, but at the same time, Ted and Faye came up with some interesting, an interesting point about, um, the use of power in our session, that-that they didn't see any, neither (hm-hm) one of us being in power (hm-hm) the whole time (hm-hm). I remember at one point in our supervision, you had said something about, um, you're the supervisor (hm-hm) in a way, you were deferring to me, and that felt uncomfortable (hm-hm) to me, cause I didn't want to be (you didn't want that to be that way) I didn't want to be (I don't really feel that way) the supervisor in charge, and the one telling you what to do, and I think I may have consciously, as well as unconsciously, have-have then took a position of trying to give that back (hm-hm) the power back to you (hm-hm), um, while still being in a supervisor's (hm-hm) role but not being the supervisor who says what we should do (hm-hm) I was trying to concentrate on that.

Celia: Yeah you are really, yeah, I think you do a really good job of that (and, in fact) I don't feel that today especially.

At this point I attempt to help Celia further differentiate

from her client.

Reflecting team-supervision team. The story told by the reflecting team was about the process they observed between Celia and I in the supervision session. Three main themes were reflected to Celia and I. It was noted that Celia was more open when talking about herself and her own issues than when talking through the client. There was also interest in what it was like to share personal issues in supervision, and exploration of the boundaries between supervision and personal therapy. It was noted that Celia's issues seemed to mirror those of the client. Faye and Ted were also curious if Celia had feelings of powerlessness in the supervision session, and that it seemed like there was more negotiation and sharing of power later in the session.

Therapy-Supervision. A theme that runs through the supervision session is the transition, as noted by the reflecting team, between supervision of the case presented by Celia, and conversation about personal disclosures made by Celia. There are attempts to explore parallel issues, and use of self themes brought to the case by Celia without turning supervision into therapy. There is a fine line between supervision and therapy when discussing the "next

step" regarding the therapist's own recovery from abuse.

For the therapy of this client system there is a similar fine line between Celia working on her own issues that are projected on the presented case and client system, with doing therapy as directed by the needs of the client, i.e., are Celia's needs and the client's needs the same or similar? Boundaries between supervision and therapy, and therapy and work on one's own personal issues become obscured.

#### Session 1: Conclusion

In this RTS session, Celia supplies information about the client which is based on her constructions, coming from her own personal experience, beliefs and knowledge. The information about the case does not distinctly come from information from the therapy sessions. Celia uses her constructions, based on her own experience, to help her come from a position of knowing. She knows about sexual abuse, and can help this client, and guide this client along the path of recovery she has taken. For Celia, to come from a position of knowing is important, as she respects knowledge and insight, and to not know is to become powerless. To become powerless is to be re-

traumatized by memories of the abuse. Control becomes important. There is a degree of tension in the supervision as issues of power are implicitly being played out between Celia and I. Celia takes a risk, I do not abuse her as I am sensitive to abuses of power. In the supervision follow-up, the issues of power are more directly discussed. How does the issue of power and control play out for Celia in therapy? Some insight is gained into this question toward the end of the RTS session.

Wally: Yeah, and in fact, um, I think I was working at that too on a conscious, and probably unconscious level, (hm-hm), um, but-but then when we were talking about the connection between Penny and yourself, I realized that that you were also an expert, a personal expert, in this, in this recovery, as long as you could differentiate between yourself and the client, and that's why I think it was easy for me to shift into asking you www-what does this (hm-hm) person need to do, what is (hm-hm) the next step, what are you working on, what are they, for me to kind of put you in an expert position (hm-hm) because I think that you are, an expert.

Celia: Well, I think that's helpful, for me, doing my...therapy with my clients as long as I am ahead of them, but I am one of those people that, if I felt like I wasn't ahead of them I would have to tell them that, (hm), you know, I would have to tell them that, I had been through this process and I felt like I wasn't where they were, that they were maybe ahead of me, and maybe even suggest that they might want to (what would that) see somebody else, or-or I might have to get supervision on that. I haven't had that happen yet, but I'm aware of it.

Wally: Um, you know, interesting about that would be, and this doesn't require an answer or anything, but just think about, if you were to say that, would that

make you more or less powerful with your client, if it made you feel less powerful, would that, how would that affect you by admitting it and taking that risk as you get in the session (hm-hm) would that still make you feel like you had some power by-by admitting that there is something (hm-hm) there you still needed some help in

Celia: Yeah, see, I don't mind doing that, in other words, to me, I'm being more helpful with the client (yeah) and being a bigger person, you know, and more competent by saying that I don't know about this I'll be glad to either get help on it or find you somebody that can help you better, or, you know, I have trouble with that part (yeah), I had much rather do, in fact, it makes, I, it has been my experience that whenever something has come up like that and I share it, you know, and I, that particular situation hasn't come up, but let's just say I'm having trouble in the session for some reason, and I go on and just bring it up, (uh-uh), to me it always just makes a better re- the relationship better, it doesn't damage it.

Wally: Yeah, like the client can pick that up (yeah) and you might as well talk about it (yeah) and let them know

Celia: And I think they appreciate the fact that you're

Wally: So there's more balance, (hm-hm) there's more, in a way, sharing of power in your relationship with the client

Celia: So, a, for me, that's an easy thing for me to do, I'm not one of those people that has trouble with it

Celia indicates that in her work with clients, so far in her career, she has not had to admit her powerlessness yet. Celia states that she feels it is an easy thing for her to do, i.e., admit her powerlessness. A probable next

step, in terms of use of self themes for Celia, would be to admit her powerlessness to a client in a session.

## CELIA'S STORY: SESSION 2

Supervisor: Faye; Therapist: Celia; Reflecting team: Wally and Ted.

### Session 2: Therapist's Narrative

Celia describes her client as a 48 year old divorced female. She had been married for nearly 25 years before the divorce 2 to 3 years ago. She called Celia and presented herself as being in crisis which led to Celia setting her up for her first appointment within a couple of days. Celia has met with the client for 3 sessions. The client talked very little about her children, and reportedly has one child, 17 years old, who is still at home. The other children are grown and out of the home. She still has contact with the children's father over the children, and is preparing to go to the daughter's wedding. Celia perceives the client as still being married to the husband. The client receives \$1,200. in alimony and

child support on which she supports herself. She does not work, and is in undergraduate school working toward a teaching certificate. She is reportedly bored in school. The client has numerous male relationships, and is dating several men at the same time, frequently going out to drink and dance. Celia identifies one area and source of pain for the client as the client's mother, who is reportedly in a nursing home in North Carolina. Celia reports that the client has basically come in to talk about her difficult situation and run a theme of "poor me" for the 3 sessions. Celia states that they have not worked on any serious goals.

#### Session 2: Points of Connection and Use of Self Themes

Client-therapist. There are a number of points of connection between Celia and the client, who will be called Betsy. Both Celia and Betsy have experienced a separation and a divorce from their first husband. Celia does have an understanding of divorce issues and process of recovery based on her own adjustment since the break-up of her marriage. Betsy's marriage was reported to have lasted about 25 years. Betsy and her husband were divorced 2 to 3 years ago, and she is reportedly 48 years old. Celia is 42



years old, was divorced 5 years ago from her marriage of 6 years. The story Celia tells, through the transcript, about the client's reaction since the marital break-up, is quite different than her own. Throughout the supervision session, Celia describes the client negatively.

Celia: No, when I talked to her about finding a job, and what she could do, she couldn't find a job, she had lost her job, and I said, "Well what kinda, you know, job? I can teach you some skills, if you're interested, to help you find a job really fast." Well, so we talked about that. "Well, I don't want to work just any job." In other words, "I'm very selective about where I go to work." So, then we talked about what kind of a job will suit you, and, so she says, "I like working with children", so I opened up the yellow pages and I said well there are a number of places you can, you know, look for a job working with children. You know, there's churches, and then there's pre-school programs, day care centers and there are all these kinds of places but she kinda turned her nose up at all of that. So that was the end of the job seeking.

Faye spends most of the supervision session pacing and joining with Celia and trying to have her change her perception of the client. Celia holds onto this negative perception even to the end of the supervision session.

Celia: We talked about her identity today, the loss, the loss of her identity, you know, from the marriage, and how, you know, you can start building your new identity.

Faye: What was her reaction to that?

Celia: She thought about it, and I mentioned to her, I said, see that little bowl of rocks over there on my table, I said, when I started collecting my rocks awhile back, after my marriage, I realized that I was

rebuilding the, my identity, rebuilding the old person I used to be, that I had lost, and I said, I knew that when I was starting to develop, that, you know, create these different things in my life, that were me, just my own personal things. She said, "Well, I have been collecting dolls." And she said, you know, that that was what she was doing. She collected her first doll when she was still married to her husband, and he thought that was really stupid. But that her children had been giving them to her, because they knew she was collecting them. So, I don't know if she got that or not.

It is not until the end of the supervision follow-up that Celia connects more positively with the client.

Concerning finance and work, Betsy reportedly receives as much money in support from her ex-husband as Celia does working full-time. Celia has had a number of jobs since the divorce, and throughout her career, as she has largely supported her family even while married to a reportedly irresponsible husband who did not work consistently. At times, Celia has worked large amounts of overtime, or has taken on additional employment in order to pay her bills. Celia is currently experiencing some financial hardship, and is again considering overtime or additional employment. On the other hand, when talking to the client about employment, according to Celia, Betsy did not sound concerned or particularly interested, and was soliciting help from friends to make expensive purchases.

Regarding relations with the ex-husband, Celia slipped

up early in the transcript and mentioned that the husband had died. Celia has a cordial, friendly relationship with her ex-husband. They still have contact with him and their daughter visits with him out-of-state. He lives a destructive lifestyle which has led to him being in poor health. Celia and her daughter are preparing for his death. Celia does not receive any support from him, and has not asked him for support as he has historically avoided payment. He would probably go to jail before paying support. Celia's daughter is somewhat protective of him and does not want her mother to pursue support. So, Celia tries to make it financially on her own. Although Betsy has been divorced for a shorter period, Celia believes she is still in a marital relationship with the husband as she continues to try to impress him through preparation for the daughter's upcoming marriage. Again, he pays support, which is often a point of contention between the client and her ex-spouse.

In terms of the children of the relationship, Celia is very focused on her daughter, and parental responsibilities. Celia talks frequently about her daughter and makes many decisions based on her daughter's needs. Celia reports that Betsy does not talk about her

children, who are generally older. Celia does not know much about them except that one is 17 years old, and lives at home, and another is soon to be married. Betsy sounds as though she is more focused on her own needs, and interpersonal relations than the needs of her children.

Pertaining to interpersonal relations, Celia has a network of friends she meets with regularly at a coffee shop. She is very cautious in her relations with men, and infrequently goes out on dates. She will not date more than one man at a time. Celia reports that Betsy has a number of relations with different men, all going on at the same time.

Celia: .... The last time she left, we agreed that she, wanted to, she wanted to work on the effect that her childhood had on her relationships now. When she came in today, she did not want to work on it, she talked about, Frank, and how much in love with Frank, and with Tony and Mike, and Jack and (These are her boyfriends?) yeah, and ah, all of this business and how her family wouldn't approve of Frank because he was in jail.

She goes to bars, and other places to meet men, where Celia does not go. Celia has a network of people she talks to as a support system, but reports she does not think Betsy has a network of friends to serve as supports, and in fact, feels Betsy wants her to fill that void.

Celia: .... I feel like, she wants a teenage friend. She says all her friends are married, most of them. And then this one friend she's got is engaged, gonna

get married. And we talked for a few minutes, about, you know, you develop new friendships. You know, you meet somebody, and then you ask them to go out to lunch, or something, and you just get to know them, then you broaden your group of friends.

Celia considers herself assertive, hardworking and sturdy.

Celia describes Betsy as grasping to find an identity.

Celia: .... I think her marriage probably was, as long as everything was, she was Miss Susie Homemaker, stayed home, didn't work, you know, all of those things, and when her husband pulled up stakes and left, she was like a fish out of water, and she is, you know, kinda grasping, to find her, a stability, and she thinks it's in a relationship, I guess.

Celia perceives the client as presenting herself as "poor me." Celia perceives the client as being better off than her in many respects.

There are other points of connection reported in the transcript of the second session not related to separation and divorce issues and adjustment. Both Celia and Betsy have attended school later in life. Celia recently completed her master's degree in counseling education in order to change careers from sales to counseling. Celia has a great deal of respect for information, and knowledge. She is eager to learn, and feels she makes changes from insights based on new information. Betsy is also going back to school, after her divorce, and later in life. On the other hand, Celia reports that Betsy feels

that she "knows it all" and is insulted by her professors at school, as she already knows what they are saying.

Celia: She said, "My professors, they get up there and say all these things and I know most of what they said already." And she said, "In fact, they insult my intelligence." But she says, "But I don't apply what they say." In other words, she said she knows all this, but, I don't use it, in-in her life.

Celia is somewhat insulted when she suggests some books for the client, probably hoping these might lead to some insight and change, and the client buys them, and offers one to Celia and plans to give the other away.

Celia: She's trying to get her teaching certificate. I think, so, yeah, to teach school. So, anyway, she read, she had looked at one of them she said, and she gave me the other one, and thought I would like to read it, wanted to, you know. So I told her it's going to take awhile because I have tons of reading. Are you sure you want me to keep this book all that time? She said, "Oh yeah, I'm going to give this other one to somebody else." Both laugh.

Celia believes change can come from insight, does not feel useful as a counselor and wonders how she can help Betsy when Betsy claims to know everything. Celia also believes that it is helpful to look at one's past and the patterns which have been established from these past experiences when attempting to make changes. Celia continues to deal with the traumatic aftermath of earlier abuse. Celia suspects that there is something in the client's past which has led to the current difficulties,

and/or her reactions to the current situation, but Betsy is not willing to examine her background with Celia.

Celia: Well, now, I'm just wondering, do I keep, do I, just keep letting her jerk me around like this, or do I, kinda, confront her on, well I told her the next time if she wanted to, if she wanted to work on these, you know, the relationship between her childhood and current relationships then we would start on that, but, that we should start on early in the session and not wait until the last minute.

Betsy avoids this conversation saying it would be too painful. Celia wonders how she can help the client, and considers other clients who could use her type of help.

Celia does connect with Betsy positively over concern for her mother. Celia is close to her mother who lives nearby. Celia receives help from her mother with child care, but sees a time when she will probably be the one to care for her mother. Celia identifies that Betsy has some pain over her mother being in a nursing home in another state.

Celia: .... She's concerned about her mother being in a nursing home and the guilt over that which I can see, she's, you know, feeling that, umm.

Therapist-supervisor. Faye and Celia are colleagues and share conversations frequently. They have worked with the same clients together. They complement each other well. Faye seems to be very patient, as described in the transcript, and is able to pace very slowly and

cautiously. Celia tends to want to go faster. Faye can more readily give up control to the client, while Celia tends to want to direct the therapy, and be more instrumentally useful. Celia indicates in the transcript that she would have preferred for Faye to just tell her what she was experiencing between she and her client. It seems clear in the transcript that throughout the supervision session Celia is not ready to hear or see the client differently. Celia makes negative attributions and statements about the client right up until the end of the supervision session.

There was movement in the supervision session, as Faye attempted to help Celia understand her client differently. Faye hears Celia's negativity toward the client early in the supervision session. She asks eight different ways and times how Celia is feeling toward the client: 1) I'm interested in your reaction...; 2) So, what is your gut reaction?; 3) How do you feel about that?; 4) How do you feel about that Celia?; 5) How do you feel when you are trying to talk to this woman?; 6) Wonder what she thinks about her relationship with counseling?; 7) If you were to say, what one thing bothers you the most about her in trying to deal with her, what would it be?; and 8) How does



that make you feel? Each time Faye asks, Celia responds by telling Faye what the client is doing--another form of how she is being manipulated or deceived, rather than how she is feeling. For example.

Celia: .... And, she says, mind you, said her friends from Philadelphia have felt so sorry for her that they are buying her a whole brand new outfit to-to wear to this wedding.

Faye: How do you feel about that?

Celia: So, she can be decked out. Well, I have trouble with that too. (why, why) Because she's, she's going out spending all of this money and doing all of these things, and yet, she's putting this poor little me story on everybody to get everybody sucked in and I feel like I'm being sucked into this too.

Faye assesses the negativity toward the client as a sign of tension or difficulty in the relationship and joining between Celia and the client. Faye makes numerous attempts to join with Celia. Faye's comments are generally questions asking for more information, reflections to indicate understanding of what Celia has said, and inquiries as to how Celia is feeling toward the client. Faye does very little challenging, and when she does, it is very slight.

After these attempts to join, Celia indicates that she is more open to suggestions from Faye.

Faye: I wonder what it would take for her to feel like there was something out there for her?

Celia: You got any ideas, how to approach that, besides talking about our relationship?

Faye then helps Celia depersonalize what Celia considers manipulation.

Faye: That's, you know, probably going to be risky for her, you know, (yeah, to talk about our relationship?) it may be, uh, maybe you can reframe it in a way so it will not be so threatening. You know when people manipulate (hm-hm) sometimes they do it so long that it's a habit, (yeah, right), they don't know what they are doing.

Celia: Yes, she doesn't realize it.

Celia then talks about how she can talk about the process between she and the client in a way that the client can hear. Faye talks about framing, differently, what is happening, and looking at it as a pattern. Talking about the pattern further depersonalizes the behavior described as manipulation.

Celia: Well, I could just be honest, and say I feel sort of at loose ends with what we're doing here. You know, I said, I'm used to at least kinda having a plan or goal to work on, and I, I'm, sort of at loose ends because every week, I-I, everytime you come in, we kinda get off track, and I just feel like I wanna know is it me and my, you know, leading you in a direction you don't want to go, do you change your mind or (yeah), you know what position, what are we going to do here? And do you want, do you really want counseling?

Faye: I think that's a good way to reframe it. And sometimes, uh, you know when you reframe it in your mind and you see the pattern, you might give that back to her, if she's willing to listen. Once you've seen the pattern in the three sessions (hm-hm) as related to the feeling that (uh-uh) you're sure what she

really wants and are there some barriers?

Celia: I see, that makes me feel, I would just express to her that it made me feel uncomfortable because you're paying to come here and I feel like I need to be of service to you in some way, and I don't feel like I'm able to do that.

Celia finally states how she is feeling toward the client and why she feels this way. Faye and Celia are joined. Faye makes a statement reflecting back that she is with Celia, and Celia responds by saying, "Exactly,...."

Faye continues to pace Celia and further join with her. Faye makes a guess about how Celia is feeling toward the client. This leads to Celia noticing that there is an incongruency, rather than manipulation by the client. Faye continues to move slowly to frame the client's actions differently and to depersonalize the relationship difficulty between Celia and the client. Celia begins to see the client differently.

After the reflecting team offers comments, Faye continues to join with Celia, and uses the reflections to get small differences in Celia's perception of her relationship and interaction with the client. Without going over the transcript, the process in the supervision follow-up, leads to Celia gaining a different understanding of the client.

Faye: So, reframe what you just said, you're talking

about a woman who is either, has a great deal of denial, a great deal of pride, or a tremendous amount of insecurity.

Celia: Or all of them.

Faye: Or all of the above.

Celia: Yeah!

Faye: So, would that be painful?

Celia: Sure, well, her frustration at not being able to, the way I see her pain right now is her not being able to tell me what she wants, and to work on that, work on talking to her about talking to me about what she needs or wants, and the communication.

Faye: So you do feel like she has pain?

Celia: Yeah, pain in that regard, but yeah, I mean, specific problem like she came in presenting with, no.

Finally, Celia sees the relationship as an interaction and owns her piece of the interaction and the difficulty in the relationship.

Celia: .... I'm picking up that incongruency and feel helpless.

Faye: Because you have to have the answers for her?

Celia: Because I, well, because I feel like, well, I need to know what to do to help you, you know, I need to

Faye: That sense of uncertainty (yeah)

Celia: Maybe it is more of that coming through?

Faye: Does it feel like that?

Celia: Um, pause, well yeah, I noticed that in my sessions, like um, that one with the client I had, whenever this has come up, yeah, when I feel like I

don't have a direction, I feel real uncomfortable with that, I like to know what we are working on.

Faye: So, so is a part of it, your, your need to do everything that you can do to feel that you are doing a good job (uh-uh, right) So does that represent a sense of fair to you when you have a client who is confused and can't verbalize what they need to verbalize and aren't even sure what they need to work on, is that what the frustration is?

Celia: Probably my frustration, and not being aware of it, see now that I'm sitting here talking about it, and my issue with uncertainty, now that is really my problem, it is me wanting to be certain, and maybe I need to give this woman a little bit longer, some more time, to know what she wants, she, I, she may not have any idea what she wants to work on, evidently she doesn't because she comes in every week with something different.

Reflecting team-supervision team. Ted and I are in the reflecting team. There are some obvious points of connection which are coming out of the supervision session. The points that Ted and I pick up are pretty negative between Celia and the client. We reflect our belief that this is a difficult client for Celia because she is almost the "antithesis" of Celia, but that we believe Celia can learn about herself from such a client. We wonder about the nature of her relationship with the client. I reflect that I do not think that Celia is needed the way she wants to be needed by the client. I do not feel that the client has figured out how to best utilize Celia's desire to help which must be frustrating to Celia.

We also reflect that we observed Faye spending the supervision session trying, in a number of ways, to get Celia to perceive the client differently.

I believe that our reflections added to the supervision story, and allowed Faye and Celia to talk differently about the client in the supervision follow-up.

Therapy-supervision. In essence, Faye tries to mirror, in supervision, what might be helpful for Celia in the therapy with her client.

Celia: ...I kept trying to find a way to look at it differently, and you kept asking me questions, it probably would have been more helpful if you had just told me, (just, okay so you're), just, you know

Faye: So, your concept of the way I should do supervision with you in this little circumstance, is I should have just come right out and told you what I thought you should do?,

Celia: Well, or just give me an idea of maybe how you would have done it, you could have said, well I think if this was my client, I think I would ask her da-da da-da da-da, that would have been helpful to go along with what you already did, but you see you are much too gentle of a person to do that, especially with me,

Faye: Maybe not laughs

Celia: Yeah, you could just, you know, you would want me to find out what's comfortable for me?

Faye: So, so how does that relate to the lady we are talking about (well you see) when you say I want you to find what is comfortable for you, how does that relate to her?, (uh), in the relationship between the two of you?,

Celia: Finding what is comfortable for her, in my,

maybe part of my frustration is, sitting there observing her discomfort and her switching from subject to subject, it is like, what do I really need to, what can I help you with?, and this is a pattern with me, that is why I brought this case up, me getting with these clients who tend to frustrate me, and me working on that part, in other words, the poor me thing, and like Wally brought up, (yeah), I don't have a lot of patience with that, it's not that I want to cut people off, I understand that they come in, obviously they have a problem or they wouldn't be coming in here

Celia states she would have liked Faye to tell her, but Faye allowed Celia to experience this in the supervision. Celia later realizes that she needs to give the client a little more time and to move a little slower.

Celia:...I need to give this woman a little bit longer, some more time, to know what she wants, she, I, she may not have any idea what she wants to work on, evidently she doesn't because she comes in every week with something different

And later in the transcript,

Celia: I think I should be more conscientious, because of my own conscientious problem, which is my personal thing, in fact I'm, in fact I'm learning to go slower and that would give me a chance to practice that more, yeah, that is okay, ...

Rather than challenge Celia's feelings toward the client, and create tension in their relationship, Faye paced Celia to help join with her, so that Celia would be willing to explore and entertain differences. Again, this would be helpful for Celia with her client. The difficulty between Celia and her client is that they have not joined. The

client has not joined with Celia and developed enough trust to tell her what is really bothering her, and Celia is not allowed to feel helpful, but feels frustrated. Celia has not joined with the client to understand her pain. There is a breakthrough by the end of the supervision follow-up where Celia understands the client differently and is prepared to work with her differently.

### Session 2: Conclusion

In this RTS session, Celia struggles with joining and connecting positively with her client. Celia struggles to understand the client's pain, and in fact sees the client as being in a better position, at least financially, than she. Celia does have numerous points of connection with the client, referred to above, but most of these are sources of tension between Celia and the client, except for the connection regarding concern for their mothers.

The issue or lack of joining gets played out in the supervision between Faye and Celia, as the supervisor spends most of the session pacing and joining with Celia, and moving toward the introduction of small differences. The supervisor has not given up control of the supervision, but is willing to share it with Celia, and give her control



over the pace of the supervision. Can Celia give up control, and allow the client to set the pace, and Celia follow? In the supervision session, Celia indicates that she does not have a problem with pacing the client.

Faye: What's interesting, you know, what you describe as so manipulative, um, I wonder what she'd do if you allowed her to set her own pace? Give her permission, to deal with these things, when she's ready, (hm-hm), that's entirely different from what we were talking about (hm-hm) the reframing and confronting her (right)

Celia: It's a different approach, and that's OK with me. If that's what it takes for her, I mean, you know, that's, she's the client, and I don't have trouble with that, but, it's her agenda's different every week (laughs)....

Intellectually, Celia knows that pacing the client is important in therapy. Celia is not ready to do this, as she does not make a change until later in the RTS, in the supervision follow-up, when she realizes that it is part of a personal issue she has with uncertainty.

Celia: I think I should be more conscient.., because of my own conscientious problem, which is my personal thing, in fact I'm, in fact I'm learning to go slower and that would give me a chance to practice that more, yeah, that is okay, ....

The issue for Celia of having uncertainty in the therapy, as she described it earlier in the supervision session of wanting to have a map from which to work, is related to control. Being "jerked around," "manipulated," and

"deceived" are about control. Being able to give up control, and not feel like you are being manipulated, allows the therapist to pace the client. The theme above is related to the theme identified in Session 1 regarding admitting one's powerlessness to a client. Another next step for Celia, in her therapy with clients, as she has identified, is to give up some control, go slower, and determine the clients' pace, while controlling her emotional reactivity around feeling something is being done to her.

### TED'S STORY: SESSION 3

Supervisor: Faye; Therapist: Ted; Reflecting team: Wally and Celia

#### Session 3: Therapist's Narrative

The client brought to supervision by Ted was referred through the Employee Assistance Program (EAP) which is part of Services to Business and Industry at Family Service. Most of the contracts with EAP's are for assessment and referral, and short-term work. The contract for this

client is for 4 sessions: one assessment session and three additional therapy sessions. Ted has met with the client for the first session which the client filled with stories. Ted complained that he was not able to say much in the session, or offer any therapeutic direction. He is concerned that there was no structure to the therapy, and that the client will continue the pattern of the first session and Ted will not be able to help him before his three remaining sessions are over.

Ted describes the client as a 51 year old stockbroker who was referred because he has not been producing at work, and he has had some difficulties with a female co-worker. (Little was said about this issue in the RTS.) The client reportedly described himself as eccentric, and a "scrapper" who often goes "against the grain." He reportedly got into some trouble approximately 5 years ago for stock fraud when he misled his clients to buy up stock on a false tip. This incident resulted in a major scandal in his town, which received a lot of negative publicity in the newspaper. As a result, the client lost a lot of confidence in his abilities and has not done well at work since. Additionally, the client was to report that he cannot please any of the 5 women in his life: his mother, his

wife, and his 3 daughters. He has lost trust with his wife, who reportedly has been very accusatory toward him since she reached 40 years old.

### Session 3: Points of Connection and Use of Self Themes

Client-Therapist. There are obvious points of connection between the therapist and the client. The client is referred through an Employee Assistance Program (EAP) related to his employment. In this case, the client is not referred by the employer, but there are work concerns which have led to his arrival for counseling. Ted is also struggling with work issues.

Ted originally came to work at Family Service as a volunteer. He helped create a better system for managing incoming work, and basically made a position for himself and was hired after several months. He received a great deal of respect and recognition for his effort and the job he was doing. Recently, the job has become much larger and Ted is struggling to manage all of the work. He is trying to do the same job with about twice as much work. It is as if the rules have been changed.

He has been feeling ineffective, and also feeling like his work is never completed. He has struggled to come up

with a solution to help himself out of this bind. Ted has resisted a solution which would require him to do his paperwork differently, and pass the work on to secretarial staff. Finally, Ted attempted a solution, dictating his paperwork, and was met with a very negative reception by the secretary who would have typed the work. Faye attempted to get Ted to understand that the present system calls for the secretary to type the particular paperwork. Ted no longer sees this as a solution, and sees himself continuing to struggle with the same issue. Ted's feeling about his work is of being overwhelmed.

Ted indicates that the client has been successful in his job until recently. He, the client, has lost confidence in himself due to a major work related failure. The client is bothered that he was not allowed to handle the situation in the way that he wanted. Ted sums up the client in a brief exchange.

Ted: Hhhhh, I, a focus for counseling, I don't know, I think that he feels pretty overwhelmed about everything that is going on and doesn't see a way to have anything be any different, because he is handling it much the same way as he always has, in continuing to, and that is why he feels, you know, that he is stuck, you know, he is trying to handle things much the same way that he has and it's kinda like, I think, it is kinda like somebody changed the rules, maybe, in a way,

Faye: That is interesting.

Ted: Well, I mean, in the way he presented the situation with his wife, he said that everything was fine until-until she turned 40 as he, and and suddenly became distrustful, or whatever, and-and, and he, if it wasn't as, nothing is as easy for him anymore as it had been, it was okay, it was fairly easy to please everybody.

Ted describes his client as he might describe himself. Ted affirms the connection made by the reflecting team between he and his client at the beginning of the supervision follow-up.

Ted: Um, well, I got a little panic stricken there for just a minute when I heard them talking because, um, when Wally said I listed near the end of how this, you know the kind of the major things that are going on with this guy about not feeling like what used to work not working for him anymore, and all of that stuff he listed, of the way I described this guy, they, huh, they all apply to me right now, ....

The RTS session focused on these points of connection, and the relation to Ted's use of self themes.

Therapist-Supervisor. A subtle dance gets played out between Ted, the therapist, and Faye, the supervisor. Ted starts by asking Faye for direction and kiddingly stating that he wants answers. Ted indicates that he is feeling a little scattered. He presents from his case notes in order to add structure. Ted gives a lengthy description. Ted is feeling pressure to help the client in a short period of time. Faye is patient, tries to stay out of the way and let Ted say what he needs to about the client and the first

session.

Faye uses a couple of questions to help Ted explore and clarify his feelings toward the client, e.g., how do you feel toward the client?, and what do you want to work on first? Ted indicates that he is looking to Faye for answers. Faye asks for a response from Ted's gut, and explores a source of pressure for Ted, i.e., the client's expectations. Faye again explores where Ted will start with the client and how he is to know. She defends Ted's not knowing, and both agree that it is the client's responsibility.

Ted communicates openly that he feels he needs more structure. Faye provides structure through her questions, and the direction suggested by the questions. Faye attempts to have Ted look at the situation differently, from a different perspective. Ted is with Faye, he is following Faye. Faye even notes that Ted is being very agreeable, and seems to be on his good behavior. Ted realizes he needs to be more directive with the client.

Ted: No, no really, I-uh, I don't know about that because, it does make me a little nervous I guess um ... if-if I have to do that, I've done that before, I don't particularly care...explaining that, or-or-or being more forceful, or forceful if that is what you have to be in the session, or whatever.

Ted does not want to be more forceful with the client. Ted

is asking Faye for help, and giving her control. Faye suggests that Ted can focus on the process of counseling, and gives him some ideas as to how he can do this. Ted wants to make notes. In this exchange, Ted is able to get Faye to give him more answers. Faye is not completely comfortable with this, and wants to make sure she is joined with Ted. Faye notes Ted's frustration in not having a focus or goals. Ted agrees and clarifies that the frustration is also due to having only 4 sessions.

Ted has not overtly told Faye what he needs. Ted has indicated that he needs direction. Faye has used questions to provide structure and direction. She has used empathic remarks to guess how Ted is feeling. If Faye has not been on target, Ted has been able to redirect the conversation without being too forceful. Faye is cautious about being too much in charge, but finally gives Ted more direct suggestions, which Ted wants to write down.

Ted follows Faye's suggestions. Faye asks some thought provoking questions which slow down the process. Ted explores the questions. Faye has to clarify and restate some questions differently. Faye attempts to have Ted adopt the client's perspective. He is able to do this and identifies that the client must be feeling



overwhelmed. Faye suggests that the client may need validation--still taking the lead and making suggestions to Ted. Faye leads Ted to explore how he might validate the client's experience. At this point, Ted is able to provide some of his own answers.

Ted: ...How can I validate his feelings? Well, just, maybe making the statement that I said to you because I hadn't really thought about it that way before I think, about nothing working for him, and he is still trying the same way, that may have come out wrong, that he is still doing the same thing that he always did except now it feels like nothing is working for him, right, (yeah), so if I make that statement, that would atleast let him know that I heard what he said last time,

Faye: Yeah, and put it nicely to me, ....

Faye validates Ted, and elaborates and pulls some pieces of the supervision together. Faye must pick up that Ted was needing more and empathizes with Ted. This seems to be on target for Ted and validates his experience. Faye leads some more, and Ted indicates that Faye is being helpful. Ted indicates that he did not know what he was going to do, almost like he was feeling pretty helpless. Faye then steps back from the lead and poses a hypothetical question regarding what Ted would do with the client, if he could do anything he wanted. Initially, Ted does not know, but then comes up with some other remarks he could make to the client that would be validating. Again, Faye validates

Ted. Again, Faye senses that Ted has not gotten what he needs and explores another area. Again, Ted communicates that Faye is close and directs her to his frustration. Ted decides on an agenda for the next session, and takes notes. Faye suggests an additional goal. Faye checks to see how Ted is feeling. Faye may have felt a sense that Ted did not get all that he needed.

In the supervision follow-up, Ted takes the lead and notes the connection identified by the reflecting team between he and the client. Faye does not have to help Ted understand the hook or connection with the client, and starts to introduce a difference between Ted and the client. Ted wants to explore how his feelings may color his perception of the client. Faye asks Ted what he thinks about this question, and Ted responds that he needs someone to tell him. Again, Ted is needy of help. Faye tries to move on to something else, Ted brings it back to the connection, but then considers Faye's earlier question about difference. Ted engages Faye, but while Faye considers the difference question, Ted explores the connection issue. Ted then notes a difference, but in a way that makes him one-down to the client, i.e., he could not handle what the client has handled. Faye asks if Ted

feels he needs help.

Ted: Yeah, oh yeah, I'm not, I'm not saying that, I don't have anything even comparable to this guy. I don't know that I could have made it through what he has done, well anyway,

Faye: So you are in the position, of feeling like you need to do, is to be more comfortable with your position, you feel like you need to do that in order to be more helpful to this man?

Ted: I think I need to do it to be more helpful to anybody.

Faye: So what would be helpful to you?

Ted: I don't know?

Faye: So did that push a button with you? You are not sure what you should do right now?

Ted: Apparently, but I just didn't know it. (that you are overwhelmed), Well, I guess so.

Ted indicates that he needs help, and does not know how to help himself. He feels overwhelmed. The supervision follow-up switches from discussion about the client to overtly finding a way to help Ted. Faye asks Ted what would help him, and Ted comes up with an unrealistic solution. This communicates to Faye that he needs more help from her. Faye may be a little uncomfortable with this and suggests, jokingly, that Ted's administrative supervisor can take care of the problem. Ted then focuses on a specific problematic incident. Faye indicates that this does not have to be a problem for Ted. She explores

Ted's readiness to see the situation differently but he is not ready to give the problem up or find a solution.

Ted then changes the subject and indicates that he had looked forward to participating in the reflecting team. Faye checks to find out how Ted is feeling. Ted is still perturbed by the perceived connection between he and the client. Ted sees his projections based on feeling overwhelmed as possibly being detrimental to his work.

Ted: Well, a little, like I said at the beginning, a little concerned in that, since I described that guy in much the same way, if somebody really asked me to describe how I feel, how much bearing, what do I do with that? Do I see all of my clients in a different way right now because of how I feel in my job?, you know, does that affect, well not does that affect, I'm sure it does affect what I do, but to what extent and is it detrimental and it kind of gets me going.

Faye appreciates Ted's openness and describes, in her own words, points of connection.

Faye: ... I mean all of us look at things in certain ways because of our experiences, (yeah), if somebody comes in and talks about something that we are familiar with we are going to relate, probably more quickly to that because we have knowledge of it than this other piece over here they may have thrown in that we'll have thrown back in our face the next time so we can pick up on it, because I think as long as you are aware of it.

Faye helps Ted work through this by indicating that the points of connection between he and the client can be a strength. Faye uses a case example from her own work to

stress the need to be aware, and to recognize the differences between oneself and the client.

Faye: So I did not tell her, (yeah), and I throughout the interviews with her, I had to keep saying to myself, okay, her-her life was different, her father was different, her issues were different, (not be drawn in), she did not feel the same about her father I felt about mine, it is not the same, (right), the grief process was the same (you just had to keep it conscious the whole time), but the grief process was the same, (hm), I just think it is wonderful that you are that open to look at it and be aware of it, and I think,

Ted: Now, now I'm aware of it. ....

Ted states that he is aware of the connections now and that he may be ready to see this positively.

The interaction between Ted and Faye is summed up in an exchange between them at the end of the supervisiion follow-up when Faye solicits Ted to make a self validating statement about himself. Ted indicates that he has differentiated from his family-of-origin over the issue of structure.

Faye: Would you like to say to television, on record

Ted: I am structured.

both laugh

Faye: What your real concern is? If it is not structure, what is it? Tell these people

Ted: I don't know, that-that, oh gosh, I don't want to say that, I was going to say that, ha-ha, that I get the job done, and that I do it well, and

Faye: What's wrong with that?

Ted: Nothing.

Faye: I doubt Wally would have hired you if you were the opposite.

Ted: Okay, I'm finished.

Faye: That you are conscientious.

Ted: Yeah, yeah, I'm conscientious.

Ted makes positive statements about himself, and also differentiates from his client. Faye is still left wondering if she could have been more helpful to Ted.

Reflecting team-supervision team. In this RTS session, the connection between Ted and the client seem clear and obvious. I do not hesitate to reflect the connection and add it to the supervision narrative.

Wally: ...wondering how that resonates with Ted, (uh-huh), then at the end he gave us this long list and I just started writing away, I was like, gosh, I wonder how Ted feels about all of these things. He is a take charge kind of a person, he's overwhelmed, he doesn't see any way for it to be different, he feels stuck, he is trying to handle things in much the same way as he did before, he feels like, maybe somebody changed the rules, there's nothing as easy for him as it had been, um, it was easy for him to please everyone before but it is not easy for him to please everyone now, um, any answer he has is not good enough for people, (uh-huh), he is doing the same stuff but it is not working, and it is no fun anymore, um, and then Faye made some comments that were just really validating and I'm wondering how this stuff resonates with Ted, and I'm wondering if he feels any of this stuff himself?

I wonder if Ted was describing himself when he was

describing the client? I also wonder if Ted needs to take care of himself before he will know how to take care of the client. Ted and Faye had mentioned the client needed validation and appreciation. I wonder, does Ted need validation and appreciation? I try to intervene and offer this from the reflecting team by speaking directly to Ted in the other room.

Wally: ... I would like to say this to Ted, even though I am going to read it, I would like to say it to him directly, is that Ted says he admires this guy's spirit and he admires this guy's ability to keep going through all of this stuff and that he is still trying, (hm-hm), and in a way I feel that way about Ted in terms of the job that he is doing here, um, in terms of the intake, (hm-hm), that um, it has gotten harder, it has gotten more difficult, um, it has caught up to him, (hm-hm), and I think everyone here appreciates and admires these very same things, his spirit and his going through all of this and is still trying, (hm-hm), um, they are supportive of him, and um, the very thing Ted says about this guy I-I would like to say to him, (hm-hm), that I think other people feel that way about him, um, and I think what-what Faye, Faye said near the end was that a need to set a goal of getting a goal, (hm-hm), would be important, (hm-hm), I wonder if that would be important for Ted too.

Celia and I reflect Faye's attempts to offer structure to the supervision session through her use of questions. She did so without telling Ted what to do.

Therapy-Supervision. In the therapy session, Ted makes it clear that he is looking for answers. He does this directly in several places, and this is indirectly

communicated throughout the session. On a couple of occasions Ted comes up with his own answers, but throughout the supervision, Faye is put in charge. Initially, Faye resists being in control, but does give Ted some answers, although she seems to be uncomfortable in this position. Ted feels that the client is looking to him for answers, and even though the client communicates that he does not understand how talking can be helpful, this is more of a challenge to Ted to help, then a statement of lowered expectations. In fact, Ted indicates that in the parking lot after the session, the client communicated that he did not feel any better. Faye seems to check this out with Ted throughout the RTS session, and did so at the end of the supervision session and the supervision follow-up.

There are some specific parallels between the supervision and the therapy when Ted indicates that he tried to portray himself as relaxed in the therapy session when he was not. Later, it is shared that the client was probably anxious about coming into therapy when he presented as being in control and open. In the supervision, Ted may have pretended to be relaxed, said he was looking forward to the session when he also communicated that he felt scattered, and was relieved when



the session was almost over.

Ted communicated that the client was a good storyteller and talked so much during the therapy session that he could not get a word in "edgewise." Ted may have felt inundated with information. This must have been Faye's experience at the beginning of the supervision session as Ted gave a series of long statements describing the client and the client's situation, but then sensed that Faye may have wanted to say something.

Ted: ... I really didn't go into that cause I could hardly break through, everything that was being said, and so, What?

Faye: Go ahead and finish.

A difference may have been that Faye may not have felt a need to say what she was thinking and instead told Ted to finish. On the other hand, Ted felt like he needed more structure, needed to be offering more help, and needed to be more directive, while struggling to do so and be helpful.

Ted indicates that he felt a need for more structure in the therapy session.

Ted: His, ..., okay, his, but how, doesn't it have to be structured just a tad so I know what I'm doing laughs?, you know, so that he doesn't come in and, ..., but I guess I am just kinda worried that this time...that this time will be much the same as the first, and I really don't see it as (yeah) needing to be that way (yeah). It needs to be a little more

structured, and I guess I am just concerned about, am I gonna be able to keep it structured with this guy.

He is anxious that the next session will be like the first session. Ted may also be communicating that he needs structure in the supervision session. Ted is not providing the structure because he claims that he does not know what to do or where to go with the case. He is looking to Faye to supply the structure, which she does with her use of questions to direct the focus to particular issues and themes. Faye may not feel quite the need to structure the supervision as Ted did with the therapy, but Faye does have some periods where she gives direct information which Ted records. At the end of the supervision follow-up, Ted brings up the issue of structure and indicates that his family would find it funny to hear that Ted was structured.

Ted: Now, now I'm aware of it. Well one other thing I wrote down, just because I thought it was kinda funny, cause they had mentioned structure being important to me and everything, and I kinda looked over to you in there and said, I think my family would think this is funny because none of them see me as being structured at all. So, I just think that is funny, it is kinda nice to hear, that I, that I,

Faye: Would you like to say to television, on record

Ted: I am structured.

Ted has probably heard this, the need to be more structured, from his family. He feels that structure is

important. He is glad to hear that others find him structured, when what was communicated was that there is a sense that Ted needs structure. Ted claims that he is structured.

An important parallel in the therapy and supervision is the issue of validation. Ted and Faye decide that it would be very helpful for the client to have his experience, effort and spirit validated.

Faye: Alright, what, what might be some ways that you can validate for him what he is going through now?

....

Ted: ...How can I validate his feelings? Well, just, maybe making the statement that I said to you because I hadn't really thought about it that way before I think, about nothing working for him, and he is still trying the same way, that may have come out wrong, that he is still doing the same thing that he always did except now it feels like nothing is working for him, right, (yeah), so if I make that statement, that would atleast let him know that I heard what he said last time.

And later in the session,

Ted: Gosh, Faye. Hhhhh, I don't know, I, ..., that I admire his, you know, his spirit, um, and his ability to to keep on going through all of this that-that he's, that he's been, you know, that he's been doing, because he, he saw himself as being successful for so long, and, both at home and, I mean, in his family, and work, and now it has been, like I said, the mid-80's or something and so in more than 5 years nothing has worked well for him, and and he is still trying, I think I would want to say something to him about that.

Faye: Well, that would probably make him feel validated.

Does Ted also need to be validated? When Faye attempts to give Ted information and direction, Ted often redirects Faye to how he is feeling. Faye picks up on this, is often empathic with Ted which is validating to him. I also picked up an apparent need for validation of Ted in the reflecting team when I spoke directly to Ted regarding the good job he was doing at work. This seems to make a difference to Ted who noted twice in the supervision follow-up that he appreciated the comments.

### Session 3: Conclusion

' There are obvious points of connection between Ted and his client. As it is revealed, Ted describes his client in words and phrases that could almost be used to describe his situation at work. Like the client, Ted needs help, but is unable to ask for and be specific about the help he needs. Faye joins with Ted and lets him describe the case. Ted then basically communicates, "Help me, I don't know what I need, or I don't know how to ask for it, but if you stay with me, and continue to ask questions, guess and reflect my feeling back, I will be able to redirect you and help you find how you can help me." Ted struggles to help himself. To be directive, and assertive is to somehow be

"forceful" which is not what Ted wants to be. He communicates that the help needs to come from somewhere else, which puts Ted in a passive position of giving clues when Faye is close. There are occasions where Ted is able to provide some of his own answers, and Faye punctuates these. Faye attempts to empower Ted at the end of the RTS session, and seems successful in soliciting self-validation. Ted seems to be telling a different story about himself at the end of the RTS session. Awareness of the connection with the client's issues does not have to be detrimental. It is important to be aware of the connection and to note that there are important differences. It may be that Ted has to figure out how to help himself, before he can get unhooked from trying to fix the client and allow the client to learn to help himself.

#### TED'S STORY:SESSION 4

Supervisor: Wally; Therapist: Ted; Reflecting team: Celia and Faye.

#### Session 4: Therapist's Narrative

Ted brings a case to supervision of a couple, Phil and Sally, who have been married for 5 years, and who are now experiencing marital problems. They have separated once before in the past, and have currently been separated for two months. Their intake complaint was that they do not know how to talk to each other. Ted reports that Phil and Sally report that they both have low self-esteem, and have individual issues to work in addition to the marital issues.

Phil is described as the younger of two boys, whose father was a physician and his mother was an alcoholic. Phil is reportedly stoic, quiet, unemotional and does not like confrontation as he grew up in a home with a lot of confrontation. Phil is about 3 years older than Sally.

Sally is described as the younger of three children. She has two older brothers who were significantly older, so that she reportedly grew up as an only child. Her father was reportedly an alcoholic who died when she was about two months old. Sally is reportedly the opposite of Phil. She is described as loud, and outgoing.

Sally and Phil met in North Carolina. Phil was a local disc jockey. Sally reportedly pursued Phil. They

became good friends and slowly became closer until they decided to live together. They were described as happy living together. Phil operated a local record business. Phil and Sally married because Phil's father, who was ill, disapproved of them living together. Shortly after marrying, Phil's father died and his record business failed as a result of his partner's misdeeds. They moved to Roanoke, where Phil's family lives.

Currently, Phil works an ungratifying minimum wage job, while Sally works professionally for an ad agency. She is described as the breadwinner in the family. Sally reportedly comes home from work and complains for 2 to 3 hours about work. Phil quietly listens, although he does not want to. He is afraid to say anything, or cut off the talk for fear of confrontation with Sally. The tension in the relationship has created distance between them. They have not had a regular sexual relationship for months. Recently, Phil made Valentine's Day very romantic which led to some temporary closeness.

Ted has had 11 sessions, some individually and some marital. Ted reported that he had, what felt like, a very good session with Phil and Sally only to hear in the next session with Phil that Sally felt picked on by Ted. Ted

does not know where to go in the therapy.

#### Session 4: Points of Connection and Use of Self Themes

Client-therapist. There are points of connection between Ted and the client. In this case, Ted has three clients: the couple, Phil, and Sally. He has points of connection with all three. It is difficult to determine the points of connection between Ted and his clients. In the supervision follow-up, I use the reflection by Celia and Faye that the clients do not seem real and try to tie this to the assessment that Ted may feel less joined with the couple, and have more distance in his relationship to them. Also, in the supervision session, and the supervision follow-up, I attempt to direct discussion toward possible "hooks" for Ted, and connection to use of self themes. I felt disarmed from pursuing exploration in this area when Ted wonders how I am going to make connections to his marriage.

Ted: No, believe me Wally, I have thought about this in comparison to my marriage and all of that stuff.

And later,

Ted: Sure, yeah, I do, yeah, in fact, I think, you know, that is why I said you and I have talked about it before, sometimes I go a little too far and-and try to fix it too much for someone who is needy, and as opposed to, letting them do it themselves, which, so this is different for me in that I'm not doing that at



all, in fact that I am too much the other way. So how are you going to hook this to my marriage?, right. laughs I'm just kidding.

I do not feel that I know much about Ted's life outside of the office to be able to construct many connections. Very little information about Ted is gained in the RTS sessions to help make these connections. The connections that are made are based on the little information known about Ted outside of work. As was immediately noted in the supervision follow-up, there was little if any discussion of process or relationship by the reflecting team. This seemed to be a theme of the session.

I will discuss descriptions coming from Ted's narrative about the couple, which may have connections for Ted. If there is some basis for connections they will be made, otherwise areas to explore with Ted will be noted. As was the case in the three earlier RTS sessions, the connections were not conscious or in awareness until brought out. This may also be the case with Ted.

There may be connections between the couple and Ted's marriage, although Ted says he has considered this and cannot make any connections. The couple is in therapy for marital issues. It seems that Phil and Sally could also benefit from individual therapy to work individual issues

and augment the marital therapy. Ted's wife has been in therapy for a chronic pain difficulty which was creating some marital problems leading to Ted attending some sessions with her. Connections between the marital issues are difficult to make as little is known about this situation. Later, in the RTS post-session discussion, Ted makes a statement that he had not shared in the supervision.

Ted: And I, that is really funny, because, I like, I like people okay, maybe this is it, I like these people a lot maybe I'm afraid of getting too involved because of what will happen. I don't, I know I have been willfull in it before, I don't want to see them break-up, okay, there I said it, it is out. laughs (W: There is nothing wrong with), And it is really, I kind of loose track of what I'm doing and try to appease them, and-and, it is something.

Ted indicates after the RTS session that he is invested in the couple and does not want to see them break-up. He also has a strong commitment to his own marriage which he does not want to see break-up.

There are fairly strong connections which can be made between Ted and the husband. When Ted describes Phil, he notes that Phil does not like confrontation and that he grew up with lots of confrontation in his home. Ted is known, as evidenced in RTS session 3, to avoid confrontation, or situations where he might have to be

"forceful." It is not known if this was an issue in Ted's home growing up. Also, in describing Phil, Ted talks about Phil's employment failure leading up to the move to Roanoke, and that these failures were not Phil's fault. (This was a theme in the third RTS session, that the man was not responsible for the failure, that there were circumstances outside of his control.) Phil is reportedly now working a minimum wage job, and his wife is the breadwinner in the family. Ted experienced an employment failure, leading to his move to Roanoke with his wife to start over. He was out of work for some time before volunteering to work at Family Service. Ted was later employed by Family Service, and, as is typical in private-nonprofit agencies, Ted is underpaid. He is paid a minimum wage for his skills, and talents. His wife has a professional position and is the family "breadwinner."

As written, Ted's wife suffered from a chronic pain condition which led her to complain a lot to Ted at home. Ted tried to listen, be understanding, and caring. At times, when trying to find out what was wrong, Ted did not feel like he knew what his wife's needs were. She may have been explosive, this is not known. It may have been like the story Ted referred to with the person with nerve

endings protruding out which were painful.

Ted: The one with the man with the ganglia, all his nerve endings growing and growing and (yeah) everybody steered clear and it went on and on until finally his wife had enough and just stomped them all and then they all went away.

Wally: Yeah.

Ted: That kinda occurred to me over the weekend that, that possibly that is what is going on here. I mean she has these nerve endings, he's not, he has not, he will not step on one of them. It's-it's very safe, you know, and apparently I was maybe getting close to some of those nerve endings there.

Ted may have danced around the nerve endings in his relationship to avoid stepping on any, and may have stepped on them unknowingly at times. Ted may have tried to give his wife what he felt she needed only to feel defeated. He may have had some Valentine's days which did not change the pattern. Ted did not see the relationship issues as circular, but as related to his wife's pain condition. He found an individual counselor for his wife, and did not want to go to marital therapy.

Ted reported that Phil was quiet, and felt angry. This may have been how Ted felt at home. Ted lets it out that he may have felt angry in the last marital session with the couple, but he is a little uncomfortable with this feeling.

Ted: ....he blew me out of the water Thursday when he came in and said she feels like she is being picked

on, because, the last session I had with her was one of the best that-that we have had, we both said, gosh this has been great, you know, we really think that this is going well, I mean, it, it, I was caught totally off guard, so, probably, I do have now some, I don't know, I don't know if it's what you call it anger, just some frustration, ....

The issues reported above are part of the clients' story as reported by Ted in the supervision narrative. These may be points of connection. They may also explain Ted's connection and defense of the husband. Although Ted tended to defend the husband, he was sensitive to not "picking" on the wife.

Ted tends to have positive connections with the husband. He feels that he is in a similar position as the husband.

Ted: Well in a way, it sorta puts me in the same position that he is in. Doesn't it, I mean that is what it feels like. ....

His connections with the wife are more negative as indicated in the quote above when Ted reveals he has some anger or frustration with the wife. Ted is quick to say that he did not want Celia and Faye to get that impression that he was antagonistic toward the wife.

Faye: What I would like to know is, what, what her real presentation of this was, and how this really evolved? Cause see I think both, there may be a lot of manipulation going on with both of these people and Ted, they may be trying to get Ted caught up in the middle. (C: Caught up in the middle). Yeah, and I really wonder if this woman hasn't irriated Ted a lot

more than he both laugh says? And I guess, I would be interested in Ted's feelings about both the husband and the wife. What kind of reactions that pulls from him other than what he felt after he found out that she said that she felt like a victim in the session?

Faye believes that Ted is more irritated, or even angry at the wife then he says. In the supervision follow-up, after bringing up and talking about the reflections that the couple do not seem real to Faye and Celia, Ted indicates that he feels distant from the couple.

Wally: You are distant?

Ted: Yeah.

Wally: Okay. That is what they are picking up, that is what Celia is picking up on, is that these people aren't real, and so, somehow in your describing them, they don't seem real, which-which is connoting to them that there is distance and so what I am saying is, what keeps you from getting close?, ...

Later, as indicated earlier, after the RTS, in the post-session follow-up, Ted reveals that he is afraid to get too involved for fear that the couple will break-up.

Therapist-supervisor. Ted indicated early in the supervision session that he is wanting direction from the supervision with the case presented. I join with Ted by allowing him to give as much background information as he feels is needed. I ask some questions for additional information and provide direction by picking part of Ted's presentation to explore in greater detail. In this way, we

deconstruct Ted's story and beliefs about the client and begin to construct a different meaning. We go from reporting that: the husband often listens to his wife complain for hours; to the husband describing his wife as a victim; to the husband being afraid to step on his wife's "nerve endings;" to understanding that the husband does not give her what she needs, and she does not give him what he needs; to describing the couple as staying mad at each other for not satisfying each others' needs; to finding out that the anger keeps them from having sex; to hearing that sex is important to the couple; to wondering how sex could be so important and they not figure out how not to be angry long enough to have sex; to wondering what keeps the couple from talking openly about their feelings.

Ted and I share a sensitivity to the abuse of power. In the supervision follow-up, we discuss our process. I try to make a distinction between frustration and challenge, and let Ted know that I do not want to frustrate him in supervision. I check with Ted to determine if what he is experiencing in supervision with me is alright.

Wally: Is it okay? Or is it not okay? (For you to, for you to) Is it okay for you to feel frustrated by me?

Later, I again indicate that I do not want to frustrate

Ted, but would feel okay if I were challenging him in supervision. I want to make sure I am not abusing my power with Ted.

Ted: Yeah, you know, I've set my sights pretty high for it. Um, but-but, I said that, we've, I've been in supervision with you for a year. If I had-had a year of Ted, this is what I would do if I were you working with this, um, I mean, I think it would be really different than the year that I have had of-of being challenged and/or frustrated. However, way you want to look at it, okay, (You are saying that is okay?), Yes, now

It is affirming for me to hear that Ted views himself, after a year of supervision together, as being a better therapist.

In a similar way, Ted is conscientious about abusing his power. Ted did not want to put the wife in the "hot seat" for too long, or to have her feel that he is picking on her.

Ted: I was gonna, well, I was getting ready to say, can we talk about how, what I am to do now, because, the message has been sent that that I am, how did I put it?, that-that sometimes I'm not sensitive to what is going on, or-or that I, maybe leave her in the hotseat for too long, or something, and that she is not really comfortable in terms of our sessions, however, you know, I am concerned about ... about how to go about this, I don't, I know that I feel like I spend a lot of time and maybe, that it sounds like I'm putting it all on her, I don't, I have spent more time talking to him, but-but I can see both, you know, ways of, some changes that can happen, but now I'm kinda a wondering, now how uh, how much difference can I introduce without her just saying I'm not coming back because he's being too push, forceful, or whatever.



Ted felt that he and the couple had a good session and was surprised and bothered that the wife reported through her husband that she was disturbed by it.

When I discuss the supervision process between Ted and I, Ted indicates that he often wants answers, he does not get these, which can be frustrating.

Ted: No I don't want you to direct me. Okay, on-on the surface, when I'm really pushing, I'm wanting answers and stuff, (uh-uh), I would say, "Yeah, Wally I want you to just tell me what to do," bing, that's it. But what do I get from that? Nothing. I just get the idea of what you would want to do.

Wally: Right.

Ted: And then this other way that you challenge you me, I have to go back, and again, think about what I am going to do, you have given me some ideas, but that is all, you don't tell me how to do it. So see I still have, I learn much more that way, as opposed to, you just telling me what to do.

Later, Ted indicates that he is no longer going to try to give the answers to the couple.

Ted: Sure, yeah, I do, yeah, in fact, I think, you know, that is why I said you and I have talked about it before, sometimes I go a little too far and-and try to fix it too much for someone who is needy, and as opposed to, letting them do it themselves, which, so this is different for me in that I'm not doing that at all, in fact that I am too much the other way. ....

He has reportedly tried for 11 sessions without making a difference and is going to let the couple figure out what they need to do. A possible difference between Ted and I

may be that I am willing to continue to explore issues without becoming overcommitted to an outcome; while Ted may continue to be invested and become frustrated or give up when there is not the expected movement.

When exploring for information, there were several occasions when I may have indirectly communicated that Ted did not have information about a certain area that he should have. In those circumstances, I did not check with Ted regarding his feelings toward not having explored and gotten this information. This is not discussed in terms of our process. Generally, I do not perceive this as incompetence by Ted, but it is part of my supervision style to explore areas that are not talked about. In the supervision, Ted indicates that he is frustrated that his exploration and work with the couple has not made a difference.

Ted: .... It's just, it's frustrating that there hasn't been a difference. I'm not going to, and maybe there it is, I'm not going to make the difference here, I'm leaving it up to them to do so. And every time they come in nothing has happened. It's-it's status quo, everything is still the same. And that is really frustrating because that that.

Ted also indicates that he is angry with the wife, but does not give himself permission to feel this strongly toward her. Sometimes, although I indicated differently above, I

do feel frustrated when Ted has not explored some obvious areas. I did not communicate my frustration directly to Ted.

Reflecting team-supervision team. I had hoped for reflections by the observing team to help break through with Ted, and move beyond the content of the case. I do not know if the reflecting team fell asleep, if they left the room, or if they were inducted into the couple's pattern of avoiding talk about relationship, or if they got a message from Ted or I that it was not alright to talk about our supervision process. There were few process comments by Celia and Faye in this session. I tried to take the awareness of what was missing and try to introduce this into my conversation with Ted. Celia and Faye did offer the reflection that they were confused, and that the clients discussed did not seem real to them. I tried to take these comments and explore Ted's relationship with the couple. The majority of comments were comments that would typically come from a supervisory group and were about the content reported in the case.

Therapy-supervision. There is one obvious, or main point of connection between the therapy and the supervision. There is a lack of discussion of relationship

and process in the therapy and in the supervision. This thread runs through the couple's interaction, the therapy and the supervision.

The husband and wife struggle to share their needs with each other. Instead, they both seem to be hurt by the other. Ted indicates that the couple talk about their interaction, but they do not discuss what each is thinking and feeling when involved in those interactions.

There is a similar lack of process and relationship discussion in therapy. In the supervision session, Ted reveals that the wife was reportedly disturbed by a marital session that he felt went very well. Ted describes his reaction to this news as shocked, surprised, and blown away. He did not pick up that the wife was uncomfortable during the session, and she did not communicate that to him, but communicated it later through her husband. Ted indicates that he wants to have an open process.

Ted: I want to make it so that I do not have to to change my behavior because I think that would not be quite as effective, what I'd like to do is change it so that-that they feel free to communicate, if she, if she's feeling picked on, that she feels safe enough to say that in a session, rather than sending a message through Phil that she feels picked on.

He wants to be able to talk about the process in the sessions.

In the supervision session, I asked questions to solicit more information, or exploration of narrative already given. I passed up opportunities to explore Ted's feeling regarding the case and clients.

Ted: Oh yeah, that bothers me, yeah. But.

Wally: What does that make you want to do?

I missed an opportunity to ask Ted how he was bothered, what his experience of being bothered might be. I tended to ask Ted what he would do, and to explore for meaning rather than explore how Ted felt. These may have been lost opportunities to take the supervision into a different area.

The theme continues in the reflecting team, as Celia and Faye spend most of their time discussing and exploring the presented case rather than the process in the supervision session. Somehow, there is an unsaid directive that process cannot be talked about. It is not clear what kept the reflecting team from introducing reflections about the process going on in the supervision between Ted and I. The lack of process discussion by the reflecting team is quickly introduced by Ted into the supervision follow-up, as though Ted was looking for this. When I asked Ted what he would like to do about the lack of process talk in the

therapy, he indicated that.

Ted: I'd like to talk, I'd like to just talk to them about it before I go any further, I mean that is what I want to do.

Likewise, I decide that Ted and I need to have a process talk before we go any further.

Wally: You know, we are talking about data, (we are talking about), we are talking about content but we are not talking about substance and that is probably that is why it is confusing. There is no clear message that, I was hoping that they would pick up something and talk about the process between me and you, which makes me want to ask Ted, um, what is going on between me and you, or you and me? Is there something that we need to talk about, about our relationship? Um, is there something that we need to talk about that would be helpful, and be in terms of, other discussions and relationships.

Ted: Wooo! Well, I don't know.

Wally: Can you entertain that for a minute?

Ted: Yeah.

Wally: What happens between me and you when we do supervision?

This catches Ted somewhat by surprise. We take a large portion of the supervision follow-up discussing our supervision, and dealing with possible frustration Ted may feel when he does not get answers telling him what to do with his cases. At one point in the discussion, I sensed Ted backing off from the discussion, stated this, and Ted assured me that he wanted to continue. This is not an easy

conversation for us. Ted denies that he is frustrated. He also assures me that it is okay that he is frustrated. We do not discuss my feelings about the supervision although we discuss Ted's feelings. I did not offer to share these, and was not asked.

#### Session 4: Conclusion

It seems that Ted "hides out" in this session. He discusses the case, there is plenty of data, but little information to "make the people real." When I asked about Ted's emotional reactivity to the case, or his "hooks," Ted denies that he has any hooks or avoids discussion of this topic. Ted avoids any use of self discussion. I noted at the end of the supervision session that "there is a lot going on that people are not talking about," and later that I was interested in what was "unsaid." At the end of the supervision follow-up, I expressed a sense that there were "loose ends" and that the supervision was somehow "incomplete." In the supervision, Ted notes that the couple tend to avoid certain discussions and he did not want to replicate this pattern in the therapy.

Ted: Hm-hm, the same with him, (to be able to talk about it), right the same with him because they don't do that at home, (uh-uh), and in a way I'm kind of, I think if I go on without discussing that I'm playing into what they are doing at home, where, you know, we

don't talk, and we just kinda skirt around all of the issues.

Wally: That is possibly where you can break a pattern by having them start to talk immediately about what is goin on.

Ted wanted to break the pattern. I was frustrated that there was not open discussion about the relationship between the case presented and Ted's use of self themes as occurred in the other three RTS sessions. This pattern was partially broken, but similarly, there were still matters left unsaid which left the pattern intact. It seemed to Ted that he was unable to make a difference with the couple, it seemed to me that the RTS was unable to make a difference in the supervision of the case. Ted may have felt he was too open, and unsettled from the last RTS to make himself any more vulnerable in this RTS session. A theme for Ted in the last session was that he passively asks for help. It could be that Ted said there was no connection with his marriage, and even asks how an issue was going to be tied to his marriage as a way to invite this discussion. The discussion did not happen. As it goes with folks who passively need help, if you are not assertive with your needs, sometimes those needs are not be heard or addressed. This message also strikes home, as I



did not offer my feelings and needs to Ted, for him to deal with.

## CONCLUSION

These four stories or narratives represent the social construction of meaning. The RTS system includes all of the participants and the shared meaning or story created by their interaction. Every story involves the selection of some elements and the exclusion of others. The use of self themes one brings to an interaction are involved in the selection and exclusion process. We perceive and construct our realities in ready-made ways.

Use of self themes become points of connection in conversation. When Elkaim (1990) talks of assemblages and resonances, he is referring to the points of connection which occur within a conversation or narrative. These points of connection, which are a window into one's use of self themes, are the bridges between individuals in conversation.

In order to introduce difference, there must be points of connection. There must be a bridge over which the

difference can travel. Use of self themes are usually nonconscious. They are always present. They do not go away. Also, as Bateson (1972) and Andersen (1991) have said, distinctions are drawn when the differences are neither too slight, or usual, nor too great or too unusual. The difference that makes a difference is one that is un-usual. Awareness of these themes is possible when a reflecting or observing position is taken and they are introduced in an un-usual way.

It is clear that in RTS Sessions 1, 2, and 3 that the therapist's narratives about the client system involved the therapist use of self themes. In each, these were not made conscious until after the constructions by the reflecting team. In RTS Session 4, I would venture to say that there were also therapist use of self themes operating in the construction of the client and supervision stories, but they were not made aware and discussed. This session was an apparent exception to the rule, and will be looked at differently in the next chapter. In the next chapter, I would like to continue to look at the four sessions together, and the story they inspire.

C H A P T E R 4 :  
D I S C U S S I O N

In this chapter, I will look at the four RTS sessions to discuss the therapist use of self, and points of connection as they relate to the introduction of a difference that makes a difference. I will draw on the four RTS sessions to talk about the supervision process and the three RTS phases. I will also discuss what I perceive as the significance of this study and make recommendations. Finally, I will conclude by revisiting the notion of reflexivity.

DIFFERENCE THAT MAKES A DIFFERENCE

Bateson (1972) wrote that perception involves drawing a distinction. It is based on the sensation of a difference, but it is not just any difference that is perceived. Differences that are too slight are not perceived, and differences that are too great are similarly not perceived. One does not get our attention and the

other is often too traumatic to perceive. The person drawing the distinction, i.e., the receiver of the sensation, not the sender, determines the difference that makes a difference for him/her. For Bateson, change is based on the introduction and the perception of a difference that makes a difference.

Andersen (1991) also talks about the same notion. For Andersen, if we are exposed to the usual we tend to stay the same. This is about the process of habituation that we read about in Psychology 101. It is the un-usual that may inspire us and lead us to change. Andersen also believes that the very, or too unusual may be too great of a difference which may lead to a defensive reaction where we are not inspired. I believe the too un-usual may lead to the phenomenon of dissociation, but even the too un-usual can be habituated over time.

I believe that perception is based on the sensation of a difference that makes a difference to the sensor, and that change is based on the perception of a difference that makes a difference to the perceiver. It might be helpful to imagine a continuum from left to right, which runs from differences that are usual or too slight, getting closer to differences that are un-usual or that make a difference,

and continuing on to differences that are too un-usual or too great.

### Normal Curve

Since I bought up Psychology 101, I might as well bring up Statistics 101. Now, imagine a standard normal curve. I do remember that much about statistics. Recall that the curves can be skewed, but I will deal with the standard normal curve as an image for now. The area under this curve represents the relative frequency, the proportion of cases, or in my use, the likelihood that a difference will be perceived. In the very middle of the curve is the mean which has a z score of 0. On either side of the mean, are standard normal deviates, or standard deviations from the the mean. On either end of the normal curve are those areas one or greater standard deviates from the mean where roughly 16% of cases fall. In the middle, within one standard deviate, roughly 68% of cases fall.

Using the concept of the standard normal curve, I will discuss the notion of differences. Now superimpose your image of the standard normal curve over the image of the continuum of differences. In the left side, under the curve, one standard deviate from the mean are those cases

of differences where the likelihood of perception is considered too slight. On the right side, under the curve, one standard deviate from the mean are those cases of differences where the likelihood of perception is considered too great. In the middle, within one standard deviate of the mean, are those cases of differences that make a difference, or those cases of differences, more likely to be perceived, which are un-usual enough to inspire change. The curve I will use does not have to be a standard normal curve. Remember, the perceiver determines the differences that make a difference, as well as those that are too slight or too great. The curve for any individual may be skewed in different directions, be flattened, or raised.

### Relational Distance

As reported in Chapter 1, everyone has narratives that they internalize about themselves. These come through socialization and experience. These narratives make up what Maturana and Varela (1987) refer to as the structure of the system. The structure can change, meaning the narratives can change, and the individual still retain his/her organization, i.e., still remain the same person.

I have referred to these narratives elsewhere as use of self themes.

When two or more individuals come together to communicate, there is a search for points of connection. If no points of connection are found, or developed, then the individuals are having separate monologues in the presence of others. You have had these, when it was annoyingly clear that the other person was not listening or he/she was talking about something unrelated to the point just made. If one has freedom of movement, these conversations do not last very long, as you leave, or if you cannot leave, you may tune out, or talk to yourself. If points of connection are made, then there is usually a conversation or dialogue. A conversation is built by the individual bricks furnished by each involved in the conversation. I hope you have had these kinds of experiences, and have fond memories of them. These are times when you are really talking to someone and they are really listening and talking back.

The points of connection in a conversation are related to an individual's use of self. We usually connect about things, or experiences which are familiar to us. We connect with others' stories based on the narratives we

have internalized about ourselves. When we positively share experiences with someone else, we are drawn closer to that person. We may become so empathic with that person that we feel what they feel. Sometimes I feel that way about my wife and my daughter. I may feel the pain, or joy, that they feel. If we share experiences with another, but are too different in our internalized narrative about those experiences then it is more difficult to get close to him/her. We may feel alienated by that person. He/she may even become an opponent. Consider the meeting of two women who have had abortions. One had a negative experience and is part of the "pro-life" movement, and the other feels that the abortion was a life saver and is part of the "pro-choice" movement. They have points of connection, possibly around the circumstances or experience of the abortion, but will they have a conversation? I do not have to answer.

I would like to go back to the visual image of the continuum and the standard normal curve. Now, along with the continuum from too slight of a difference on the left leading to too great of a difference on the right, put too close on the left and too distant on the right to denote relational distance.

Too close. There are times when we have many, or



powerful points of connection. I will not try to quantify these concepts, but a powerful point of connection may be over the shared experience of being sexually abused. When in an interaction or relationship with a person whom you are too close, you are likely to be blind to differences. This is similar to how I feel, at times, toward my wife and child. We may assume we feel as the other person feels, or think he/she feels as we do. I remember describing the "best man" in my wedding as being so much like me that when I looked at him, I saw myself. That is pretty scary to think about now.

For the therapist, he/she may share points of connection with a client where the balance of these connections are positive. This may lead to an overly close relationship. We are often "hooked" or "stuck" by these clients. Earlier, I talked about being overly attached to the goals of therapy. I am more likely to become willful with clients to whom I am overly attached or close. It is difficult for me to help these clients because I am no longer a source of difference to them. I am usual. They are usual. There is not enough difference to make a difference. The goals for therapy may be my goals because I believe that what is good for me is also good for them,

and will work for them. I can not see, or I struggle to see, the difference between us.

Too distant. There are times when it is difficult to find points of connection. We may not give the situation long enough for these to develop, or the context of our interaction is structured in such a way as to impede the social construction of meaning. We may share and develop points of connection with another person, but those points be more negative. These relationships are not likely to last. If they last, because the contexts in which we have these relationships do not allow the dissolution of the relationship, there may be tension, and/or conflict in the relationship. Think, again, about the two women and the abortion issue. In those situations where the relationship is not dissolved, we may find different, more positive ways to connect with the other person and actually have a conversation.

For the therapist, he/she may share points of connection with a client where the balance of them are more negative. This may lead to difficulty in joining with the other person. It is difficult to empathize with and understand these clients. In fact, it may be very difficult to establish goals for therapy, and the goal may

be to establish a goal. We may also become willful in these situations but do things to the client in order to get them to reach our goals rather than do things with the client. These clients often drop-out of therapy.

Just right. Again, there are times when we meet someone with whom we share points of connection that are positive, but there are differences. We receive the message that it is okay for me to be me and for you to be you. We are connected, but we are different. Differences add to and enrich the relationship because they are within the context of the overall positive connections. We like these people and desire these relationships. This person often becomes a life-long friend, and in some cases may become a spouse. The connection is over the creation of narratives with shared meanings. We often grow in these relationships. Books are written about this subject.

For the therapist, he/she may share points of connection with a client where the balance of them are positive, but differences are recognized. The therapist and client are joined, and connected positively. They are able to see themselves in relation to the other. There is maneuverability in the relationship. The therapist can move in close to understand more deeply, and move back out

and understand the other in the context of the system. The concept of movement is important, and is a reason why being too close or too distant is often referred to as being stuck. We are aware of the operation of our own use of self themes in relation to the client. We can manage and utilize our use of self themes to help understand the client and also introduce the possibility of difference and change. Therapy that is "just right" for me, resembles that described in Appendix A. It is: a conversation, intentional, the creation of new possibilities, and the introduction of difference.

### Supervision

I will not rehash the ideas written in the supervision section of Chapter 1. They are applicable to this section. Supervision is different from training. Supervision does not involve the same degree of teaching as training. Supervision involves exploring the therapist's narrative or story about a client and creating new meaning or a new client-therapist narrative. Translating the guidelines in Appendix A for supervision are helpful in this process. When supervision is provided in this way, the therapist most often leaves the supervision session

with new ideas and areas to explore with the client. These areas are often where there was information that was unsaid.

Another function of supervision is to help therapist's become unhooked from willful positions, and to help them regain a stance of intentionality. Therapists usually bring cases to supervision with which they feel stuck or ineffective. Of the many cases they are working with, and the many clients that they have seen between supervision sessions, it is most likely that they will bring the cases where they are feeling ineffective. Sometimes a different perspective helps, and gives the therapist other areas to explore, or other ways to introduce differences. Therapist feelings of ineffectiveness, not knowing what to do, are often signs of therapist willfulness, or over attachment to the goals of therapy. The therapist is not being intentional with his/her interventions, but is probably strategizing about what to try next to fix the client. Exploring new meaning in the therapist's narrative and generating new ideas may simply be used as the next strategy for change. Therapist's feelings of ineffectiveness, and willfulness, are signs of the operation of therapist use of self themes in a way that is

not "just right." Use of self themes become use of self issues when they lead to therapist stuckness. Remember above, willfulness is often noted when the therapist is too close, and when he/she is too distant in terms of relational distance with the client.

Now, I would like you to go back and conjure up that image of the difference continuum with too slight on the left, and too great on the right. Superimpose the standard normal curve, and add the relationship distance factors of too close on the left and too distant on the right. In supervision, the same notions about relational distance apply. The supervisor strives for a "just right" relationship with the therapist. The supervisor and the therapist are connected, but not too close that the supervisor becomes inducted into the same willful position as the therapist, and not too distant that he/she is not in touch with the therapist. The supervisor maintains a reflexive stance where he/she is aware of the supervision process. The inclusion of the reflecting team in the supervision process helps the therapist and supervisor take observing positions to their interaction. The supervisor works with the therapy system, which includes the clients, the therapist and the shared meaning. The therapist's

narrative about the clients is a window into the therapist's use of self themes and issues. This story by the therapist includes some elements and excludes others. It is the construction of the therapist.

When the supervisor picks up that the therapist's relational distance is too close, because the points of connection shared with the client are mostly positive, it is helpful for the therapist to become aware of the operation of this nonconscious process. The therapist's close connection to the issues in the case do not have to be detrimental, but can help the therapist be truly empathic and understanding as long as he/she remains open to his/her own functioning in the relationship. Also, it is helpful for the supervisor to move in the direction of introducing more difference into the supervision. The supervisor helps the therapist see more difference between he/she and the client, i.e., better differentiate from the client. The therapist may be able to generate more ideas, hear the client differently and improve his/her chances of introducing a difference that makes a difference. It is important for the therapist to be further along than the client in his/her working of or recovery from the similar issues in order for him/her to have ideas regarding how to

help. If the therapist is not a step ahead of the client in resolving his/her own issues, he/she will need to help him/herself before he/she can help the client. Without entering into personal therapy with the therapist, the supervisor can explore how the therapist can help him/herself.

When the supervisor picks up that the therapist's relationship distance is too far from the client, because the points of connection shared with the client are too negative, it is also helpful for the therapist to become aware of the operation of this nonconscious process. The supervisor needs to join with the therapist and help him/her move to the left, or closer to the client, in terms of relational distance. Moving to the left means gradually helping the therapist get in touch with the client's pain. This too will help the therapist hear the client differently and construct a different story about the client. The therapist can become more effective by improving the relationship with the client, and by searching for and developing more positive points of connection with the client. Also, it may be that the distance in the relationship is due to the therapist's fear of getting close to the client's issues. The therapist may



be experiencing similar difficulties and not be ready to address them, or not know how to address them. Again, without getting into personal therapy with the therapist, the supervisor will need to help the therapist decide how to deal with those issues in his/her own life before the client will be able to move closer to the client.

### Sessions

I want to revisit, but not go back over the 4 RTS sessions. The notions above come from sensitivity to the theory in Chapter 1, and emergence from the data. The notions above are grounded in the data of the 4 RTS sessions. I will go over each of the four RTS sessions and look at them in terms of therapist-client relational distance, based on points of connection, and the connection between the therapist-client relational distance and the supervision process. I have renamed these sessions based on the apparent use of self themes.

#### Session 1: "If it's good for me, it's good for you."

If you remember, Celia had a number of points of connection with the mother, Penny, which were positive. They are both survivors of childhood sexual abuse by their father; they have powerless mothers; and they have children they are

worried about and want to help, but do not know how. These are some powerful connections for Celia. Celia has an overly close relationship distance with this client that makes it difficult for her to recognize the difference between her situation and the client's situation.

Celia sounded like she believed that what was good for her was good for Penny. She made a number of hypotheses which I wondered if they were grounded in her therapy with the client or were wholly constructed by Celia from her own experience. Later in the supervision session, Celia indicated that the hypotheses she was making were from her beliefs, and shortly after that she then indicated that the hypothesis was coming from her own experience. Celia owned the origin of the hypothesis, but she was still not unhooked from believing that the client's path of recovery was the same as her own. It was not until after the observations by the reflecting team were used in the supervision follow-up that Celia became aware of the overly close connection between she and the client. Celia became aware of this when talking about her concern for her own daughter.

Celia: Listen, this helped me so much, but listen, the interesting thing Wally, I didn't bring, think about all of this stuff, what we were just talking about on a conscious level until just now. (Hm). In other words, this woman, on an unconscious level, I must

have been knowing what she was feeling, but I only became consciously aware of it when you asked me these questions. (Hm, neat). You know what I'm saying. (Yeah, yeah). In fact, I didn't sit down and consciously say this woman must be feeling this and this because I'm feeling that, it wasn't that way. (It's natural because you have those, you have that experience). Exactly, and it wasn't, and I could ask her that, I mean, and I could be entirely wrong, but

Wally: This is where it is real important for you now, that you have this awareness cause you could be right on and your sensitivity be a real resource, or it could make you blind to the fact (right) that it might be different (so I) so that is something you can check out.

Celia: Yeah, and a lot of times when I get insights, like especially after talking to you about something, I'll go back to my client and talk to them about it and make sure that I'm on target with that. (That's right). That I'm not just using my own use of self. (Yeah, yeah, that's neat). That's part of it, so.

With the awareness, Celia was better able to notice a difference between she and her client, and could then check out her hypotheses.

In supervision with Celia, I tried to explore and challenge Celia's hypotheses which sounded as though they were constructions from her own use of self themes. At one point, we openly disagreed. It's interesting that in the supervision session Celia wanted to focus on the children rather than the mother. This was coming from her own concerns with her daughter, but because of the power dance that was being played out in our process, I continued to

focus on an area where Celia was an expert. I continued to explore issues regarding the mother which was an area where Celia was stuck. After developing a circular hypothesis which joined the mother and the children, and shifting the discussion to daughters, Celia became aware of the connection with this mother over a similar concern for her daughter. In the supervision, I tried to introduce difference, and get movement from the left, where Celia was too close to the mother, to the middle, where Celia was more aware and maneuverable.

Session 2: "You don't have it as bad as I do, honey."

In this session, Celia had a number of points of connection with the client, but the majority were negative. I described this client in my reflections from the reflecting team as almost being the antithesis of Celia. They are both divorced, and dealing with issues related to the divorce. Both have gone back to school later in life. The way they have dealt with these situations has been quite different. It was clear in the way Celia described the client and what the client was doing that she did not approve. In fact, Celia heard that the client was receiving almost as much money per month from alimony and child support as she does working full-time. Celia

described the theme of the first three sessions with the client as "Poor me." Celia would like to say, "You don't have it as bad as I do, honey." Celia was having a difficult time understanding the client's pain. Celia was too distant from the client.

In the supervision, Faye recognized the tension in the relationship between Celia and the client and asked 8 different times and ways how Celia was feeling toward the client, and the nature of their relationship. Celia usually answered by reciting additional negatives about the client. Faye continued to try to join and create more closeness in her relationship with Celia. Faye finally guessed that Celia was feeling frustration, and suggested that this be talked about in the therapy. In the supervision session, Faye tried a number of ways to help Celia understand and perceive her client differently. Faye attempted to depersonalize what Celia described as manipulation as a pattern, and then depersonalized the pattern. She also guessed that Celia did not really like this client. Celia said the client was likable, but distant, and talked about the perceived manipulation as incongruency. Celia continued to perceive her negatively through the end of the supervision session.

I was part of the reflecting team in this session. Ted and I reflected the tension we were hearing in Celia's relationship with the client, and wondered what the hook was for Celia. We also noted Faye's attempts to get Celia to see the client differently. Faye used these reflections in the supervision follow-up to help Celia get in touch with the client's pain. Faye helped Celia identify her own feelings when working with this client, described by Celia as helplessness, and own a part of the interaction with the client. Celia claimed that she has trouble dealing with uncertainty, which was what she was experiencing in the therapy. Faye, who carefully paced Celia in the supervision, then checked Celia's ability to pace the client. Celia sounded like she was unhooked, and saw the client differently, as one who was experiencing pain and one from whom she could learn.

Session 3: "How can I help you when I can't help me?"

In this RTS session, Ted had a number of points of connection with the client around work related issues that were all positive connections. In fact, it was noted that Ted described the client almost as he could describe himself. The client: was feeling overwhelmed; did not see

any way for his situation to be different; felt stuck; was trying to handle things in much the same way as he did before; felt like somebody changed the rules; felt there was nothing as easy for him as it had been; felt it was easy for him to please people before and that he could not please anyone now; felt any answer he had was not good enough; felt he was doing the same stuff, but it was not working; and felt that it was not fun anymore. Ted was also feeling this way at work, but did not identify these feelings until after the connections to the client were made in the reflecting team's observations. To identify with what the client was saying was to feel pretty helpless. This was how Ted was feeling in the supervision session. This is an example of the therapist-client relationship distance being too close.

In the supervision, Faye heard early in the session that Ted was wanting answers and that he really did not know what to do. Ted felt he needed more structure, and Faye tried to provide it in the supervision. It seemed that Ted needed help, did not know how to ask and tell Faye just what he needed, but was willing to redirect her when her guesses were not on target. Faye was interested in Ted's perception of how the client was feeling and what the

client needed. If there was this connection, and Ted could not tell Faye about himself, maybe Ted could report what he needed by saying what he perceived as the client needs. Ted reported that the client needed validation and appreciation. This was what Faye tried to give Ted.

I was again in the reflecting team, this time with Celia. I tried to do two things: reflect the connection I perceived between Ted and the client, and communicate to Ted the appreciation and validation needed by the client and possibly him. In the supervision, Faye needed to help Ted move to the right, and differentiate from the client. Ted made the connection, but he seemed to be stuck. He was not ready to entertain differences yet. How could he help the client, when he did not know how to help himself? Faye then switched from talking about the client to talking about what Ted needed. Faye helped Ted help himself by generating some of his own answers. Ted was concerned that the connection with his client was detrimental to his therapy, and wondered if he saw all of his clients through tainted lenses. Faye helped Ted see this as a strength as long as he remained aware, and differentiated his situation from the client's situation. At the end of the supervision follow-up, Ted had moved to the right, was ready to tell a



different story about himself, about being something other than helpless.

Although this is an example of being too close, like Celia's RTS Session 1, it is different. In Celia's session, she was too close, and needed to move to the right to get unhooked. With awareness of difference, Celia was ready to check the differences out with her client. In Ted's session, awareness was not enough. He had not dealt with this issue himself to know how to help the client. This is an example of the therapist needing to be ahead of the client in recovery to be able to be helpful. Ted was not able to move to the right until he did some work on his similar issue. After going over Ted's session, some richness was added to the theory that was being developed.

Session 4: "Ain't no Yusef (use of self) around here." In this session, it was difficult to determine the points of connection, and their relation to Ted's use of self issues. Some information was known about Ted and his family which suggested some connections, but the connections were not talked about in the RTS session. This seemed like it was an exception to the theory that was emerging. Rather than discard the session, it was examined more closely to explain the exception. I believed that

Ted's client was the couple, and when asked during the supervision about any hooks, he denied there were any. In fact, on two occasions Ted indicated that he had thought about this case in terms of connections to his own marriage and did not think of any. The theme in the session was that there were no connections to use of self themes. In other words, "Ain't no Yusef around here." Notice that I used a double negative which cancels out, upon closer examination to reveal that Yusef (use of self) is around here. That was what I found out, that Ted was guarding against getting too close to the couple because he feared that they would break-up. What he did not add was that he might be hurt, and that this might be connected to something he was working on. Ted's relational distance to the couple was too distant. Also, it might be that Ted had some of the same issues in his relationship and was not ready to work on them, or was starting to deal with them.

Upon closer look, I found that Ted had two other clients. The husband, Phil, and the wife, Sally, were also clients. Phil had points of connection with both Phil and Sally. It seemed that Phil's points of connection with Sally were more negative, and that his relational distance was too distant. Ted revealed in the session that he was

angry, or rather, irritated with Sally. It was not revealed and unclear what the points of connection were with Sally though, as they were not discussed in the session. It is more obvious that Ted was closer to Phil. He stated in the supervision session that he was in a similar position as Phil. Ted might be too close to Phil and too distant from Sally. Faye wondered in her observations from the reflecting team if Ted was getting caught in the middle of the couple. Sally was being picked on, and Phil was buddying up to Ted.

In the supervision, I tried to join with Ted and let him give as much background information as needed. I tried to examine the beliefs communicated in Ted's story. I listened for what was said, as well as what was not said, and deconstructed the beliefs to other beliefs. I continued to explore and hoped to introduce some difference. I challenged some of Ted's defense of the husband's actions and so helped Ted move to the right toward greater differentiation. I also tried to help Ted reframe the wife from a selfish complainer, to someone who was probably hurt and had unmet needs, and helped Ted move to the left toward more closeness and connection. I missed several opportunities to explore how Ted was feeling about

the case, and to expand on those feelings which could have taken the supervision in a different direction, i.e., possibly more toward the connection with use of self themes. There might have been a covert rule against this exploration though.

The reflecting team did not make process connections. I was disappointed that I did not get any help from the team, but I did not communicate the disappointment. The absence of process reflections led me to address this directly with Ted as he had mentioned that he needed to do a similar thing with the client. I did use the observation by the reflecting team that the clients did not appear "real," to examine Ted's relationship with the couple. Ted indicated that he was distant, but did not state why he was distant until after the session. We ended the RTS session with exploration of how Ted could get closer to the couple, move to the left, and so make them more real. I ended the session feeling unsettled.

### Conclusion

As indicated, Session 4 was different. At first I was disappointed because it was not fitting with the emerging theory. I felt that it did not fit because Ted was hiding

his use of self themes. I have gained more perspective on this session and understand that it enriches the theory. I had to get unhooked from my own willfulness about wanting everything to fit. Playing so many roles in the study, I may have developed a relational distance that was too close to the study. With this awareness, I am ready to try to explore the differences.

Andersen (1991) wrote that exposure to the too unusual leads to a person taking defensive action to protect him/herself so as not to be inspired. The person closes up. It may be that the week before Session 4, in Session 3, Ted became in touch with the too un-usual. He may have needed a longer pause before exhaling or inhaling again. He may not have been ready in Session 4 for another experience with the un-usual, and certainly not chance having to deal with the too un-usual. Ted communicated that, "Ain't no Yusef around here?" He was right, there was use of self issues but he did not want to get into them. As was noted in Chapter 1, Andersen (1991) believes that the reflecting team should not uncover and talk about information the other person does not want uncovered. The reflecting team might have picked this up as I did in the supervision session and did not talk about process.

Additionally, it might be that the two women did not want to talk about the two men. There might have been a power differential that would make this unsafe for them. In the Session 1 post-session discussion, Faye and Celia talked about their sensitivity to knowing their place as women. They felt they were socialized this way, and had experienced it in other work environments. Finally, as I mentioned in the supervision section of Chapter 1, I became inducted into looking at and exploring the situation regarding the client system, did not take a step back into a reflecting position and did not have the help of the reflecting team.

Without reviewing the wealth of research studies in this area, there is a pretty consistent finding that the nature of the therapeutic relationship accounts for the majority of effectiveness in therapy. Relational distance is part of the therapeutic distance. The relationship may not be, by itself, the curative factor, but it is likely to set up the operation of other factors, like the introduction of difference which I feel is important to change and the therapeutic process.

## RTS PROCESS AND RECOMMENDATIONS

In this section, I will look at the RTS process and make some recommendations for supervision. The RTS sessions were set up to begin with a typical supervision session between a therapist and a supervisor. The therapist shared his/her narrative about a client, and together the therapist and supervisor created a different narrative that the therapist could take back to the therapy with that client. Added to the typical supervision session were Phase 2, and Phase 3 of the RTS. In Phase 2, the reflecting team, who had been observing from behind the mirror, offered their reflections to the supervision team. In Phase 3, the supervision team, continued the supervision. Phase 2 and Phase 3 added about 30 minutes to the typical 45-60 minute supervision session. I will briefly explore the different Phases of RTS and answer 3 questions about the supervision process.

### Phase 1

In the four supervision sessions, there were similar functions and tasks being performed. They all started with the communication of some background information by the

therapist about the cases. Also, this phase was filled with identification of problem areas, and themes in the therapy; deconstruction and exploration of the issues and themes; and treatment planning and determination of direction in the therapy. Much data and information was shared. There was often a joining and pacing by the supervisor with the therapist. The client's situation, and the client were reframed so that there was some movement in how the client was perceived. Some use of self themes were explored, as in Session 1, but Celia remained hooked and undifferentiated from the client. The supervision phase of Session 1 ended where it started, with Celia still concerned about the mother's need to get help for her daughters. The supervision phase of Session 2 ended with Celia having some direction, and with some movement by Celia toward perceiving her client differently, but still being largely negative toward her. The supervision phase of Session 3 ended with Ted having some direction for the next session, i.e., discuss the counseling process and let the client be responsible for setting the goals. The supervision phase of Session 4 ended with some direction for the next session, based on areas to explore that had not been explored.



## Phase 2

In all four RTS sessions, the reflecting teams contributed to the supervisions stories. In general, they reflected process that was occurring in the supervision session: between the therapist and the client, between the therapist and supervisor, and between the therapy and the supervision. Curiosity about use of self connections between the therapist and the case occurred in all but Session 4 where very little process was discussed. Generally, the reflecting team served as a mirror to punctuate and reflect parts of interaction occurring in the supervision sessions, and help make both the therapist and supervisor aware of this process, where it largely was not aware. In all sessions, the reflecting teams presented observations and constructions that were later used in the supervision follow-up, and allowed the supervisor and the therapist to explore areas that had not been talked about, i.e., that were unsaid. In Session 1, the reflecting team wondered about the mirroring of issues between Celia and her client, and the boundaries between supervision and therapy. In Session 2, the reflecting team was curious about the apparent lack of joining between Celia and her

client, and wondered what the hooks were for Celia. In Session 3, the reflecting team helped Ted become aware that he described his client as he might describe himself, and offered Ted some appreciation. In Session 4, the reflecting team noted that the clients did not seem "real" to them, that there was a lot of confusion, and that it was not okay to talk about process.

### Phase 3

In the supervision follow-up, the supervisor and therapist used the reflections from the reflecting team to explore different areas or to look at areas discussed in the supervision session differently. The major movement in the supervision of the cases seemed to happen in this phase; although it was not likely that this work would have occurred if not set up by the earlier phases. The relational distance work noted above was more concentrated in this part of the RTS process. During this phase in Session 1, Celia began to differentiate better between herself and the client, and then was able to see the connection between her concern with her daughter and that of her client. During this phase in Session 2, Celia found a way to look at the client differently, understood that

the client did have some pain, and admitted her own discomfort with having uncertainty in the therapy. During this phase in Session 3, Ted made the connection between the client's situation and his own situation at work, Faye led an exploration of how Ted could get his needs met, and Ted was able to tell a different story about himself and differentiate from his client. During this phase in Session 4, Ted and I were able to discuss our supervision process, and discuss ways that Ted could make the client seem more "real" by getting closer and reducing the distance between he and the couple.

### Conclusions

To conclude this section, I will explore three questions pertaining to RTS.

What do Phase 2 and Phase 3 add to the supervision process? Without RTS, supervision is often concluded after Phase 1 described above. I was not aware of what was being left out of the supervision I typically have with staff until now. Much is left out if the supervision stops at Phase 1. As indicated above, Phase 1 produced the data for reflections, the reflecting team offered reflections which led to discussion regarding use of self themes, i.e., set

up the work and discussion which occurred in the most critical phase, Phase 3. All three parts are important to supervision. All three of these phases are not always part of the supervision.

It may be that as a supervisor becomes more experienced, he/she naturally and more consistently takes a reflective position to the supervision process, loops back and discusses these reflections with the therapist. I find myself being able to do this a little more consistently as a supervisor. As a supervisee, I have had some supervisor's who consistently considered the use of self discussions in the main supervision, that are typically generated in the supervision follow-up as a result of the reflections. All three phases need to be part of the supervision process. Like the American Association for Marriage and Family Therapy (AAMFT), most credentialing bodies need to require special training and supervisory skills in order to become a supervisor. These skills need to include more than an ability to problem solve a case and make treatment planning decisions, but include training in working with therapist use of self themes in a way that differentiates it from personal therapy. Many licensing and certifying bodies, like the state licensing agency for

counselors in Virginia and the Association for Play Therapy, require that the supervisor be an experienced therapist. As discussed in Chapter 1, supervision from an expert therapist is different from supervision from a supervisor.

How much do Phase 2 and Phase 3 affect the supervision process? The work of earlier quantum physicists inform me that I cannot observe a phenomenon without changing the very phenomenon that I am observing. The very act of observing creates a difference in the supervision process. Having a reflecting team as part of the supervision has an effect on Phase 1. One affect may be that the supervisor may become more dependent on the reflecting team to introduce the use of self themes and points of connection. In Session 4, I did not explore Ted's feelings in the supervision session, and then was disappointed that the reflecting team did not provide any openings for exploring this material. Like using teams in therapy and live supervision of therapy, do we grow to depend on them? Probably.

When should RTS be used and how frequently? I recommend that RTS not be done weekly, but less frequently. This type of supervision does stir up use of

self themes which are often nonconscious and part of what is not said. As in Session 3, the therapist may need time to accomodate new learning, before he/she is ready to be open again. I have explored the continuation of RTS at Family Service, and my staff are very much in favor of continuing the RTS sessions. More staff would like to participate in the sessions. We will have monthly RTS sessions with a different staff member presenting a case each month. We will try to incorporate the information which comes out of the RTS sessions into our ongoing supervision. Currently, I am using RTS with a supervisor who is in training, as the second supervisor of two master level graduate interns. I am curious if this supervision will not only help the interns, but help the supervisor-in-training with her supervision.

#### SIGNIFICANCE

In this section I will discuss the significance of this study and the reflecting team approach to supervision. RTS is believed to be practically useful, theoretically consistent with the social constructionist

paradigm, gender sensitive, and consistently includes exploration of use of self themes in the supervision experience. Additionally, it is an extension of the literature and practice of therapy and supervision based on social constructionist theory.

Upon reflection, it is not surprising that of all of the topics I could have chosen to study intensely, I chose something concerning supervision and the use of a reflecting team. I have already mentioned that I was reflexive in my family of origin. This study also fits with my use of self themes. Supervision can involve a position of power if there is hierarchy in the relationship--as is implied in the word supervisor. (This was mentioned earlier in the supervision section.) As in therapy, use of self themes are evident in the supervision process. The therapist is somewhat vulnerable as his/her use of self themes can become the focus in an unbalanced hierarchical relationship.

Is the reflecting team needed in supervision in order to explore use of self issues? Do I see the reflecting team in supervision as a way to balance the power, and to supervise the supervision? It would have been nice to have had a "reflecting team" in my family to discuss the

interactional and communicational process, and to prevent abuses of power. It may be that a reflecting team is not necessary if the supervisor is sensitive to issues of power, and is willing to explore use of self themes in a co-constructed manner with the therapist.

### Theoretical Consistency

Due to the isomorphic or parallel nature of therapy, supervision and training (Frankel and Piercy, 1990; Liddle & Saba, 1983b), it is important for the supervision process to reflect or resonate (Elkaim, 1990) with the therapy process. The supervision process experienced by the therapist is likely to be taken back to the therapy process.

The narrative approaches to therapy are based on a social constructionist framework. These therapy approaches stress the co-construction of meaning through dialogue. The therapist's and supervisor's beliefs, in the form of internalized narratives, lead to the tendency to create familiar meanings in communicative events. The tendency toward the construction and validation of familiar meanings is an important contributor to the co-constructed conversation in supervision. RTS is informed by these



social constructionist therapy approaches.

Additionally, the research process is similarly influenced and informed by the theoretical ideas presented earlier. The role of the qualitative researcher resembles that described in Appendix A for the therapist.

### Use of Self Explored

Therapist use of self themes are increasingly important in second order approaches to therapy as the therapist and client participate in the co-evolution of dialogue. Training programs are often sensitive to therapist use of self themes. It is frequently the case that once out of the training or graduate programs, work in this area receives much less attention.

In my experience, unless in an agency setting, the frequency of supervision or the frequency of reflection on one's work is greatly diminished. Even in an agency setting, the opportunity for use of self training, and supervision is difficult. When trying to set up training for the council of which my agency is a part, this type of training was considered "therapist indulgence" and turned down until reframed in a way that did not imply focus on the self of the therapist. There are workshops for

personal growth and awareness, but these are not consistently part of most therapists' continuing education, and are not supported by many agencies. As Friedman (1986) has noted, most focus is on the acquisition of knowledge rather than the "head of the healer" or his/her use of self themes.

Other therapists may enter personal therapy, but this does not address therapist use of self in therapy. In personal therapy, the therapist often focuses on personal issues which affect his/her life at home (Aponte, 1992). It is important for supervision to focus on use of self themes in addition to therapist skills because these are the, previously mentioned, points of connection often made with the client system. Supervision which focuses on use of self themes, will look at those issues in relation to the therapeutic work, rather than his/her personal life (Aponte, 1992). In five years as a supervisor, it has been my experience that direct discussion of therapist use of self occurs irregularly, and not often enough. When aware, the supervisor may catch the "resonance" of these issues, but the supervisor is not always aware. Adding a reflecting team to the supervision process increases the likelihood that these issues will surface, be picked up,

and introduced back into the supervision process. The reflecting team serves as a supervisor of the supervisor.

### Gender and Power Sensitivity

There is increased interest in the construct of gender in therapy, training and supervision as it has been largely ignored and taken for granted until recently (Coleman, Avis & Turin, 1990; Roberts, 1991; Warburton, Newbury & Alexander, 1991). The feminist critique of family therapy has enlightened the field to consider gender as a major organizing principle. Our therapy models, as well as our training and supervision models must reflect gender sensitivity.

RTS is informed by social constructionist theory. The co-construction and evolution of meaning of the participants in the supervision process can become part of the dialogue. RTS, which calls for self-awareness by those in communication, looks at use of self themes. Gender perspective is part of therapist and supervisor use of self. I propose that RTS is a gender sensitive approach to supervision.

RTS is based on the social constructionist assumptions which have us look at "knowledge" as power. A social

constructionist framework is gender sensitive, and is compatible with a feminist perspective. Therapists at the "Gender and Violence Project" at the Ackerman Institute for Family Therapy in New York have taken a "both/and" approach to issues involving family violence (Goldner et al., 1990; Sheinberg, 1992). Sheinberg (1992) combines social constructionism with a feminist perspective to deal with issues of sexual abuse, while Goldner et al. (1990) combine a systemic stance with a feminist perspective to deal with issues of domestic violence. Hoffman (1990) includes social construction, second order therapy, and gender as the "lenses" for her work.

Warburton et al. (1989) have brought up gender issues which often take place between same-gender, and cross-gender supervisors and trainees, and therapists and clients. These issues are based on power and hierarchy in the supervisor-trainee, and the client-therapist relationships. This may reflect inequalities which are already normalized in the larger culture, and quite difficult to detect. Warburton et al. (1989) reported that, based on socialization practices in this culture, female therapists and supervisors often start in a one-down position vis-a-vis their male clients and supervisees;

while male therapists and supervisors start in a one-up position vis-a-vis their female clients and supervisees when the intention may be to establish egalitarian relationships. Warburton et al. (1989) suggest, but do not prescribe, that females may need to be active and assertive in order to counteract this cultural difference, while the males may need to be and remain sensitive to power inequities in their relationships.

Interactions and dialogue which are out of the awareness of both therapist and supervisor are often evident to an outside observer (Fine & Turner, 1991). Gender issues are often outside of our awareness and can be picked up by the reflecting team. The reflecting team in RTS may be able to avoid being drawn into the supervision dialogue as they are in an observing position, remain outside the construction of meaning by the supervision system, and so are better able to introduce these issues back into the supervision process. While RTS is a non-hierarchical approach to supervision, gender issues may have been present in the form of power inequity in the RTS process. It is not the intention of this study to explore power as related to gender in the RTS process, but to try to set up a process that was sensitive to power and gender

differences. The power differential between gender may have surfaced in Session 4 when the female reflecting team did not comment on the process occurring in the male supervision team. Later studies may want to explore this issue.

### Practical Considerations

Training and graduate programs offer opportunities for practice which are frequently not available to therapists and supervisors once out of such programs. The ability to focus extra resources, especially therapists, is often not possible in private and agency practice where therapists' schedules are full. It may be difficult for a private practitioner to be involved in supervision, as this takes him/her away from his/her practice. Likewise, it may be difficult for an agency to schedule group supervision time in addition to agency staffing time. It may often be necessary to group or pair therapists for individual supervision. It simply is not practically possible to utilize the O and T team as set up at the University of Massachusetts, or Reflecting Team Supervision as set up at Virginia Tech. This would require too many therapists being pulled away from their work to be feasible.

Many, and possibly most, therapists have access to videotaping equipment. How often does videotaping of one's work occur? In an agency where the equipment may be in a "taping room" which is used by all of the therapists, the opportunity for taping is limited and restricted. To a private practitioner, investment in the equipment, and having the equipment set up in the interviewing office would place restrictions on videotaping. How many sessions are taped by a therapist and how likely is it that the therapist would tape "the" session where he/she was feeling "stuck" or being "willful?" Taping of one's work is infrequent unless in a training program. A supervision approach based on narrative or verbal report, rather than "viewing" this as second best, could be exceedingly helpful. In the RTS utilized in this study, the case was presented verbally by the therapist. The interest was in the therapist's construction of the client story, and changing that story (Clifton, Doan & Mitchell, 1990). Videotape is not necessary with this approach, nor is a large number of participants.

It seems more likely that four therapists, either from the same agency or from different practices, can come together for regular supervision meetings. As long as a

room is available, the RTS approach of this study can be utilized as the reflecting team could sit off to a side of the supervision room. If supervision meetings are held regularly, each therapist can get a chance to be the supervisee every four sessions. There is also an opportunity for each participant to be a supervisor and to be in the reflecting team. RTS can add to one's individual supervision. It can also allow the supervisor to receive live supervision of his/her supervision. Videotape would not be necessary, as the approach is developed to deal with verbal reports.

For the above reasons (the ability to use narrative reports, and the use of small group) I believe that RTS will prove to be practically applicable, especially those who do not practice in training or graduate programs.

## CONCLUSIONS

I would like to make some concluding remarks about the qualitative research process and about the notion of reflexivity. I was drawn to qualitative methodology. I had not formally conducted a qualitative study, but now



realize that qualitative research happens informally every day. These studies in life do not always get written up in a disciplined way.

I started out trying to conduct a qualitative study, quantitatively. I did not have the experience or confidence in the method, although I know now that the method is comfortable to me and one I use all of the time. I guess I did not have the confidence in me. I believe that the ideas in this study are grounded in the data that was collected. This study is not about proving the truth or falsity of the ideas, but sharing ideas that can be built upon, and that can be useful to practitioners. Other conclusions can possibly be drawn. Other studies and ideas can possibly be pulled from the data collected. The ideas that did emerge for me can be expanded. As was the case with Session 3 and Session 4, the basic categories were thickened and enriched. Replication, and additional RTS sessions may further enrich the ideas about relational distance.

Reflexivity is about relational distance. It is about relational distance in broader terms, i.e., it can be about relational distance to a person and/or to an idea. This is an important concept. I am fond of the way Gustafson

(1986) talks about the observing position. Gustafson shares an image of a person floating downstream in a river, or large stream. You may really enjoy this floating, and where you are going. If the turbulence is uncomfortable, or you do not like the direction in which you are headed, it is important to take an observing position to oneself, i.e., project yourself up on the bank, and be able to see yourself floating in the river. But, this is not enough. It is important to realize that just beneath the surface is something on which you are floating. If you want to make a change, you have to notice the object on which you are floating as this is what leads you to repeat the same pattern and continue to float in that river.

As I write this, I am just now getting back in touch with a memory and story from when I was just out of college. I lived in a house with two other friends in Fredericksburg, Virginia, just across the road from the Rappahannock River. We loved living here for a number of reasons, one being that we could go tubing or swimming in the river almost anytime. Just across the street, down from the dam, the river widened, and was usually pretty calm, but upstream, going to Old Mill Park, the river narrowed slightly and became much quicker. The large rocks

upstream created shoots for the tubes.

Sometimes, if we received a lot of rain, and especially if it rained hard in the mountains west of Fredericksburg, after a short time, the river would be deeper, and a little faster, which equals more fun for tubing. On one of these occasions, after a lot of rain, the river was pretty high and pretty fast. It seemed like it would be a really fun ride. My brother, Paul and I decided to take a run down the river, and his friend, Terese, would drive down to the park to pick us up with the tubes.

We got into the river and were floating along pretty swiftly, thinking this is great. We could see Terese up on the bank, at the bend in the river waving her arm, and yelling something. I thought she was just waving and saying hello. We continued down the river, as the current picked up a little. It is exciting, maybe even a little "hairy." My tube starts to rotate (I am in the river as I tell this story in the present tense), and I am turned around in my tube, when I go over a bump. I turn over backwards in my tube, fall out of my tube, and in that brief instant that seemed very long, I somehow bobbed up from under the water right back up into the middle of my

tube. I throw my elbows out to stay in the tube. My feet are still hanging down into the water and bumping around a little. I pull them back through the middle of the tube and sit back down on the tube. This is very exciting. I am scared.

We continue to float, and get closer to the bend. Terese is still up on the bank. She is waving and yelling more frantically. I can barely hear her saying get out. She is not waving, but motioning us to get our tubes out of the water. We start paddling as best we can to the side of the bank to get out. We climb up the bank to Terese to see what she was. Whew. It was frightening enough from the bank, I could understand what might have happened if we had continued to float in the river.

Terese had an observing position. She was my reflecting team. Reflexivity is important to me, it is even lifesaving. I may have answered an important question for myself. Is the reflecting team essential? A reflecting position is essential, and if unable to take a reflecting position to oneself, having a team is the next best thing, but to the extent that you, or I, can develop self reflexivity the better, as we may not always have a Terese around to help.

## R E F E R E N C E S

- Adler, A. (1929). Position in family influences life-style. International Journal of Individual Psychology, 3, 211-227.
- Andersen, T. (1987). The reflecting team: Dialogue and meta-dialogue in clinical work. Family Process, 26, 415-428.
- Andersen, T. (Ed.). (1991). The reflecting team: Dialogues and dialogues about the dialogues. New York: W. W. Norton & Company.
- Anderson, H., Goolishian, H. & Winderman, L. (1986). Problem determined systems: Towards transformation in family therapy. Journal of Strategic and Systemic Therapies, 5(4), 1-11.
- Aponte, H. J. (1992). Training the person of the therapist in structural family therapy. Journal of Marital and Family Therapy, 18, 269-281.
- Atkinson, B. J. & Heath, A. W. (1990). Further thoughts on second-order family therapy--This time it's personal. Family Process, 29, 145-156.
- Bateson, G. (1972). Steps to an ecology of mind. New York: Ballantine Press.
- Bateson, G. (1979). Mind and nature: A necessary unity. New York: Bantam Books.
- Beck, M. (1977). Family therapy as reciprocal emotional induction. Family Therapy: The Journal of Family Therapy, 4, 151-161.
- Berkowitz, R. & Leff, J. (1984). Clinical teams reflect family dysfunction. Family Therapy: Journal of Family Therapy, 6, 79-89.
- Bly, R. (1988). A little book on the human shadow. San Francisco: Harper & Row, Publishers.
- Bogdan, J. L. (1984). Family organization as an ecology of ideas: An alternative to the reification of family systems. Family Process, 23, 375-388.

- Bograd, M. (1992). The duel over dual relationships. The Family Therapy Networker, 16(6), 32-37.
- Boscolo, L. & Bertrando, P. (1992). The reflexive loop of past, present, and future in systemic therapy and consultation. Family Process, 31, 119-130.
- Boscolo, C., & Cecchin, G. (1982). Training in systemic therapy at the Milan Center. In R. Whiffen & J. Byng-Hall (Eds.), Family therapy supervision: Recent developments in practice, London: Academic Press.
- Bowen, M. (1978). Family therapy in clinical practice. New York: Jason Aaronson.
- Caesar, P. L. & Roberts, M. F. (1991). A conversational journey with clients and helpers: Therapist as tourist, not tour guide. Journal of Strategic and Systemic Therapies, 10(3 & 4), 38-51.
- Carpenter, J., Treacher, A., Jenkins, H. & O'Reilly, P. (1983). 'Oh no! Not the Smiths again!' An exploration of how to identify and overcome 'stuckness' in family therapy. Part II: Stuckness in the therapeutic and supervisory systems. Family Therapy: The Journal of Family Therapy, 5, 81-96.
- Cecchin, G. (1987). Hypothesizing, circularity, and neutrality revisited: An invitation to curiosity. Family Process. 26, 405-413.
- Clifton, D., Doan, R., & Mitchell, D. (1990). The reauthoring of therapist's stories: Taking doses of our own medicine. Journal of Strategic and Systemic Therapies, 9(4), 61-66.
- Coleman, S. B., Avis, J. M., & Turin, M. (1990). A study of the role of gender in family therapy training. Family Process, 29, 365-374.
- Constantine, J. A., Piercy, F. P. & Sprenkle, D. H. (1983). Live supervision-of-supervision in family therapy. Journal of Marital and Family Therapy, 10, 95-97.

- Davidson, J., Lax, W. & Lussardi, D. (1990). Use of the reflecting team in the initial interview and in supervision and training. In T. Andersen, (Ed.), Dialogues and dialogues about dialogues. Kent, England: Borgmann Publishers, LTD.
- Davidson, J. & Lussardi, D. J. (1991). Reflecting dialogues in supervision and training. In T. Andersen, (Ed.), The reflecting team: Dialogues and dialogues about the dialogues (pp. 143-154). New York: W. W. Norton & Company.
- De Man, P. (1979). Allegories of reading. New Haven: Yale University Press.
- Derrida, J. (1978). Writing and difference (A. Bass, trans.). Chicago: University of Chicago Press.
- Derrida, J. (1981). Positions (A. Bass, trans.). Chicago: University of Chicago Press.
- de Shazer, S. (1988). Clues: Investigating solutions in brief therapy. New York: W. W. Norton & Company.
- de Shazer, S. (1991a). Muddles, bewilderment, and practice theory. Family Process, 30, 453-458.
- de Shazer, S. (1991b). Putting difference to work. New York: W. W. Norton & Company.
- de Shazer, S. & Kim Berg, I. (1992). Doing therapy: A post-structural re-vision. Journal of Marital and Family Therapy, 18, 71-81.
- Diethelm, K., Fentress, D. E., London, M. L. & McCarthy, J. J. (1992). Out from behind the mirror. Journal of Strategic and Systemic Therapies, 11(3), 46-52.
- Doherty, W. J. (1986). Quanta, quarks, and families: Implications of modern physics for studying families. Family Process, 25, 249-264.
- Elkaim, M. (1990). If you love me, don't love me: Constructions of reality and change in family therapy. New York: Basic Books.

- Erickson, G. (1988). Against the grain: Decentering family therapy. Journal of Marital and Family Therapy, 14, 225-236.
- Fine, M. & Fennell, D. (1985). Supervising the supervision-of-supervision: A supervision-of-supervision technique or an hierarchical blurring? The Journal of Strategic and Systemic Therapies, 4(3), 55-59.
- Fine, M. & Turner, J. (1991). Tyranny and freedom: Looking at ideas in the practice of family therapy. Family Process, 30, 307-320.
- Foucault, M. (1965). Madness and civilization: A history of insanity in the age of reason. New York: Randon House Press.
- Foucault, M. (1972). History, discourse and discontinuity (A. Nazzaro, trans.). Salmagundi, 20, 229-233.
- Foucault, M. (1980). Power/knowledge: Selected interviews and other writings. New York: Pantheon Press.
- Frankel, R. R. & Piercy, F. P. (1990). The relationship among selected supervisor, therapist, and client behaviors. Journal of Marital and Family Therapy, 16, 407-421.
- Friedman, E. (1986). The responsibility triangle: Stress in the helping professions. Paper presented at the meeting of the American Association for Marriage and Family Therapy's 44th Annual Conference, Orlando, Florida.
- Friedman, E. (1987). How to succeed in therapy without really trying. The Family Therapy Networker, 11(3), 26-31, 68.
- Fruggeri, L. (1992). Therapeutic process as the social construction of change. In S. McNamee & K. Gergen (Eds.), Therapy as social construction (pp. 40-53). Newbury Park, CA: SAGE, Publications, Inc.



- Gergen, K. J. (1991). The saturated self: Dilemma of identity in contemporary life. New York: Basic Books, Inc.
- Gergen, K. J. & Gergen, M. M. (1991). From theory to reflexivity in research practice. In F. Steier (Ed.), Research and reflexivity: Inquiries in social construction (pp. 76-95). Newbury Park, CA: SAGE, Publications, Inc.
- Gilligan, C. (1982). In a different voice. Cambridge, Mass.: Harvard University Press.
- Glaser, B. & Strauss, A. (1967). The discovery of grounded theory. Chicago: Aldine Publishers.
- Golann, S. (1987). On description of family therapy. Family Process, 26, 331-340.
- Golann, S. (1988). On second-order therapy. Family Process, 27, 51-65.
- Goldner, V. (1985). Feminism and family therapy. Family Process, 24, 31-47.
- Goldner, V. (1988). Generation and gender: Normative and covert hierarchies. Family Process, 27, 17-32.
- Goldner, V, Penn, P., Sheinberg, M., & Walker, G. (1990). Love and violence: Gender paradoxes in volatile attachments. Family Process, 29, 343-364.
- Goolishian, H. & Anderson, H. (1988). Human systems as linguistic systems: Preliminary and evolving ideas about the implication for clinical theory. Family Process, 27, 371-393.
- Goolishian, H. A. & Anderson, H. (1992). Strategy and intervention versus nonintervention: A matter of theory? Journal of Marital and Family Therapy, 18, 5-15.
- Gustafson, J. P. (1986). The complex secret of brief psychotherapy. New York: W. W. Norton & Company.

- Havens, R. A. (1985). Erickson vs. the establishment: Which won? In J. L. Zeig (Ed.), Ericksonian psychotherapy. Volume I: Structures (pp. 52-59). New York: Brunner/Mazel, Publishers.
- Hoffman, L. (1981). Foundations of family therapy: A conceptual framework for systems change. New York: Basic Books, Inc., Publishers.
- Hoffman, L. (1986). Beyond power and control. Family systems medicine, 3, 381-396.
- Hoffman, L. (1990). Constructing realities: An art of lenses. Family Process, 29, 1-12.
- Hoffman, L. (1991). A reflexive stance for family therapy. Journal of Strategic and Systemic Therapies, 10(3 & 4), 4-17.
- Hoopes, M. H. & Harper, J. M. (1987). Birth order roles and sibling patterns in individual and family therapy. Rockville, MD: Aspen Publishers, Inc.
- Kaiser, T. C. (1992). The supervisory relationship: An identification of the primary elements in the relationship and application of two theories of ethical relationships. Journal of Marital and Family Therapy, 18, 283-296.
- Keen, S. & Valley-Fox, A. (1989). Your mythic journey: Finding meaning in your life through writing and storytelling. Los Angeles: Jeremy P. Tarcher, Inc.
- Keller, J. F. & Protinsky, H. (1984). A self management model for supervision. Journal of Marital and Family Therapy, 10, 281-288.
- Kelly, G. A. (1969). Clinical psychology and personality: The selected papers of George Kelly. B. Maher (Ed.). New York: John Wiley & Sons.
- Kramer, J. R. (1985). Family interfaces: Transgenerational patterns. New York: Brunner/Mazel, Publishers.

- Laird, J. (1989). Women and stories: Restorying women's self-constructions. In M. McGoldrick, C. M. Anderson, & F. Walsh (Eds.). Women in families: A framework for family therapy (pp. 427-450). New York: W. W. Norton & Company, Inc.
- LaRossa, R., Bennett, L. A., & Gelles, R. J. (1981). Ethical dilemmas in qualitative family research. Journal of Marriage and the Family, 43, 303-313.
- Lax, W. (1989). Systemic family therapy with young children in the family: Use of the reflecting team. In J. J. Zilbach, (Ed.), Children in family therapy. New York: Howarth Press.
- Lax, W. D. (1991). The reflecting team and the initial consultation. In T. Andersen (Ed.), The reflecting team: Dialogues and dialogues about the dialogues (pp. 127-142). New York: W. W. Norton & Company.
- Liddle, H. A., Breunlin, D. C. & Schwartz, R. C. (Eds.). (1988). Handbook of family therapy training and supervision. New York: The Guilford Press.
- Liddle, H. A., Breunlin, D. C., Schwartz, R. C. & Constantine, J. A. (1984). Training family therapy supervisors: Issues of content, form and context. Journal of Marital and Family Therapy, 10, 139-150.
- Liddle, H. A. & Saba, G. W. (1983a). On context replication: The isomorphic relationship of training and therapy. Journal of Strategic and Systemic Therapies, 2(2), 3-11.
- Liddle, H. A. & Saba, G. W. (1983b). The isomorphic nature of training and therapy: Epistemologic foundation for a structural-strategic training model. In J. Schwartzman (Ed.), Macroscopic approaches to family therapy. New York: The Guilford Press.
- Lipchik, E. (1988, Winter). Interviewing with a constructive ear. Dulwich Centre Newsletter.
- Lucas, C. (1985). Out at the edge: Notes on a paradigm shift. Journal of Counseling Development, 64, 165-172.

- Luepnitz, D. (1988). The family interpreted. New York: Basic Books, Inc., Publishers.
- Lussardi, D., Davidson, J. & Lax, W. (1990). Reflecting team models of supervision. Paper presented at the 48th Annual Conference for the Association of Marriage and Family Therapy, Washington, D.C.
- Lussardi, D., & Miller, D. (1990). A reflecting team approach to adolescent substance abuse. In T. Todd & M. Selekman (Eds.), Family therapy with adolescent substance abuse. New York: Allyn & Bacon.
- Lynch, C. (1974). On not getting caught up in the family system. Family Therapy: The Journal of Family Therapy, 1, 163-170.
- MacKinnon, L. (1988, Winter). Openings: Using questions therapeutically. Dulwich Centre Newsletter.
- Marshall, C. & Rossman, G. B. (1989). Designing qualitative research. Newbury Park, CA: SAGE, Publications, Inc.
- Maturana, H. R. & Varela, F. J. (1987). The tree of knowledge: The biological roots of human understanding. Boston: New Science Library, Shambhala.
- McDaniel, S. H. & Landau-Stanton, J. (1991). Family-of-origin work and family therapy skills training: Both-and. Family Process, 30, 459-471.
- McGoldrick, M., Anderson, C. & Walsh, F. (Eds.). (1989). Women in families: A framework for family therapy. New York: W. W. Norton & Company, Inc.
- Mendez, C. L., Coddou, F. & Maturana, H. R. (1986). The bringing forth of pathology: An essay to be read aloud by two, unpublished manuscript.
- Meth, R. L. & Pasick, R. S. (1990). Men in therapy: The challenge of change. New York: The Guilford Press.

- Miller, D. & Lax, W. D. (1988). Interrupting deadly struggles: A reflecting team model for working with couples. Journal of Strategic and Systemic Therapies, 7(3), 16-22.
- Moon, S. M., Dillon, D. R. & Sprenkle, D. H. (1990). Family therapy and qualitative research. Journal of Marital and Family Therapy, 4, 357-373.
- Mozak, H. (1979). Adlerian psychotherapy. In R. J. Corsini (Ed.), Current psychotherapies (2nd ed., pp. 44-94). Itasca, IL: F. E. Peacock Publishers, Inc.
- Nichols, W. C., Nichols, D. P., & Hardy, K. V. (1990). Supervision in family therapy: A decade restudy. Journal of Marital and Family Therapy, 16, 275-286.
- O'Hanlon, W. H. & Weiner-Davis, M. (1989). In search of solutions: A new direction in psychotherapy. New York: W. W. Norton & Company.
- Olson, U. & Pegg, P. F. (1979). Direct open supervision: A team approach. Family Process, 18, 463-469.
- Papp, P. (1983). The process of change. New York: The Guilford Press.
- Parry, A. (1991). A universe of stories. Family Process, 30, 37-54.
- Patton, P. Q. (1980). Qualitative evaluation methods. Newbury Park, CA: SAGE, Publications, Inc.
- Penn, P. (1982). Circular questioning. Family Process, 21, 267-280.
- Penn, P. (1985). Feed-forward: Future questions, future maps. Family Process, 24, 299-311.
- Penn, P. & Sheinberg, M. (1991). Stories and conversations. Journal of Strategic and Systemic Therapies, 10(3 & 4), 30-37.
- Prest, L. A., Darden, E. C. & Keller, J. F. (1990). "The fly on the wall" Reflecting team supervision. Journal of Marital and Family Therapy, 16, 265-274.

- Ravn, I. (1991). What should guide reality construction? In F. Steier (Ed.), Research and reflexivity: Inquiries in social construction (pp. 96-114). Newbury Park, CA: SAGE, Publications, Inc.
- Real, T. (1990). The therapist use of self in constructivist/systemic therapy, Family Process, 29, 255-272.
- Roberts, J. M. (1991). Sugar and spice, toads and mice: Gender issues in family therapy training. Journal of Marital and Family Therapy, 17, 121-132.
- Roberts, J., Matthews, W., Bodin, N., Cohen, D., Lewandowski, L., Novo, J., Pumilia, J. & Willis, C. (1989). Training with O (observing) and T (treatment) teams in live supervision: Reflecting in the looking glass. Journal of Marital and Family Therapy, 15, 397-410.
- Roberts, M., Ceasar, L., Perryclear, B. & Phillips, D. (1989). Reflecting team consultation. Journal of Strategic and Systemic Therapies, 8(2 & 3), 38-46.
- Segal, L. (1986). The dream of reality: Heinz von Foerster's constructivism. New York: W. W. Norton & Company.
- Seikkula, J. & Haaradangas, K. (1991, June). The Co-evolution of meaning in polyfonic dialogue: The system of boundary. Paper presented at the meeting of the Third World Family Therapy Congress, Jyvaskyla, Finland.
- Selvini Palazzoli, M., Boscolo, L., Cecchin, G. & Prata, G. (1978). Paradox and counterparadox: A new model in therapy of family schizophrenic transaction. Northvale, New Jersey: Jason Aronson, Inc.
- Selvini Palazzoli, M., Boscolo, L., Cecchin, G., & Prata, G. (1980). Hypothesizing-circularity-neutrality: Three guidelines for the conductor of the session. Family Process, 19, 3-12.
- Sheinberg, M. (1992). Navigating treatment impasses at the disclosure of incest: Combining ideas from feminism and social constructionism. Family Process, 31, 201-216.

- Sheinberg, M. & Penn, P. (1991). Gender dilemmas, gender questions, and the gender mantra. Journal of Marital and Family Therapy, 17, 33-44.
- Simon, R. (1985). Deeper, deeper, deeper: The family's hypnotic pull. The Family Therapy Networker, 9(2), 20-29.
- Steier, F. (Ed.). (1991). Research and reflexivity: Inquiries in social construction. Newbury Park, CA: SAGE, Publications, Inc.
- Strauss, A. & Corbin, J. (1990). Basics of qualitative research: Grounded theory procedures and techniques. Newbury Park, CA: SAGE, Publications, Inc.
- Toman, W. (1988). Family therapy and sibling position. Northvale, New Jersey: Jason Aronson, Inc.
- Tomm, K. (1987a). Interventive interviewing: Part I. Strategizing as a fourth guideline for the therapist. Family Process, 25, 3-13.
- Tomm, K. (1987b). Interventive interviewing: Part II. Reflexive questioning as a means to enable self-healing. Family Process, 26, 167-183.
- Tomm, K. (1988). Interventive interviewing: Part III. Intending to ask lineal, circular, strategic, or reflexive questions?. Family Process, 27, 1-15.
- Tomm, K. (1989). Externalizing the problem and internalizing personal agency. Journal of Strategic and Systemic Therapies, 9, 54-59.
- Tomm, K. M. & Wright, L. M. (1979). Training in family therapy: Perceptual, conceptual and executive skills. Family Process, 18, 227-250.
- von Bertalanffy, L. (1962). General systems theory: A critical review. General Systems, 7, 1-20.
- Walters, M., Carter, B., Papp, P., & Silverstein, O. (1988). The invisible web: Gender patterns in family relationships. New York: Guilford Press.

- Wangberg, F. (1991). Self reflection: Turning the mirror inward. Journal of Strategic and Systemic Therapies, 10(3 & 4), 18-29.
- Warburton, J., Newberry, A. & Alexander, J. (1989). Women as therapists, trainees, and supervisors. In M. McGoldrick, C. M. Anderson, & F. Walsh (Eds.). Women in families: A framework for family therapy (pp. 152-165). New York: W. W. Norton & Company, Inc.
- Watzlawick, P., Weakland, J., & Fisch, R. (1974). Change: The principles of problem formation and problem resolution. New York: W. W. Norton & Company, Inc.
- Wheeler, D., Avis, J. M., Miller, L. A., & Chaney, S. (1989). Rethinking family therapy training and supervision: A feminist model. In M. McGoldrick, C. M. Anderson, & F. Walsh (Eds.). Women in families: A framework for family therapy (pp. 135-151). New York: W. W. Norton & Company, Inc.
- White, M. (1988, Winter). The process of questioning: A therapy of literary merit? Dulwich Centre Newsletter.
- White, M. & Epston, D. (1990). Narrative means to therapeutic ends. New York: W. W. Norton & Company.



A P P E N D I X    A :  
S T A N C E    O F    T H E    S O C I A L  
C O N S T R U C T I O N I S T    T H E R A P I S T

Based on the theoretical notions presented earlier, and therapy literature, I would like to present 5 guidelines for the stance of the supervisor and researcher, based on the stance for the social constructionist, and gender sensitive therapist. I will state these in terms of guidelines for therapy, but they will also apply to, and guide the supervision and research in this study.

Therapy As Conversation

Conversation and dialogue have similar implications and are increasingly being used as a descriptive metaphor in therapy (Hoffman, 1991, de Shazer, 1991b; de Shazer & Kim Berg, 1992; Goolishian & Anderson, 1992). Therapy is a circular process, or conversational "dance" between the client and the therapist where information is constantly being exchanged. The therapist receives information about the client with whom he/she is communicating (perceptual),

filters this through his/her perceptual system and arrives at some meaning (conceptual), and then responds in some fashion (executive) (Tomm & Wright, 1979). Another implicit process occurs when the client repeats this same process. Therapy is a matter of alternating, in a respectful way, between following and leading, receiving and responding. The therapist learns the clients' dance and language. A new language and dance is created and shared by the therapist and the client.

Therapist use of self becomes important as the therapist is no longer an objective observer, but a participant observer (Hoffman, 1986; Fine & Turner, 1991). Problems no longer rest within an "it," a person or the family structure, but within the "meaning system" or understanding reached between the therapist and client (Hoffman, 1986, 1990; de Shazer, 1991b)

The therapist must examine his/her part of the interaction with the client, explore family-of-origin issues (Bowen, 1978; Adler, 1929; Toman, 1988; Hoopes & Harper, 1987; Kramer, 1985), and issues related to training and theoretical assumptions (Hoffman, 1990; Havens, 1985), including lenses which filter experience based on gender and ethnicity. It is crucial that therapists be trained to

be aware of and manage use of self issues they bring to the therapeutic system (Keller & Protinsky, 1984; McDaniel & Landau-Stanton, 1991; Aponte, 1992)

It is important for the therapist to avoid prepared language, or monologue, which shuts down dialogue. The therapist can have notions about what he/she would like to explore, and be ready to introduce these into the dialogue when the opportunity presents itself (Seikkula & Haaradangas, 1991, June), but should be ready to "dance" and enter into a dialogue with the client.

#### Therapy as Intentional

I would like to make a distinction between "willfulness" and "intentionality" (Friedman, 1987; Atkinson & Heath, 1990). "Willfulness" is a state where the therapist is invested in his/her goals for the therapy, and instrumentally pursues those ends, while the intentional therapist is aware and purposeful in his/her actions without the attachment to the outcome. I believe that it is when the therapist is being "willful" that he/she is inducted by a use of self issue into the emotional process with the client. Friedman (1986) believes that a position of "willfulness" and induction

into the client's emotional process leads to the feeling of ineffectiveness by the therapist. In these cases, the therapist often seeks more information and knowledge, which Freidman believes is focusing on the "wrong stuff." The therapist avoids positions of "willfulness," i.e., trying to change the client or moving them, but instead should attempt to become aware of, and manage his/her part of the interactions.

Therapy is full of decisions made by the therapist. The therapist needs to be aware of the decisions which are made. The therapist takes responsibility for these decisions, and makes overt, what is covert. Just as strategizing (Tomm, 1987a) which occurred between the therapist and his/her therapeutic team was brought into the open by Andersen's (1991) reflecting team, the therapist similarly, introduces his/her intentions into the session and makes them open for dialogue. The therapist remains curious (Cecchin, 1987) as to the clients' reactions to the therapists' introduction of intentions and difference.

### Therapy as Creating New Possibilities

Our clients have internalized stories about themselves, or ways in which they define or understand

themselves in the world. What is the clients' story which has become internalized? It becomes helpful to deconstruct the meaning generated in the conversation with the client to identify underlying and basic assumptions held by both client and therapist.

Also, and possibly more importantly, what is not being said? Solutions to problems often lie outside of our immediate awareness, in what is not, or cannot be said (Andersen, 1991; Goolishian & Anderson, 1992). Maintaining "curiosity" and "freedom" (Cecchin, 1987; Fine & Turner, 1991), i.e., not knowing too soon, allows for the consideration of alternative perspectives. The use of questions, especially questions which ask for differences (Tomm, 1987b, 1988; Penn, 1982, 1985) often opens "therapeutic space" by introducing new ways of looking at, and experiencing situations (Goolishian & Anderson, 1992). It is also important to listen for and explore beliefs and assumptions held regarding gender and culture by asking questions about the operation of these influences (Roberts, 1991; Sheinberg & Penn, 1991).

Taking a step back, into a reflecting position, leads to a different perspective (Andersen, 1991). Being able to experience oneself may lead to a difference. Giving up a

stance of "either/or" and adopting a stance of "both/and," i.e., entertaining the possibility of understanding the situation in more than one way. The solution may lie in what we are not allowed to access, i.e., what has been restricted from us by culture, family and the socialization process (Bly, 1988).

### Therapy as the Introduction of Difference in the Present

It is not helpful to go on exploratory missions, or archeological digs into the client's past. We will go there with our clients if this is where they lead us, and once there be curious about the meaning and significance of this experience. "Problems do not exist outside of the present, or rather, if it is outside of the present it is no longer a problem but the memory of a problem or the possibility of a problem (Boscolo & Bertrando, 1992, p. 121)." We can choose a different future. Therapy needs to help the client disconnect from the past and project a different future (Boscolo & Bertrando, 1992). We do not have to look back for cause and effect explanations, and suggest, "This is why you are like this."

The client's problem has evolved as a result of sameness and absence of new information. The attempted

solutions have become part of the problem (Watzlawick, Weakland & Fisch, 1974). The family/therapy system has utilized an "old paradigm" which does not allow for the possibility of solution, but "more of the same." The therapist becomes a source of newness and difference, and intends to introduce a "difference that makes a difference" to the client (Erickson, 1972) The therapist looks for exceptions to the problem, which are the presence of something other than the problem, and magnifies these (de Shazer, 1988; O'Hanlon & Weiner-Davis, 1989). By focusing on these exceptions, and spending less time in problem talk, the exceptions can grow and become solutions.

### Therapy as Narrative

We ascribe meaning to our experience through language. The ways in which we talk about experience affect that experience. The metaphors of narrative and story are increasingly being used in therapy (Laird, 1989; Hoffman, 1991; Goolishian & Anderson, 1992) Talking differently can lead to change (Anderson, Goolishian, & Winderman, 1986; Goolishian & Anderson, 1988). Our lives are storied lives (Laird, 1989; Parry, 1991; White & Epston, 1990). Problems are situated within stories. We

need to examine the stories we have internalized about ourselves, externalize these stories to become aware of them, and determine if these are the stories we want to direct our lives or whether we need to look for "unique outcomes" which allow for difference, change and the internalization of different stories, personal agency and empowerment (Tomm, 1989; White & Epston, 1990). We can become the authors of our own stories. The use of therapeutic stories can counter the problem stories and lead to change (Keen & Valley-Fox, 1989). Goolishian and Anderson (1992) believe change comes from the creation of new meaning through the co-construction of new stories in therapy, i.e., like Andersen (1991) the co-construction of stories which have yet to be told.

Summary. Goolishian and Anderson (1992) sum up the practical application of the stance, and guidelines of the therapeutic approach described above:

The process of therapy based on this hermeneutic stance involves what we call a therapeutic conversation. Therapeutic conversation refers to an endeavor in which there is a mutual search for understanding and exploration through dialogue around the always changing "problems." Therapy, and hence the therapeutic conversation, entails an "in there together" process. People talk "with" each other as opposed to talking "to" each other. Therapeutic conversation is the process through which the therapist and the client participate in the co-development of new meanings, new realities, and new narratives.



A P P E N D I X    B :  
B O W E N    A N D    A D L E R

In this section, I would like to provide the theoretical background to the understanding of use of self issues and themes. To do so, I will discuss Bowen's (1978) ideas regarding family emotional process and differentiation, and Adler's (1929; Mozak, 1979) and Toman's (1988) ideas about family constellation and lifestyle.

Bowen

Murray Bowen (1978) has written about the multigenerational transmission of family emotional process which is related to the level of individual differentiation. Individuals have different levels of unresolved emotional attachment to their parents. These unresolved emotional attachments usually create blind spots for the therapist. Kramer (1985) who follows Bowen's model believes that recurrent patterns in the therapist's work demonstrate underlying use of self themes. These themes from the therapist's family of origin may unconsciously

influence the therapist's work.

Bowen (1978) wrote that the life course of individuals is determined by the amount of unresolved emotional attachment one has to his/her parents and family of origin. The degree of unresolved attachment to parents is determined by the degree of unresolved attachment each parent had in their own family of origin, the degree of anxiety during critical periods in life, and the way the parents handled this anxiety in their life and marriage. The child is inducted into this emotional program early in life.

The degree of unresolved emotional attachment is equivalent to the degree of undifferentiation in the individual. The effects of undifferentiation usually become activated when anxiety and stress are high. Differentiating oneself from one's own family of origin then becomes an effort at defining oneself in the family of origin. Defining oneself does not mean giving up emotional closeness, but means that one's functioning becomes less dependent on the support and acceptance of others.

The therapist's reactions during therapy are cues to induction into the client's emotional process. The therapist must be willing to experience the way his/her own

patterns and use of self themes can be triggered in the therapeutic interface of client and therapist (Kramer, 1985). The therapist needs to increase his/her awareness of the operation of these issues and his/her "hooks," points of connection with the client, which brings forth these automatic responses from the therapist.

### Adler and Toman

Adler (Mozak, 1979) believed the family constellation to be the primary socializer for the child. The child learns what is expected and begins to draw conclusions about him/herself based on this experience. The uniqueness of the family environment at the time of each child's birth shapes the characteristic response patterns for each sibling position (Toman, 1988; Hoopes & Harper, 1987; Mozak, 1979). Siblings are assigned separate, unique, permanent, functional family system roles when they are born into the family. Each child will stake out territory in the family which will give him/her a sense of worth. the child then forms beliefs based on these experiences. The child creates a cognitive map that will assist him/her in coping with the world (Mozak, 1979).

The personal lifestyle is an individual's perception

of him/herself in relationship to his/her perception of the world. Lifestyle, which is largely a nonconscious cognitive map, is based on the convictions (beliefs) the individual develops early in life to help him/her organize, understand, predict and control experience. The individual lifestyle provides lenses through which an individual experiences and understands him/herself in relation to the world (Mozak, 1979).

The largely unconscious lifestyle must be made more conscious. When an individual experiences a situation that does not seem to fit, is uncomfortable, and/or anxiety producing, there is often a lifestyle, or use of self issue involved. The normally unconscious lifestyle can be made conscious at these times, by receiving feedback from another in an observing position who can help interpret the experience, or, with training, take a reflexive position to oneself to examine the source of the anxiety.

## A P P E N D I X C :

### G L O S S A R Y

#### Assemblages:

"Assemblages is the name given to the whole created by interrelated elements interacting in a given situation. These can be genetic or biological elements as well as ones linked to family rules or aspects of society or culture" (Elkaim, 1990, p. 142).

#### Constuctivism:

We bring forth our individual realities based on the distinctions we draw and the determination of differences which make a difference (Bateson, 1972).

#### Curiosity:

Curiosity is the avoidance of one position over all others. It is the tendency to withhold judgement, by not knowing too soon. Curiosity leads to the entertaining and creation of alterantive views. Curiosity is not an attempt to collect more information to prove a position as right or wrong, but considering the larger pattern which includes all of the different stories (Cecchin, 1987).

#### Intentionality:

Intentionality is when the therapist is aware of the decisions he/she is making in therapy, intentionality makes these decisions, but is not overinvested in those decisions having any particular impact or moving the client in any particular way. The therapist is not over invested in the outcome of his/her decisions or interventions, but sees the clients actions as feedback upon which other decisions are made and actions are taken.

#### Isomorphism:

Structure, process, and content are replicated between systems.

#### Parallel process:

Parallel process means that there is similar process between two different systems, i.e., that the interaction between those contexts is operating as if by similar communicational rules. For example, if I interact with a client system in such a way that there seems to be a rule against communicating about our relationship to each other, there may also be a similar process and covert rule against

talking about relationship issues in other contexts, like supervision.

Points of connection:

Use of self themes are related to constructivism as points of connection are related to social construction, and use of self themes are related to points of connection as constructivism is related to social construction. In the social construction of meaning, the shared narrative is created around the selection and the exclusion of certain elements. The selection of certain elements upon which a dialogue is built are points of connection between the individuals involved in the conversation.

Reflexivity:

Reflexivity is a similar concept to participant-observer. It pertains to relational distance as one is able to remain maneuverable in a relationship and move in close to understand empathically, and to move back to understand in context. Reflexivity is the ability to be an observer to oneself and his/her interactions with others and the world.

Relational distance:

Relational distance is influenced by use of self themes and points of connection. We connect with others based on shared use of self themes which establish points of connection. Points of connection have qualities which draw us closer or farther from those with whom they are shared. The balance of points of connection may range from strongly positive to strongly negative and so determine how close or how distant one feels toward the other. There is an optimal balance for the points of connection which is not too close or too distant where meaning is shared and co-constructed in a way that allows for change through the introduction and perception of a difference that makes a difference.

Resonance:

"Resonance is the link or bridge between individuals or systems that is more than the quasi-mechanical replication of the same rule from one level to the next (Elkaim, 1990, p. 141)" "Resonance is simply a particular kind of assemblage made up of the intersection of different systems around the same element (Elkaim, 1990, p. 142)."



Social construction:

Realities are co-created through social discourse, i.e., the separation from and elevation of certain information over other information, and the creation of normalizing truths (White & Epston, 1990).

Use of self issues:

Use of self issues are use of self themes that lead to a position of willfulness by the therapist, or an inability to maintain a stance of curiosity when perceiving and interacting.

Use of self themes:

Use of self themes consist of the beliefs, in the form of narratives, one has internalized about oneself which are brought to communicational events or social interaction. These beliefs or narratives predispose one to perceive experience and construct meanings in ready-made ways, i.e., ways that fit with previous narratives. The creation of every story involves the selection and the exclusion of certain elements (White & Epston, 1990; Parry, 1991). Use of self themes are involved in the selection and exclusion of elements in the social construction of meaning.

Willfulness:

Willfulness is where the therapist is over invested in the goals of therapy, and actively pursues those goals. The therapist is attached to the outcome of his/her actions, and interventions. The therapist is engaged in an attempt to change the client without realizing that the client determines the differences which make a difference. A willful stance by the therapist often leads to client resistance, as the client becomes aware that he/she is no longer in a conversation or dialogue, or the co-creation of meaning but a power struggle. The therapist often has feelings of ineffectiveness, and does not know what to do (Friedman, 1987; Atkinson & Heath, 1990).

W I L L I A M R . S C O T T  
403 Eighth Street  
Radford, Virginia 24141  
(703) 633-2285

GOALS: My professional and personal goals are: to pursue a career in human services; to work with children and families; to further develop and improve my treatment, intervention, supervision and administrative skills; to improve the services offered by the agencies for which I work; and to develop intellectually, professionally and emotionally from my experiences.

EDUCATION: Doctor of Philosophy in Marriage and Family Therapy  
Virginia Polytechnic Institute and State University; Blacksburg, VA (Ph.D candidate)  
August 1987-May 1993

Master of Arts in Counseling Psychology  
Vermont College of Norwich University,  
Montpelier, VT  
Winter 1982-Fall 1985 (Sixty credit degree  
with emphasis on family and child)

Bachelor of Arts (Majors in psychology and  
political science)  
Mary Washington College, Fredericksburg, VA  
September 1975-May 1978

Lehigh University, Bethlehem, PA  
September 1974-May 1975

SKILLS: Family, marital, and group therapy  
Individual, play and child therapy  
Clinical and administrative supervision  
Staff training and development  
Consultation, presentation and teaching  
Residential care and group home management  
Computer literacy

WORK

EXPERIENCE:

FAMILY SERVICE OF ROANOKE VALLEY, 3208  
Hershberger Road, NW; P.O. Box 6600;  
Roanoke, VA. 24017  
November 1991-Present; Supervisor: Stephen  
Miller, LCSW  
Director of Counseling  
Responsible for the management, coordination  
and development of Counseling Program staff  
and service. Carry small family counseling  
caseload. Provide licensed clinical  
supervision to counseling staff.

27th DISTRICT COURT SERVICE UNIT, 143 Third  
Street, N.W.; Pulaski, VA 24301  
November 1987-November 1991; Supervisor: John  
Moore, Director  
Supervisor  
Oversee the general administration of  
satellite offices. Provide clinical  
supervision of court service unit family  
counselors. Live and taped supervision  
provided. Carry a family counseling  
caseload. Assist with staff development,  
training and evaluation.

SURRY-YADKIN MENTAL HEALTH, MENTAL  
RETARDATION, AND SUBSTANCE ABUSE AUTHORITY,  
Crossroads; P.O. Box 1428; Mt. Airy, NC  
27030  
January 1986-August 1987; Supervisors:  
Administrative-Hayes Goodrum; Clinical-Dr.  
Suzanne Kerney  
Outpatient Mental Health Therapist-Social  
Worker II  
Provided intake assessment, treatment  
planning, and therapy for children,  
adolescents, and their families and some  
adults. Individual, group and family therapy  
provided along with consultation and social  
casework services. Clinical supervision was  
provided by the child psychiatrist.

HUGHES MEMORIAL HOME FOR CHILDREN, 1501  
Franklin Turnpike; Danville, Virginia 24540  
April 1985-January 1986; Supervisor: Arland  
Gifford  
Social Worker/Case Coordinator  
Coordinated services and provided  
individual, group and family therapy in a  
residential setting for emotionally  
disturbed adolescents. Designed and  
developed service plans, and maintained case  
records. Served as liaison with adjunct and  
placing agencies.

ADVENTURE BOUND SCHOOL, P.O. Box 574;  
Charlottesville, Virginia 22901  
August 1982-April 1985; Supervisors: Gary  
Duncan and Robert Farley  
Counselor  
Employed in a residential setting for  
emotionally disturbed adolescent males as a  
student/intern where I worked 30 hours per  
week and went to graduate school full-time.  
My duties were varied as I was allowed to  
apply my educational learning in the  
practicum setting.

OUTREACH COUNSELING SERVICES, INC., P.O. Box  
1046; Charlottesville, Virginia 22902  
July 1984-April 1985; Supervisor: Alan Segar  
Counselor  
Worked part-time as a counselor in an agency  
providing individual, group, and family  
therapy, as well as consultation and service  
coordination with children and families  
using an ecosystemic outreach model.

COMMUNITY ATTENTION FOGH PROGRAM, P.O. Box  
155; Charlottesville, Virginia 22902  
August 1982-August 1983; Supervisor: Darci  
Lieb  
Relief Worker

SPOTSYLVANIA DEPARTMENT OF SOCIAL SERVICES,  
P.O. Box 249; Spotsylvania, Virginia 22903  
August 1979-August 1982; Supervisor: Diane  
Kash  
Social Worker

MEMBERSHIPS

LICENSURE:

Licensed Professional Counselor (LPC):  
Virginia

American Association for Marriage and Family  
Therapy; (AAMFT) Clinical Member, Supervisor-  
in-Training (Approved Supervisor application  
under consideration)

National Board of Certified Counselors  
(NBCC)

Association for Play Therapy (APT)  
(Designated Supervisor application under  
consideration)

REFERENCES: Available upon request.

CONSULTATION:

New River Valley Community Services Board  
409 Norwood St.; Radford, VA 24141; (703)  
831-5900

Coordinator of Community Support Services:  
Lucy McBrayer, M.S.

10 week training in Reflecting Team  
Supervision

September 1989 through December 1989

New River Valley Community Services Board  
409 Norwood St.; Radford, VA; (703) 831-  
5900

Director: Harvey M. Barker, Ph.D.

Brief Solutions-Focused Project, Outpatient  
Services.

February 1990 through December 1991

PRESENTATIONS

(This list does not include presentations made to church,  
youth and civic groups or guest lectures to undergraduate  
and graduate classes.)

1st Annual Region I Symposium on Family Therapy,

Blacksburg, Virginia

November 30 - December 1, 1988

The Nature of Change

4H Prevention and Youth Development Conference, Blacksburg, Virginia

January, 26, 1989

Teen Issues

VAMFT Southwestern Regional Conference, Roanoke, Virginia

April 7, 1989

Reflecting Supervision

Coalition for Delinquency Prevention and Law Related Education Wytheville, Virginia

August 23, 1989

Keeping Juveniles Out: Diversion and Prevention - Another Look

VAMFT Annual Conference, Richmond, Virginia;

September 15-16, 1989

Reflecting Team Supervision

Texas Association for Marriage and Family Therapy Annual Conference San Antonio, Texas

January 25-28, 1990

"The Fly on the Wall"

The Fourth Annual Intake and Diversion Conference

Waynesboro, Virginia

May 30-31, 1990

Indirect Intake: Using Ericksonian Theory at Intake

Second International Family Therapy Conference Krakow, Poland

September 2-7, 1990

Reflecting Team Supervision

The Chronic Patient: Care and Treatment: Issues and Challenges of the 90's, Jacksonville, Florida

November 4-6, 1990

Strengthening Consumers and Families Through Staff Empowerment: A Clinical Supervision Model

Twin-County Hospital In-Service Training Galax, Virginia;

March 14, 1991

Brief Therapy Approaches

Third International Family Therapy Conference Jyvaskyla,  
Finland  
June 2-6, 1991  
Reflecting Team Supervision

Twin County Coalition for Better Beginnings: Peer  
Counseling Retreat Grayson County, Virginia  
August 1991, August 1992  
Knowing Your Limits

Commonwealth Institute for Child and Family Studies:  
Children and Adolescents with Serious Emotional  
Disturbances Virginia Beach, Virginia  
October 1991  
Systemic Therapy in a Court Service Unit

Virginia Association for Family Preservation Annual  
Conference: Preserving Families Richmond, Virginia  
January 24, 1992  
Dialogues in Family Therapy

Commonwealth Institute for Child and Family Studies:  
Multiple Perspectives on Children and Adolescents with  
Emotional and Behavioral Disorders Virginia Beach, VA  
October 4-7, 1992  
Play Therapy: A Systemic Approach

The Ninth Annual International Play Therapy Conference  
Nashua, New Hampshire  
October 14-15  
Play Therapy: From a Systemic Perspective

*Will R. Scott*