Reflecting Teams with Children: The Bear Necessities

Glenda Fredman, Deborah Christie and Ndibeer Bear

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and was also refusing to attend the hospital. Wanting the best for Laura's future, her parents were desperate for her to attend an assessment with the orthopaedic surgeon to give her every opportunity to walk. Having appreciated Deborah's work with Laura in the past, they asked for her help.

Since Laura was refusing to come to the hospital, where our team is based, our first dilemma was how to engage her. Deborah knew that Laura had a yellow bear called Twinkle who had comforted her through previous treatments. She therefore wrote to Laura inviting her to come and meet with her and her team. She explained that we had heard from her parents that she did not want to come to hospital and that one of the team (Glenda) had a blue bear called Ndibeer who had helped another girl with a 'bent leg'. We added that Ndibeer would like to meet Twinkle who was therefore also invited to our meeting.

Laura arrived with her parents and Twinkle. Deborah talked with the family while the team, Glenda and Ndibeer, sat behind her. Deborah began by introducing us all, including Ndibeer. Twinkle (assisted by Laura) waved at Ndibeer. Glenda helped Ndibeer to wave back. Deborah spoke first with Laura:

Deborah: So Laura, let's imagine it is now 4 o'clock and you are going away from our meeting today and you say to your mother and father, 'I am really pleased I went. Things are more sorted out now'. What did we talk about here, Laura? What did we sort out?

Laura: I want to talk about things going well at school. I don't want to talk about the operation.

Deborah: OK. So you want to talk about all the good things at school – not the operation. And Mr and Mrs Timms, what about you? What if . . .

Mr Timms: We want to talk about the operation.

Mrs Timms: Yes we want to start planning. We have an appointment with the surgeon.

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NDIBEER BEAR was a member of the reflecting team.

Later we show how we involve a toy bear, Ndibeer, as a reflecting team member to invite Laura to participate with us through play. Following the reflecting team method, the team sat in the same room as the family and listened to the therapist (Deborah) talking with the family. Ndibeer was allocated the task of listening respectfully to Laura, throughout holding in mind the question, 'What does she want me to appreciate about her and her situation?'

At intervals, the team talked with each other and not directly to the family. Thus we did not look at the parents or Laura when we talked, to free them from the obligation to listen or respond and thereby allow their 'minds to go other places' (Andersen, 1992a). Our intention was to present our reflections as offerings rather than obligations to respond, thereby giving the listener the opportunity to turn away or refuse our offers.

Since toy bears cannot speak, Glenda reflected Ndibeer's views as well as her own. In this way we created the opportunity to offer multiple perspectives reflecting the views of all family members. Ndibeer was primed to witness and tentatively reflect Laura's expressions following his observations with speculative questions. At all times team members were careful to restrain themselves from negative connotations.

- *How can we show children that we are attending to their feelings without making the focus solely their troubles?*

Guided by Tom Andersen's (1992b) approach we tried to talk about 'what people say and not what we believe they mean by what they say' (p. 90). We were also careful to comment only on what we heard and not what we did not hear, and to tread carefully with reference to what we saw. Thus we avoided interpreting or pontificating about the hidden meanings of people's expressions. We tried to start with something people expressed during the conversation rather than drawing from other contexts. Holding in mind questions like 'What might her groaning voice want to say if it could speak?' (Andersen, 1995), Ndibeer's task was to attend to and witness Laura's feelings not to interpret them.

This is how we went on:

> *Glenda*: Deborah, I am very sorry to interrupt you but Ndibeer keeps groaning in my ear and I can't hear or concentrate on what people are saying. He says he is very upset. He says you have not been listening to Laura.
>
> *Deborah* (facing the team): Oh . . . yes I know . . .
>
> (Laura stops groaning and listens carefully focusing her eyes on the bear.)
>
> *Glenda*: Yes. He says that Laura has said she does not want to talk about the operation and now you are talking about the operation.
>
> *Laura* (calling out): Yes – you didn't listen. You upset me. I said I did not want to talk about the operation. You didn't listen.
>
> *Deborah*: Thank you. Uhm . . .

- *How can we create a context in which children can express themselves – especially when they cannot find the words?*

Booth and Booth (1996) describe how we can 'loan words' to people who do not have a lot of words, which does not have to involve putting words in their mouths or making them feel incompetent. Above we have shown how the bear enabled Laura's groaning voice and her whining voice to find the words to communicate what she wanted to say. In the reflecting conversation with the team, Ndibeer witnesses Laura's experience by

planning. For them, not talking about the operation would mean Laura not walking. We learnt that some talking had been done between Laura and her mother in the bath at home when Laura had told her mother she would have the operation. Laura said if we talked about school she would be happy. She did not want the operation and talking about it made her scared and upset.

In systemic therapy we hold joint meetings with children and adult carers to enable the perspectives of all to be voiced and heard and to create opportunities to go on with them in ways that fit with all involved. Wilson (1998) emphasizes the right of all participants in the conversation to speak and listen as they wish. He identifies the therapist's task to invite each person's views and to offer a link between their different accounts, raising the voice of the child without 'drowning out' the parents. He notes that this is no easy task in a context where adults and children commonly have conflicting needs or where blame or criticism interfere with the different accounts people tell. Burnham (1998) calls this process of co-ordination 'systemic rapport', the process whereby the therapist tries to connect with one person while maintaining the possibility of connecting with the others in the family and enabling those others to connect with each other.

Research points to the challenge for the therapist of enabling an even-handed dialogic exchange between parents and children in joint sessions when children and adults have differing levels of linguistic and cultural competence, cognitive ability and power to consent to treatment (Lobatto, 2002). For example several children in Strickland-Clark et al.'s (2000) study found it difficult to speak out in sessions because they were concerned about offending other family members, inviting bad reactions or getting things wrong and the children in Lobatto's study reported feeling too central at times and at other times excluded. Hence we are pointed towards the next ethical dilemma.

- *How can we create a safe context for respectful co-ordination between the different views of children and adults?*

Systemic practice does not necessitate that everyone involved talk about everything all together at the same time. It is not unusual for systemic practitioners to divide the original group into smaller talking units to enable those who want to, to talk about the issue while excusing those who do not want to talk (Andersen, 1995). Laura agreed that Deborah talk to the parents about the operation while she went outside to create 'Laura's Emotion Cards'. In the following session we also talked with Laura without her parents.

In both Strickland-Clark et al.'s (2000) and Lobatto's (2002) studies children mentioned the advantage afforded by having an advocate present in the sessions, 'someone to stick up for me . . . say it for me . . .'. For some this could be a sibling, while others preferred time alone with the therapist or for the therapist to represent their viewpoint to their family. In our work with the Timms family, Ndibeer advocated for Laura. This freed Deborah to attend to the parents' perspectives while Glenda could take a meta-perspective on all their views. We present this process in the following transcript from our second meeting.

Since the family agreed that they preferred to start with separate talk, Laura left the room to supervise both bears, Ndibeer having requested time on his own with his new bear friend. Mr and Mrs Timms then told us that they wanted Laura to have the operation. Mrs Timms said that Laura had been invited to be a bridesmaid and she wanted her to walk down the aisle with the retinue. They said that they wanted Laura to talk to us on her own so 'she can get it all out of her system like last time . . . but whatever happens she is having the operation' and 'we do not want you to tell Laura that it is her choice'.

Laura (nodding and sobbing lightly): I threw Twinkle on the floor.

Deborah (picking up Twinkle and handing him to Laura): I know.

Laura (sobbing and kissing Twinkle): Sorry Twinkle . . . sorry Twinkle.

Deborah (speaking very softly): I think Twinkle will understand, Laura. Sometimes we have a go at the ones we love most because they are there for us – we don't mean to hurt them.

When we rejoined with Laura and her parents, Deborah explained that Laura had been very clear with us that she wanted to walk down the aisle as a bridesmaid in a yellow dress. Mrs Timms told us, laughing affectionately, 'Well I am not sure it can be yellow. That's not up to us'. Deborah went on that Laura was very clear with us that 'she did not want the operation' and we all had to 'show we had heard that' and that we understood that 'it is not fair'. Laura had also said she knows that she has to have an operation to be able to walk so she was not asking us to stop the operation. Laura told her mother tearfully that she had thrown Twinkle on the floor. Her mother was very sympathetic and said she was 'sure Twinkle understands'.

To be able to voice their different views in joint conversations the people involved need a safe therapeutic context marked by respect and appreciation of everyone's perspectives. As the children in the previously cited research have shown, being respected includes being heard and listened to. Rober (1998) reminds us that 'nobody can be as silent as a child, regardless of how much noise she makes' and that most people will censor or withhold their talk until they feel safe to express themselves. Our challenge was to create a therapeutic context where Laura could feel safe to express herself competently. Towards this end McAdam (1995) suggests starting with the child and/or inviting someone in the family to talk with the child's voice and entering the child's grammar by trying to see their world as they see it, at their developmental level. Fredman (1997) proposes joining the child's language and acknowledging the child's expertise. Rober offers us guidelines for making a 'safe therapeutic culture' with children which include: Being prepared to tolerate uncertainty, chaos and confusion and our inability to control everything going on in a session; getting to know the positive aspects of the child before addressing the worries of the parents and opening space for the not-yet-said through play. Many family therapists identify the value of play. Jones (1995) discusses how play enables people to experiment and explore different ways of relating and being as well as creating opportunities for all participating to take different person positions. Ndibeer gave Glenda the opportunity to talk from the position of therapist and child.

Arad (2004) demonstrates how creating a fun, nonthreatening atmosphere can facilitate the engagement and participation of children of all ages in the therapeutic process thereby enabling the expression of conflicting feelings and beliefs within a safe context. Through her playful Animal Attribution Storytelling technique she shows how play makes it possible for taboo subjects to be explored in a context of 'as if' thereby opening space for possible new solutions. Play can also protect adults from a tendency to understand too quickly. It is often through just playing with what children bring to therapy that understanding emerges (Rober, 1998). Thus it was only the toy bear Ndibeer who could ask the question, 'Does Laura want the operation to be stopped?' as we all understood that 'He is only a bear. He can't make decisions for us'. By bringing forth the unthinkable or the unsayable (Dowling, 1993) in this way, we were able to enter into Laura's logics of meaning and hence understand that it was crucial that we acknowledge that Laura did not want the operation but that she would have the operation only

wave to Ndibeer and later she created a card, 'Hi bear! Nice to meet you'. Through our playful approach we were co-ordinating well with Laura, who agreed to meet with us again. However, when Mr Timms said, after Laura left the room, 'This has all been very entertaining, but the bottom line is that Laura has to have that operation. As parents we cannot sit back and see our daughter in a wheelchair for life because we let her decide she did not want this operation', we were concerned that our way of working did not fit for the parents.

Informed by reflecting team guidelines (Andersen, 1992a) we take care that our approach with people is 'not too unusual'. Tom Andersen (1992b) says that this should apply to not only what we talk about but also how we talk. How clients participate in the conversation can point to whether this talking is 'appropriately unusual' or too different. Whereas bear-talk seemed a fit for Laura, it could have been too unusual for her parents in the first session.

Johannesen et al. (1998) suggest that the puppet-show has to contain something familiar and something new. Thus it ought to present a difference that makes a difference – but not so different from their experience that the family is unable to connect with it. Gross (1995) reminds us that playful techniques can only be introduced in a climate where the therapist has established rapport with the parents in relation to the focus of the work, the meaning of the professional's role and its limits and a shared view about the child's participation in the work. Arad (2004) suggests that for some parents, explaining the therapeutic rationale for a playful approach can promote their engagement. In retrospect we wondered whether it would have helped Mr and Mrs Timms to feel more connected with the first session if we had spent more time talking with them about the rationale for including Ndibeer in the team.[3] However, we were fortunate that both parents were clearly committed throughout our work with them to ensuring the best outcome for their daughter, and in retrospect we were able to see how hard the parents had worked to understand our approach and to join the grammar that was engaging their daughter. For example, as the family was leaving the first session we overheard Mr Timms asking Laura, 'Is Ndibeer a girl or a boy?' and when she pointed out that the bear was wearing a dress, his seriously pondering aloud, 'So why are they calling him "he"? Very strange . . .'. We also noted Mrs Timms reassuring Laura that 'Twinkle understands' and Mr Timms calling out, 'Goodbye Ndibeer' at the end of our second session.

Laura's parents' generous willingness to join the grammar that they could see was engaging their daughter, reassured us that they would become valuable contributors to her team. Arad (2004) discusses how play can facilitate dialogue between family members and provide working metaphors that later become an integral part of the therapy sessions and of family lore. Ndibeer has been incorporated not only into therapy and family conversations with Laura but his presence has emerged in other contexts, for example when the surgeon seemed unable to definitively answer a question about prognosis, Mr Timms reflected, to the bemusement of the surgeon, 'I suppose that is a question for Ndibeer'. Ndibeer's involvement with Laura has also empowered other toy animals to form reflecting teams with other psychologists in our service.

Epilogue

Clinical Psychologist, Ruth Drake and another team member, Ned, a green cloth donkey, continued to work with Laura through two further episodes of orthopaedic surgery and intensive physiotherapy. Talking through Ruth in their reflecting conversations, Ned offered different perspectives on the situation, witnessing Laura's experiences and also

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