The Reflecting Team
in Action

COLLABORATIVE PRACTICE
IN FAMILY THERAPY

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CHAPTER 7

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Offering Reflections

SOME THEORETICAL AND PRACTICAL
CONSIDERATIONS

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HAVING PARTICIPATED IN many different types of reflecting process conversations, I have been delighted by the creativity that therapists and clients show in developing formats and in offering perceptive, innovative, and useful reflections. These conversations have occurred in a variety of contexts and settings with a broad range of clinical issues, including outpatient and inpatient therapy, home-based work, supervision, research, consultation, training groups, hospitals, organizations, presentations, and teaching (cf. Davidson & Lussardi, 1991; Gottlieb & Gottlieb, 1990; Griffith & Griffith, 1992; Lax, 1989; Lussardi & Miller, 1990; Miller & Lax, 1988; Prest, Darden, & Keller, 1990). The utility of the reflecting approach has been found to be overwhelmingly positive, as demonstrated by responses from both clients and therapists participating in reflecting process conversations (cf. Katz, 1991; Sells, Smith, Coe, Yoshioka, & Robbins, 1994).

However, I have also noted, consistent with the reports of other colleagues (e.g., Madigan, 1991), that in some instances the reflections themselves have not been useful.[1] Clients felt that reflections were too confusing, did not address their issues precisely, did not give them enough direction, were too long, or left them feeling misunderstood by the

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[1] As Sells et al. (1994) point out, there is sometimes a disagreement between therapists and clients as to the usefulness of the reflecting process. Clients are more likely to rate the reflections as more useful than therapists do.

reflecting therapists.[2] Reflections sometimes had a "watered-down" feel or pretend aspect with reflectors repeatedly using words such as "struck," "taken by," "impressed with," and "touched" and then followed by an overly positive (and Pollyanna-like) remark. In addition, as Madigan has described, therapists found that these comments frequently did not seem to be as rich as the later conversations they had among themselves.

Several general and specific questions began to emerge for me in light of these experiences. What happens when clients or therapists feel that this process is not useful? How is it that they feel misunderstood and might this misunderstanding be useful at times? How many ideas are too many? Is it okay for therapists to disagree or even question one another? When should new ideas be delivered or should the therapist stick only to what was raised by the clients in the interview? What components make up "successful" reflections?

This chapter addresses some of these questions, brings together existing material on some of the "rules" and guidelines for engaging in reflecting conversations, and provides additional directions for therapists on both the form and content of reflections. The guidelines presented are drawn from a number of sources, principally the work of Andersen (1987, 1991), Madigan (1991), and White (1994). Consistent with these authors, I specifically emphasize how reflections might be shifted more to the level of a "conversation" paralleling the interview itself.[3] I will not attempt to codify reflections but merely to look at their general characteristics. I will provide a brief theoretical backdrop for the reflecting process by drawing on some recent developments in postmodern thinking, including ideas from the areas of hermeneutics, social constructionism, and clinical psychology. What follows is intended to serve as a *guide only*, not as a prescription: to do otherwise would violate the underlying perspective of the reflecting process.

INITIAL GUIDELINES AND QUESTIONS

As I reviewed existing work, I realized that Andersen (1991) anticipated some of these questions. His guidelines are directed to both the process

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[2] Throughout this chapter, whenever I refer to a reflector or reflecting therapist, I will be considering therapists offering reflections in a variety of contexts. These include, for example, a therapist working alone, a cotherapy team in a room with clients, and a team of therapists observing from behind a one-way mirror.

[3] I will refer to this part of the interview as a reflecting conversation, referring to both the process of offering reflections during the interview and how this specific conversation takes place, regardless of how many times reflections may be offered in an interview or with whom.

and the content of reflections, and he offers the following questioning and advice to therapists.

> When the reflections are delivered, one might think of this, "Should they be given in a monologue's form or as part of an exchanging dialogue? Should one stick strictly to just one certain idea or offer many ideas? Is the talk of the standstill system more intellectual and 'cool' or a bit more artistic or 'flowery'?" That might lead the reflections to be more straight forward in the first case and a bit more in the direction of metaphor and images in the latter. What is the speed of the talk? (p. 59)

In response to his own queries, Andersen (1991) offers a few rules: "The rules we have are all about what we shall *not do*: We shall not reflect on something that belongs to another context than the conversation of the interview system, and we must not give negative connotations" (p. 61). This first injunction asks us to attend to what is presented to us in the interview. Often we have prior knowledge of clients from referring agents, colleagues, or even other clients. If this information is not introduced in the interview itself, it should not be included in the reflections. One way to address this issue is to tell clients what you have been told about them at the start of the meeting. The second pertains to the negative value and impact of blaming. As Griffith and Griffith (1994) point out, "Anyone who has accidentally overheard oneself discussed in a derogatory manner in conversation knows the power of the reflecting position for magnifying hurt" (p. 161). This rule is extended to not even participating in negative conversations after a session, as those feelings have a pervasive quality in redirecting one's energy. As Buddhists warn, we must guard the thoughts as they lead to actions.

Andersen's (1991) guidelines also address how reflectors might talk with one another: "When we first started working this way we often found ourselves giving monologues. Over time we have turned to much more *conversations among the team members*" (p. 61, emphasis added). This conversation is the sharing of different understandings, with reflecting therapists asking questions of one another and the subsequent exploring and expanding of one another's ideas as well as those jointly developed. One question may lead to another, each potentially generating more information within the system between the participating members.

Madigan (1991) elaborates on conversation among reflectors. He describes how his experiences on reflecting teams included numerous incidents of therapists merely offering their own individual ideas to clients. There was little discussion among the reflecting therapists in front of the clients, as this dialogue took place after the clients left the

consulting room. Consistent with Andersen's (1991) guidelines, he suggests that therapists should *specifically* ask questions of one another in front of the client system shifting to a *conversation* among reflectors with the inclusion of questions in this dialogue.[4]

Madigan continues by describing how the therapist in the reflecting process has the opportunity to open him/herself to change. To view the therapeutic process otherwise is to perpetuate a subject–object dualism that privileges the therapist and implies that the therapist has no need for new learning. By omitting the therapist from inquiry, the reflecting conversation gives support to cultural myths and sends several covert messages to the clients: Therapists are "neutral" in their thoughts and there are no cultural contexts out of which these ideas arise; therapists "have it all together" or are more highly "evolved" than the general population; and therapists can really "see" into others what is best for them, maintaining a hierarchical position for the profession. On the contrary, therapists' comments are culturally very rich, like clients, and come from a variety of local discourses.[5] Therapists cannot escape context either, as everyone enters all therapeutic conversations with, as Gadamer (1975) has described, some "forestructure" or "prejudice" that influences our interactions.[6] To ignore context would maintain the modernist "one-sided structure of therapy" to which "we keep ourselves therapeutically trapped" (Madigan, 1991, p. 15). Thus, by the greater inclusion of the therapist in this questioning process, all participants are actually assisted in making a shift from a modern to a postmodern position in which multiple descriptions may emerge.

If we as therapists, as Madigan suggests, truly follow a postmodern position of opening up this process to include ourselves with greater equity, might we include the possibility of clients asking questions of us during the interview? Isn't it possible that their questions of us might lead to the development of new descriptions or avenues of conversation that we had not considered? When we show some emotional response (or do not and they think we should) couldn't the client ask something about our thoughts

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[4]Madigan, drawing upon a narrative framework (White, 1989, 1992; White & Epston, 1990; Zimmerman & Dickerson, 1994), views therapy as directed toward the opening of new narratives and reflections highlighting, for clients, "sparkling new events" or "new domains of inquiry."

[5]I use "local" here in a manner consistent with that of Geertz (1973). This local is always in a dialectical relationship to a "global."

[6]Andersen (1991, 1992) also comments on this postmodern shift and the inherent bias or "preunderstanding" in the questions that a therapist might ask. In recognition of this bias, he suggests that the reflecting team members "follow the same guidelines as the interviewer" and respond/interact as one might do in the interview itself (1991, p. 59).

or feelings at that moment? At the end of a session, couldn't a client ask how this session or therapy has had an impact on us?[7]

ASKING QUESTIONS OF THERAPISTS AND REFLECTORS

In response to these questions, I would like to assume that the answers are "yes" and that clients can be offered some of the same opportunities that therapists take with them. In an overt attempt both to lessen the power differentials in therapy (they cannot be eliminated) and to further the clinical interaction, many therapists already ask clients whether they have any questions they would like to ask of the therapist. They will do this during the session and at the end, hearing their clients from a position of believing that the questions are grounded in their shared narratives and that the questions can redirect the conversation. They may ask the clients why they asked a particular question but will almost always answer the clients, providing it is not beyond what the therapists feel is comfortable and appropriate for them. By having clients ask questions of the therapist, several outcomes are possible: More of the therapist's perspective is elucidated, more of the client's agenda can be introduced, and/or a new direction or narrative can unfold. It makes us as therapists more "transparent" in our thinking and more accountable. We can no longer remain shielded by theoretical rhetoric that invariably gives us the upper hand. It also possibly leads us to examine the therapeutic process and poises us to deconstruct the practices that we hold sacred. It permits greater informed consent and disperses with therapists as neutral or blank screens. The client is given a backstage pass to the inner workings of a large society of professionals.

Following Madigan, this questioning process can be extended to the conversation between reflecting therapists (see Madigan, 1991; White, 1995). All the above advantages are extended to this reflecting conversation. This questioning does not lead to a modernist reductionistic process but actually allows for different understandings to arise and for novel thoughts to be expressed. Reflecting therapists are encouraged to ask one another questions about their comments and thoughts. This process allows therapists to situate their comments within both the conversation

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[7]White (1993) comments on the impact of the client on therapists, and how often we do not acknowledge the "inspiration," "joy," "metaphors that we are introduced to," and "sustenance that we obtain in this work." To help attune himself to this acknowledgment, he will at times ask clients, "What impact do you think this [new development/unique outcome/surprise] has had on me?"

they observed and their own lives, making the experience more personal and bridging the subject–object gap. These questions may include some of the following:

- What in the interview triggered your ideas?
- Was there anything specific that you saw or heard that led you to make these comments?
- Are there any ideas or values that you hold that influenced your comments?
- Was there something about what was said that touched you personally?
- Were there any experiences in your life that may have led you to those thoughts and would you be willing to speak about these at this time?

This process of questioning also allows for a greater sense of the therapist's transparency to emerge (White, 1992, 1995). This transparency often fosters greater connection between therapists and clients, which many clients and therapists see as beneficial no matter what kind of therapy one does.

For some therapists this shift toward greater equity, transparency, and accountability to the client is "scary." What, then, would lead us to take this leap? Why should we challenge existing models of therapy when they work well as they are? Are there existing resources that we can turn to in order to aid us in this endeavor?

THEORETICAL CONSIDERATIONS

Self and Other: Narrative and Social Construction

Whenever one challenges or examines a therapeutic process, questions arise, and the questions only lead to more questions: What aspects of this work facilitate change? Does reflecting itself make a difference? Does it really matter *what* is actually said or *how* it is said? Why should the therapist divulge his/her thinking to clients? How is that useful to the clients who are there for their own problems, searching to expand their own horizons? In offering reflections, can therapists or clients really understand what the other is saying? Must they develop an exact or even close representation of the other's world to have change occur?

Some of these questions can be addressed more generically by a turn to the interpretive fields of narrative construction, hermeneutics, and social constructionism. These approaches describe people as living their

lives in language, through narratives or stories (cf. Gergen & Kaye, 1992; Sarbin 1986; White, 1989; White & Epston, 1990). These stories are shaped and give shape to our lived experiences. The stories that clients bring to us are constructed through myriad interpersonal processes, including their current interactions with their therapists and others. In therapy, it is the stories that clients generate with us about themselves that change as well as the stories we have about ourselves as therapists. Therapy becomes a process of an intersection of stories that allows for new narratives or understandings to emerge.

Thus, stories are relational. These stories and relationships are situated within a local culture that carries numerous "norms" and standards for social exchange. Stories are not, therefore, neutral, as they always come from some social or political context (White & Epston, 1989). Change occurs within social interaction, as we are able to participate *with* our clients in co-constructing/creating/developing an alternative narrative that is more consistent with their lived experiences.

This striving for relatedness is central to the hermeneutic and social constructionist positions. As Chalsma (1994) has written in his discussion of trauma and the stories shared with him by Vietnam veterans, "The hermeneutic attitude entails a willingness to respond to otherness . . . no matter how vast the gap" (p. 63) between one person and another. It implies an openness to other experiences, with the assumption that each person may change through this process of inquiry and exploration. This striving for relatedness is a shift from the individual to the individual in relation to the other. The development of a narrative or story is something that we do in conjunction with others, and the self cannot arise without the other (Shotter, 1989, 1993). This is also the epitome of the social constructionist perspective (see Gergen, 1985).

The development of a self through conversation with the other accents a shift toward a dialogical process of self-definition and challenges the Cartesian duality as well the modernist perspective of the self (cf. Kerby, 1991; Penn & Frankfurt, 1994; Shotter, 1993). From the perspective of modernity, the development of self involves a disowning or even a violence toward the other (Sampson, 1993). The other is experienced as foreign and marginalized, as evidenced in our treatment of women and people of color in the Western dominant culture.

However, each individual has, according to Gadamer (1975), a horizon or vista from which we encounter the world of the other. The intersection of our vista and that of others can be a "fusion of horizons." This fusion of horizons is the space developed through a shared meaning-making process in which each participant has a stake. This space does not preclude differences or the prejudices or biases of self and the other

but allows for them. It is in this fusion that joint narrative construction takes place.

This joint narrative construction is part of a circular process of shared meaning making between individuals. It is not, necessarily, an intersubjective process, as the subject actually is displaced into the shared realm of mutual understanding of the self–other. While we can attempt to try to understand the content, process, and context of another's life, we can never truly come to "know" another's world but can only construct a mutual domain in which there is a shared, but not identical, understanding. The development of understanding is a process that is derived from the sets of information that both therapist and client bring to a conversation. The data of these interactions can only be "our own constructions of other people's constructions of what they and their compatriots are up to" (Geertz, 1973, p. 9). Out of this process arises a new whole with its own encompassing parts.[8] To participate in this shared world involves the temporary relinquishing of any fixed notion of "self" and adopting a willingness to enter into the world of the mutual generation of understanding with another. Understanding cannot be in the domain of a single individual, as "understanding involves two distinct subjects" (Weinsheimer, 1991, p. 82). It can become, perhaps, what Gergen (1994) refers to as the relational sublime, where even spoken language is not needed for connection to continue and self and other are blended.

Understanding arises when individuals relate to one another through language. In describing the work of Richard Rorty, Hall (1994) says that "from the perspective of understanding, one person's language is little more than a vague supplement to the language of another" (p. 6). Understanding is not a reductionistic process, moving toward one truth. In therapy it is often the experience of one of the participants saying something that the other experiences as coherent with his/her own thoughts, feelings, or behaviors. It is an interpretation that fits for the other. Yet an irony occurs, as described in the work of Fish (1989) and Derrida (1982), that the best any two communicators can do is "act like they understand each other," treating, reacting, and not objecting to one another, as if they understand one another. Then they can "say that they understand each other" (Taylor, 1992, p. 181).

Understanding is not facilitated merely by repeating others' words. "Only as interpretation *in other words*" can we advance our understanding of another's position (Weinsheimer, 1991, p. 82). By presenting one's ideas

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[8]This intersection of participants forms what can also be described as the "hermeneutic." It is a relationship between participants that includes their individual and collective histories, cultural and local knowledges, what is already known, and what is new.

in other words we offer the opportunity to have the individuals think in different ways. Therapists do not stop with their own words as the final words but continue on a search and examination for new words, narratives, and descriptions. Connection is brought about through both using a client's words and rephrasing in other words. This position is best exemplified in White's (Sykes Wylie, 1994) dogged inquiry into clients' unique outcomes and his scrupulous notation of the words they use to represent these outcomes. These words are then offered back to the clients in both their original form and in White's own wording based on his different understandings of them, which might include describing successful steps, unique occurrences, or resistance to the pull of the dominant cultural discourse.

These words are not intended to represent a "true" reality. They are always *metaphors* that take on meaning through social exchange. These interpretative words or metaphors are always open for reinterpretation by the participants. Metaphor "always asks to be translated into another discourse" and "metaphorical discourse remains suspended in a generative play of similarities and differences that does not of itself terminate in a univocal concept" (Weinsheimer, 1991, p. 66). The metaphor must, however, carry with it some connection to the language of the other, as the connection to the other is central to this process. If the language is too different it will not be understood. Hence, we are always dealing with an exchange of distinctions. The art of therapy is to blend these distinctions, offer a difference, and remain present to negotiate the unknown future as a new gestalt is formed through the expansion of each's perspective, cocreating a new view, experience, or description.

Thus, therapy becomes a "generative conversation" (Gergen & Kaye, 1992) through a continual interplay of ideas searching for alternative narratives that can offer new coherence to one's life, joining the past with the future. This is the offering of the reflecting process: a presentation of both similar and *other words* to the client's words and the opportunity to develop another understanding in the exchange between the two. These words that bring about understanding, not being representational but always being metaphors, cannot be "correct" but only pragmatic. We always run the "risk" of being misunderstood.

Misunderstandings

Recently a couple I had been seeing for several weeks came in quite delighted with themselves and the changes that they had made during the past few weeks. One of them said to me, "What you said to us last session was really right on and has had a tremendous impact on us." They

then went on to explain what I had said. As it happened, and I think that this is not uncommon in therapy, I did not remember saying anything like what they remembered and actually thought I had said something else! In the time between meetings one or both of us had somehow "changed" the words and/or meaning that had been expressed. I realized that this was not a new experience for me. Many times either I or my clients have "misunderstood" what I thought I had said.[9]

A similar experience occurred during an interview that Lynn Hoffman and I were doing with a couple. The clients had talked about "butting" heads with one another, and Hoffman thought that they had said "budding." She offered some reflections including an idea about the budding of new ideas in their relationship. The couple commented on this misunderstanding but were quite taken with the idea of budding rather than butting. The misunderstanding allowed the conversation to take a shift in a more positive direction, including their giving several examples of times that they indeed were budding into new experiences and exchanges.

These experiences are further supported by the work of Levine (1991) in his dissertation comparing post-Milan thinking with the Mutual Regression Model (MRM) (Gianino & Tronick, 1988).[10] The MRM addresses itself to the interaction between infant and caregiver and how they regulate their intersubjective interactions. This research highlights a participatory role in the development of communication between the infant and caregiver. This communication is developed through both a "match" and "mismatch" of interactions between the two, not regulated by either one or the other, as earlier research tended to describe. Levine (1991) likens this interaction to a dialogue or conversation. He noted that interactions include multiple misfits between two participants where there is a progressive (sometimes continuous, sometimes discontinuous) movement toward a consensual exchange or "fit" between the two. This state of attunement (Stern, 1985) is neither the product of one nor of the other but a new reciprocal arrangement with each as a participant in its construction.

I wonder about these misunderstandings or mismatches. Even if we could reconstruct "exactly" what was said in an interview, (e.g., by

[9] These misunderstandings are different from Rorty's (1982) use of Harold Bloom's conception of "strong misreadings" in which a reader "beats a text into a shape which will serve his own purpose" (p. 151).

[10] Levine utilizes the term "post-Milan" to refer to variety of approaches, including but limited to the following: Andersen's reflecting process, the conversational model of Anderson and Goolishian (1988), the narrative approach of White and Epston (1989), and the solution-focused models of de Shazer (1982), Hudson O'Hanlon and Weiner-Davis (1989), and others.

reviewing a video), neither the clients nor I could ever truly "understand" what was "actually" meant for the meaning can only be known in the transaction, and that meaning is always open for continual reconstruction and interpretation. While encouraging therapists to take a position of "not knowing" and allowing new ideas to emerge in the conversation, I realize that there are still many instances when therapists believe that they know what might be a more useful course of action than another. These ideas should not be ignored but considered as only one of many different directions that can be taken.

Here, again, hermeneutics and social constructionism may offer some added support. Hermeneutics, as described earlier, stresses the value of understanding, not of a true world "out there" but of a socially constructed one in which perceptions fit within some consensual domain. As described in an earlier article (Lax, 1992), understanding is a valued component of the therapeutic interaction. Both the client's and the therapist's perceived experiences of being understood help facilitate the conversation. When there is misunderstanding it does not mean that there is a break in the therapeutic relationship but a state of transition and tension. It is a time when *curiosity* can be present on both the client's and the therapist's parts. It is out of this misunderstanding that a different understanding can arise. For even when we present our version of what we understand of a client's presentation, it is still not an "accurate representation" of his/her world. Even in the most pure Rogerian model, when we are mirroring or reflecting back to clients what they just said, it is different from the original. Again, we are only communicating in metaphors. We cannot know their meanings but only the ones we construct. This is not to imply that all words are up for continual reinterpretation, for as Rorty (1989) has said, "Metaphors are unfamiliar uses of old words, but such uses are possible only against the background of other old words being used in old familiar ways" (p. 41). Misunderstanding can further open the door to a clinician's sense of curiosity (cf. Cecchin, 1987). The creation of a new narrative occurs in the context of this curiosity, match, and mismatch between the participants. Communication researcher and cybernetician Steier (1991) notes that not only is this mismatch frequent but it is exactly what researchers or therapists *should be* looking for and examining in their work.

Thus, it is out of this position of "misunderstanding" that understanding may arise, with understanding always transitional. We are never at a static place as long as we do not reify any particular position and believe that it is the best for all times and contexts. The therapist can try to stay with misunderstandings more intentionally, asking questions, as it is out of the unknown that creativity may arise.

PRACTICAL CONSIDERATIONS

Offering Reflections: Bridging Local Communities

When a psychotherapist and a client "enter into a therapeutic relationship, they become part of a local community (even as small as two) that has implicitly agreed to develop a local reality via the methods, techniques, ideas, and narratives of the psychology of the day and the region as they understand them" (Peterson & Lax, in press). A reflecting team is, as White (1994) has said, "another form of community that offers ideas, opinions, and acknowledges the other community's (the client's) life experiences." Within these newly constructed local communities, we are continually in the process of having interactions with the risk of "changing our minds" (Geertz, 1986, p. 114). The process between client and therapist is then one to "explore the character of the space between them" (Geertz, 1986, p. 119). This is what therapy is about: a co-construction of meaning based on an exchange of each participant's local position with the risk that our narratives will change through the conversation that takes place *between* us. If the narrative of one's life is truly developed in the shared space between individuals, then the reflecting process highlights both the separation and the connection between the two locals worlds.

Within this postmodern perspective, the offering of reflections to clients can be understood in many different ways. Andersen (1991) has described it as an extension of the talking and listening positions, in which the clients can be in each position with their respective benefits. For example, I have talked with many therapists who have been in non–reflecting-style group supervision where they present a case to the others and are in the talking position throughout the conversation. When the other group members offer ideas (at times competitively to see who's ideas are more "on target"), there is an expectation that the presenting therapist will respond to each comment. This process winds up like the trading of baseball cards that some of us did when we were younger: "Got it, got it, need it, got it." When one is not in the talking position but in a listening position, hearing comments–reflections, one feels a decreased pull to respond to each comment and is able to listen to a range of ideas, taking in what is relevant and potentially allowing a gestalt to form. This gestalt may be a compilation of several ideas, arising from a sense of cooperation not competition, multiplicity not reductionism. Sells et al. (1994) describe how clients say that being in the listening position gives "them more confidence and made them feel more comfortable" (p. 260). Clients state: "The pressure is off. I sit back, take a break, and listen to them (the team) dissect it (the earlier interview) . . . you see the problem differently" (p. 261).

With the reflecting therapists in the talking position, a variety of

types of reflections can be offered. These may include metaphors, stories, direct suggestions, hypotheses, positive connotations, alternative descriptions, unique outcomes or sparkling moments, personal reminiscences or feelings, restatements of clients words, other questions to be asked, theoretical explorations, pragmatic suggestions, and even wanderings into reverie.

In offering reflections, we need to be aware that this entire process may be foreign to the clients in form, style, and content. Clients will be *talked about* rather than *talked to.* Reflections may be done in a style that is somewhat distant or "intimidating" initially to the clients, as the therapist(s) may not be known to them or maintain eye contact with the clients (Sells et al., 1994). The words they speak, while flowing from the initial conversation, may be different, with new ideas presented. Hence there needs to be a joining phase of reflecting comparable to that of therapy. If clients have not met the reflecting therapists before (perhaps they have been in separate rooms), an introduction is often useful, as well as stating the team members' names and affiliation to the site or setting.[11]

Role of Reflections

Reflections themselves follow a pattern similar to a client's story. There is usually a beginning, a middle, and an end. However, as we see with our clients and our own lives, narratives are not always coherent and do not always move toward closure with any certain continuity. As feminist writers such as Mary Catherine Bateson (1990) and Mary Gergen (1992) have described, narratives may be discontinuous, make abrupt changes or shifts, or even be somehow illogical yet still be viable to the individual. Reflections retain these same characteristics of freedom toward discontinuity, lack of closure, or the offering of radical shifts in content and context. If anything, they should *not* be reductionistic in nature with all reflectors agreeing on one idea, nor should one singular theme be presented.

Andersen (1991) believes that reflecting conversations can be extended to include "interventions" as ideas offered to the client system. These may be in a variety of forms but are not intended to be "given" to the client as the way to be. Rather, these more direct forms of intervention are given as *ideas* of an intervention that the client systems may want to examine for themselves (cf. Hoffman, 1992). This perspective maintains a view of collaboration with the clients but does not move

[11] White (1994) requests that members of a reflecting team begin by telling the clients who they are and identifying their professional affiliation. He asks each person to repeat his/her name before making comments.

to the modernist position of the therapist as an expert who "knows" what might be best for his/her client. It allows therapists to call upon their expertise and experience, making them available to the clients.[12] These ideas of interventions are an addition or expansion to those ideas of the client.

In contrast to Andersen's reflecting process, White (1995; Madigan, 1991; Dickerson, Neal, & Zimmerman, 1995) has developed his own style of reflecting. White (1995) proposes four parts to an interview: the therapists's interview of the clients, the reflections, the clients' responses to the reflections, and a debriefing and "deconstruction of the therapy itself" (p. 182). During reflection he proposes four classes of therapist responses. He encourages reflecting therapists to join with the clients initially, and then to orient themselves to the clients' unique outcomes and connect the sparkling moments that were expressed in the interview. He describes this response as orienting to a "mystery," in which the reflectors are curious and also "respond to those developments that they believe *might* constitute preferred developments to the people seeking consultation" (p. 183). Next, reflectors may engage in conversation about "landscape of action" and "landscape of consciousness" questions (p. 184). This is a zig-zagging process of connecting behaviors and meanings together through time: past, present, and future. Finally, there is deconstruction, in which reflectors ask questions of one another, as described earlier in this chapter.

White's work stresses the role of reflectors as participants *and* witnesses to the therapy process, providing support for the already existing changes that are or may be unfolding in the therapy context. The witnessing process can be extended to diverse areas of therapeutic encounters. One of these is exemplified in the Vancouver Anti-Anorexia/Anti-Bulimia League established by Madigan (1994), which is an expansive network of supporting witnesses.

White dislikes the use of interventions in reflections, as he believes that they continue the power imbalance between therapist and client and maintain the subject–object duality of a modern world. For White (1994), "intervention constructs a one-way account of therapy." He is more concerned with the reflections focusing on individual's personal relations to the conversation and extending one community to another. White sees as the purpose of the reflecting team not to introduce interventions but an opportunity to support clients in an examination of the unique outcomes that they have developed and what these outcomes may have

[12]It would be foolish to believe that these comments do not carry some weight, as they are coming from socially sanctioned "professional." However, a commentary on power differentials also may be proposed by the reflecting therapist(s).

touched in the lives of those watching them. It is also an opportunity for others to support clients' resistance to the dominant narratives of the culture under whose influence they have come and provide some external recognition to their development of alternative narratives in their lives.

Regardless of the style of the reflections, as stated earlier there are occasions when reflecting comments are completely ignored by the client. At these times clients and therapists report various experiences, including not having any connection to the reflections, the team "missing the point completely," or not being able to listen to the reflections, as they were still engrossed in some aspect of the prior conversation. I have had this last experience most frequently with couples who are strongly disagreeing. They are not able to let go of their former positions even to free themselves to listen, despite any elucidation of alternative behaviors or new descriptions, and the reflector(s) do not recognize this until after the reflections are over. It is the role of the therapist to explore this experience. Questions can be asked of the clients such as, "What would you have liked them to have said?" "What parts of our conversation did you understand and what parts did you not?" Again, rather than see the ignored reflections as "mistakes" (or client "resistance") they are better experienced as misunderstandings that require further inquiry as a transition to other understandings. Curiosity on the parts of reflecting therapists can facilitate the transition from ignored comments to new understanding.

There are also no rules about how many reflections may be offered during an interview. When there is a team present and there is a changing of rooms or positions, time becomes more of a factor than anything else. Usually more than two reflections become too time consuming for the length of an interview. A therapist working without a team may offer numerous reflections during the course of the interview, having a "conversation" with him/herself while the clients listen. The therapist can explain to the clients that this is how he/she works and would it be acceptable to the clients if the therapist has these reflecting interludes, sharing his/her thoughts with them while they listen. The therapist can look away from the clients, talk to the wall, or even his/her shoe. Clients are then free to be in the listening position and then comment or ask questions of the therapist after the therapist is done.

At the end of the reflections, the clients are left in the position of being able to take with them what they find useful in the conversation. Often these are underscorings of aspects of the prior conversation and sometimes new ideas. At times a gestalt is formed in which the clients develop a new understanding that was not present during the earlier interview *or* in the reflections. At these times it is even difficult to

determine who the "author" of the new idea was, as it appears to emerge from that middle ground between client and reflectors. I am no longer surprised when I hear a client say, "I'm not sure who said this, but . . ." and describe something that no one had specifically said. In their listening to the comments, something new emerges that was authored by neither the clients nor the reflectors. This is a creative jump where the bridge between clients and therapist has been made and something has developed within that space between the two participants or local communities.

Types of Reflections and Rules of Procedure

Griffith and Griffith (1994) summarized Andersen's (1991) rules of procedure very succinctly. They list six categories:

1. Speculations are restricted to the conversations that have taken place in the room;
2. Ideas are presented tentatively, with qualifiers such as "I was wondering," "perhaps," "possibly," or "it's just an idea . . .";
3. Comments are formed as positive or logical connotations as opposed to negative attributions or blaming;
4. Team members maintain eye contact with one another, without being discourteous, maintaining the separation between the listening and talking positions;
5. Perceptions are shared and "consultants' thoughts, images, or imaginings are more emphasized than evaluating, judging, or explaining what was observed" (Griffith & Griffith, 1994, p. 161); and
6. Reflections attempt to present both sides of a dilemma, moving from an "either–or" position to a "both–and" position.

This last rule can be expanded to include a shift to a "neither–nor" position where something quite different from what was discussed is presented as a reframe. In keeping with Andersen's idea about comments following in a similar fashion to those of the therapist comments following in a similar fashion to those of the therapist during the interview, reflections should not be too usual or unusual from the pacing, style, or wording of the conversation preceding them. Therapists should try to use the language and metaphors of clients, avoiding psychological and diagnostic terms. Here again attention is to the difference that might make a difference in the conversation. The task of the reflecting therapist(s) is to balance the tension between levels of difference. Comments must be connected to what has preceded them but be neither too much the same nor too discrepant.

To move too much in the direction of either side may not be useful to the clients and the emerging joint narrative.

Another type of reflection is new information that while stimulated by the therapeutic conversation, is somewhat tangential to it. Andersen (1991) refers to this type as a "surprise" (p. 67). Surprise comments may seem too unusual to the clients, yet when prefaced by some explanation of how the therapist got to this idea they may make more sense to the participants. When surprise comments are offered, there is the wonderful opportunity for opening up even more conversational space to all and further challenge the dominant discourses of both clients and therapists. Surprises can also be generated by one reflecting therapist asking questions of another, with the intent of deconstructing the reflecting therapist's comments. This is a process of making the unsaid "said" and available to all participants rather than between only the therapist and his/her colleagues in a conversation that may take place afterwards: questions such as, "What in the clients' conversation led you to these ideas? How did you come to that idea? What life experiences of your own led you to these comments?" Again, the discourses that led to these formulations are examined and not left as a priori truths leading to an all-knowing answer to the dilemma. The clients are freer to choose what of these discursive offerings are actually useful to them and not have the therapist make these decisions for them by withholding information about their "underlying thoughts."

At times, all reflecting team members may share the same idea. When one reflector states an idea, even if the next person has the same idea, it is that person's responsibility to come up with something else.[13] If all therapists state only one thought, the clients may be left with the idea that this is the only option. The emphasis here is on a "smorgasbord of ideas" rather than a reductionistic presentation. This is aided by not permitting any private talking among the reflectors watching the interview, thereby not allowing the reflectors to influence one another's thinking prior to the presentation in front of the clients.

Consistent with the above, there is another aspect that has received little attention in the literature: the role of modeling that is inherent in the offering of reflections. We stress how important it is to be respectful of clients and break down the subject–object dualities that exist in the larger culture. By acting in a manner that demonstrates multiplicity of ideas, active agreement *and* disagreement within a conversation, careful listening to one another's views, and respectfulness, we are providing our

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[13] Clearly there are exceptions to this idea, particularly when the clients have come to a single resolution that has already shown its benefits. However, the door to alternatives should never be closed.

clients with another experience in the world. For example, reflectors on teams do have different ideas and opinions. One way to avoid an either–or position is to preface a potentially polarizing comment by saying something such as, "That is interesting. I have some other thoughts about that." "Other thoughts" are in *addition to*, not *opposed to*, and make a big difference. It is not up to reflectors to determine what should fit for the client, as that is the client's business. This is also augmented again by encouraging clients to ask questions of both the therapist and the reflectors during and after the interview. This is an experience we would like to foster as it subverts dominant paradigms and ways of being that people have been subjugated to throughout their lives. In addition, by our not being knowing experts who operate from a hierarchical position, we are allowing clients to take greater authority over their lives. This modeling should not be done with a new political correctness of "how life should really be led" but from a genuine sense of appreciation of the interaction with the actual life of the other in this shared work.

Following Andersen's (1987, 1991) guidelines, reflections should be brief, taking no more than 5 or 10 minutes. Recipients of reflections seem to be able to absorb only so much information at any one time, so reflectors need to be aware of not providing too much information, whether it is new or not. If each person on a four-member team made two comments and then there was a conversation, there would already be nine related but possibly different ideas presented. Length of comments ("more is better") is not the significant factor in an interview. Often a few short remarks with a conversation among reflectors examining them leads to the most fruitful reflections.

Regarding size, different formats and settings require different size groups, and no specific limitations have yet been found as a "rule." However, in usual clinical practice, my colleagues and I have found that up to four or five might be the maximum, with three as a good number.

It is also important to include in the reflections comments related to all members taking part in the interview. It is just as powerful to be omitted from commentary as it is to be addressed. This includes the therapists, as often they are left out of the reflecting comments yet are very much a part of the conversing system. Earlier it was mentioned how questions may be posed that were not asked in the interview. Teams of therapists who have worked together for a while also get to "know" one another. There may be interviews in which the reflectors are surprised that a particular therapist *did not* ask about some aspect of the conversation that usually that therapist might have. Reflectors can comment on this surprise, saying something such as the following: "I noticed that Sarah did not ask about [drinking/parenting/gender issues, etc.] during the interview. That is unusual for her and I was wondering if she just did not

think about asking about it, or she decided not to. I wonder what would have happened if she had? Maybe she will be willing to tell us and/or the clients her thoughts on this later." In that way the therapist is free to comment or not on the topic, and it is at least introduced in the room.

SUMMARY

Asking questions of reflectors (or even therapists) about their thinking helps to open up other dialogues/topics that perhaps were thought not relevant to the therapeutic conversation (Madigan, 1991). By deconstructing therapists' comments, they are able to further explore their own unsaid discursive practices, helping them become more expansive in their ways of thinking and interacting. By making this unsaid "said" and more available to all participants, rather than between only the therapist and his/her colleagues in a conversation that might take place afterwards or not at all, clients are invited to take greater ownership of the therapy process and determine what narrative threads might be usefully woven together. The process of questioning allows for a mutual meaning-making process to occur between the two or more participants. This further breaks down the subject–object separation that our Western culture supports. Asking questions also serves to "thicken" the narrative that is unfolding, aiding and supporting creative processes and change in therapists and clients.

Obviously, this process makes interviews longer and perhaps "slower" than the usual type of therapeutic conversation. However, the length of therapy often becomes shorter in terms of sessions, as it also brings other conversations to the forefront that had been marginalized (by their not being overtly stated) that all participants can comment upon.

By valuing misunderstanding rather than marginalizing it, pressure is taken off the therapist to be an all-knowing "expert" or even to be "right." Mismatches and misunderstandings are integrated into the therapeutic conversation perhaps leading to sparkling events in the present. These misunderstandings may provide a path to new understandings between therapist and client that neither had considered before.

By emphasizing this process of questioning and valuing misunderstandings, the therapist reintroduces reflexivity into the therapeutic process. The therapist makes his/her own process an object of observation for both him/herself and the client. We can again become participants in the world along with our clients, striving to gain freedom from restrictive patterns of thought and action.

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