# Preparing Our Selves for the Therapeutic Relationship
# Revisiting 'Hypothesizing Revisited'.

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**ABSTRACT**

**This paper reviews the pre-session ritual of systemic hypothesizing developed by the Milan team in 1978 and then revisited by Gianfranco Cecchin in 1987. It offers another pre-session ritual, 'Emotional Preparing', that addresses not only how the client might meet and receive the therapist but also how the therapist might meet and receive the client. The ritual offers practices for practitioners to prepare their selves, including their bodily postures, for meetings with clients and their significant networks. It is of particular use when practitioners experience unwanted feelings before meetings. Drawing from developments in systemic thinking and practice over the past twenty years, 'Emotional Preparing' has evolved through weaving inspirations from social constructionism, positioning theory and communication theory with systemic methods and techniques, including interventive interviewing, hypothesizing and reflecting teams. The ritual can enable therapists and consultants to move away from defending, controlling or blaming postures towards inviting relationships of mutual listening and appreciation. It can help practitioners transform unwanted emotional postures (like irritation or frustration) towards preferred positions deemed more likely to invite relationships of respect, safety and collaboration with the people attending the meeting. This ritual has useful applications in therapy, supervision and consultation as well as for meetings with professional colleagues.**

## Introduction

*Yvonne, a psychologist, asked for help with her "frustration" and "irritation" before her next meeting with thirteen-year-old Sophie. Yvonne was concerned that her feelings were "seeping into" their individual therapy sessions and interfering with their therapeutic relationship.*

*Lorraine, a social worker, was "dreading" a meeting she was about to chair with twelve-year-old Richard and his family. She was aware that the psychiatrist, paediatrician, nurse and school teacher attending the meeting all had differing, and sometimes conflicting, views about the ability of Richard's parents to take responsibility for his treatment. She was concerned that her "antagonism" towards some of the professionals' opinions might "get in the way of (her) managing the meeting in the best interest of the child".*

My systemic team and I work with children and young people presenting with problems affecting their bodies. Sometimes medical practitioners have attributed diagnostic descriptions like 'diabetes' and 'rheumatoid arthritis' to these problems and sometimes they have found no name to fit the troubling physical symptoms. We commonly meet with young people designated as 'patients' of this service together with their families. More often than not these meetings include other significant people from the young person's network, for example their medical team of doctors, nurses, physiotherapists, occupational therapists, school personnel and involved people from their community. Usually members of the professional network make the request or decision for these meetings and sometimes the young person or family members attend reluctantly.

In this paper, I present the approach that my team and I use to prepare our selves for meeting with people. We are aware that, like Yvonne and Lorraine above, we carry different feelings into meetings and that our feelings can influence how we can be with the people we meet. We start from the premise that our meetings are more fruitful when people are involved in mutual listening, appreciation and respect rather than defending, controlling, counter-justifying or blaming. Our position here is informed and supported by our experiences with the families we meet and by several systemic approaches. The Milan team (Selvini Palazzoli, Boscolo, Cecchin & Prata, 1978) held the view that positively connoting people and their behaviour helps us appreciate the situation from each person's perspective; hence we can more easily join with the client and their system. Boscolo, Cecchin, Hoffman & Penn (1987) explained how it is harder for people to change under a negative connotation. Impressed by the "carefulness and genuine respect" of the Milan team, Tom Andersen (1987) took the view that new ideas are more likely to invite new ways of relating if they are introduced within a relationship that is "'safe' enough, nonintrusive enough" (p. 416). Griffith and Elliot Griffith (1994) note that hierarchies of power can silence people and therefore they "strive to establish egalitarian relationships within the therapeutic conversation" (p. 73) like Anderson and Goolishian (1992) who approach clients as experts on their own problems.

## Pre-session hypothesizing

I began my family therapy training in the era we now refer to as Early Milan (Selvini Palazzoli, Boscolo, Cecchin & Prata, 1978; Tomm, 1984a, b). This was the early 1980s when we worked in teams of three or four with families. The therapist talked with the family in the room, while the team sat behind a one-way mirror. I was trained to spend up to thirty minutes before a session engaging with other team members in 'pre-session hypothesizing' (Selvini Palazzoli, Boscolo, Cecchin & Prata, 1980a). That is, we would share information about the client, perhaps from a referral letter, a phone call with the client or a conversation with an involved professional. Then we would share our ideas about the client and their problems, including the referrer in our hypothesizing (Selvini Palazzoli, Boscolo, Cecchin & Prata, 1980b; Reder and Fredman, 1996). Team members would offer different perspectives towards generating a systemic hypothesis, which was to be circular, about relationships and include all members in the system. Therefore we tried to avoid using the verb 'to be' which located problems inside individuals, talking instead

about what people did, thought, believed and showed and we positively or logically connoted all members in the system to help us move away from blaming or linear attributions. Our intention was to generate a repertoire of ideas 'meta' to the family's hypothesis. The therapist could then go on to use these ideas to guide the therapeutic conversation towards creating change by introducing difference and new information into the system. Thus we were developing hypotheses that were not right or wrong, "neither true nor false but rather, more or less useful" (Selvini Palazzoli, Boscolo, Cecchin & Prata, 1980a, p. 5). Towards this end we might draw from our preferred systemic theories like 'symptoms have functions', or 'the problem is an attempted solution' and explore patterns that connect to help us move from linear to more circular thinking.

The intention of this pre-session hypothesizing as I understood it at that time was to help us engage with clients in more circular conversations; to invite clients and ourselves into conversations marked more by curiosity and reflexivity rather than conversations marked by causal, blaming - defending, criticizing - justifying talk. In this sense we might say that even Early Milan pre-session hypothesizing was intended to prepare the therapist for the therapeutic relationship – a relationship in which the client feels the therapist is 'for them' and not 'against them' and where the therapist can be with the client in curiosity rather than blame or criticism.

**Systemic Story Creation**

When our team started working together with young people, their families and significant networks at the hospital, we engaged in similar pre-session activity to prepare for meetings. Drawing also on the later 'second-order cybernetic' systemic developments which included the therapist in the system (Boscolo, Cecchin, Hoffman & Penn, 1987; Campbell, Draper & Huffington, 1989) we logically connoted our prejudices to help us move from linear thinking (causal, classifying, labelling or at worst pathologizing) towards adopting a more curious, non-judgmental stance (Cecchin, 1987). We made use of our own beliefs and prejudices as a resource (Cecchin, Lane & Ray, 1994; Fredman, 1997) to further inform our hypotheses. In this way we engaged in what Lang and McAdam (1995) call 'systemic story creation' intending to use these (hypothetical) systemic stories to guide the process of co-creation in the session. This process was also intended to help us become aware of our own beliefs and prejudices and of how the discourses informing them might affect our interaction with the client. In this way we intended to be more mindful of the effects of differential power on the therapeutic relationship.

I found this pre-session hypothesizing and story creation useful in helping us to enter sessions curious about clients' constructions of their problems rather than "married to" our own perspectives (Cecchin, 1987, p. 412). It also helped us elaborate our repertoire of ideas about certain issues or problems so offering us several different ways of making sense of the stories we were hearing and creating in sessions. Hence we were also able to extend our questioning abilities towards generating more useful and engaging conversations with clients. To some extent then this early form of pre-session hypothesizing helped us to 'be with' clients in different ways.

However I noticed that during this sort of pre-session preparation, we often would be seduced by the content of the theories relating to the problem, finding ourselves moving away from the relational dimension of the work. That is we would become drawn into a focus on the client and their relationship to the problem (see Figure 1) rather than attend to how to be with the people we were meeting. I also noted that even when we did hold the relational perspective, and move beyond the client to include the therapist, our pre-session hypothesizing tended to focus primarily on the client's contribution to the therapeutic relationship. That is we reflected on the client's relationship to therapy and help; the contexts the client was acting out of; the stories the client might bring; the client's relationship to the therapist; how clients might be feeling or what they might be expecting when they arrived (Figure 2). Seldom were we focusing on what the therapist might be feeling; her relationship to the therapy and help; the contexts she was acting out of or expecting; how she was entering the therapeutic relationship. In our team we have experienced times when the therapist has strong feelings about a person or a situation, which could affect the sort of relationship she might create with the client. (I describe two examples below). We have therefore found it useful to address not only how the client might meet and receive us but also how we might meet and receive the client (Figure 3). Therefore over time we have evolved a new ritual within the pre-session hypothesizing ritual to help us keep the therapeutic relationship in mind thereby reflecting on the therapist's (as well as the client's) contribution to the therapeutic relationship.

**Figure 1: We would become drawn into a focus on the client and their relationship to the problem.**

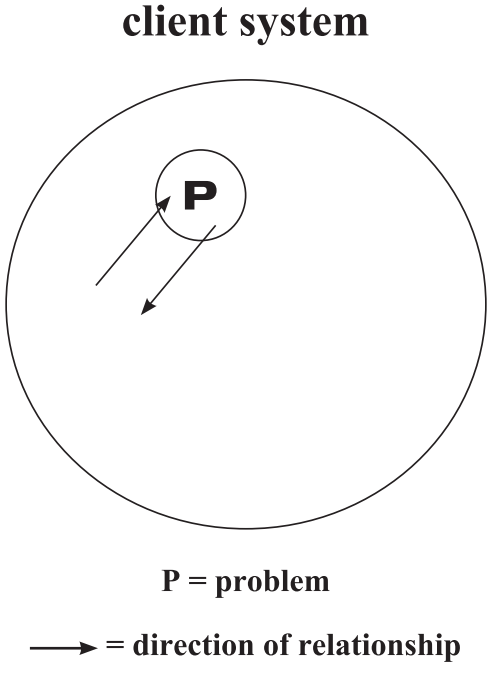
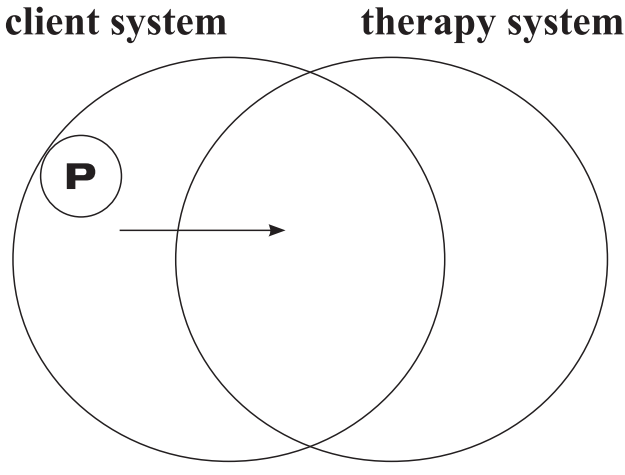


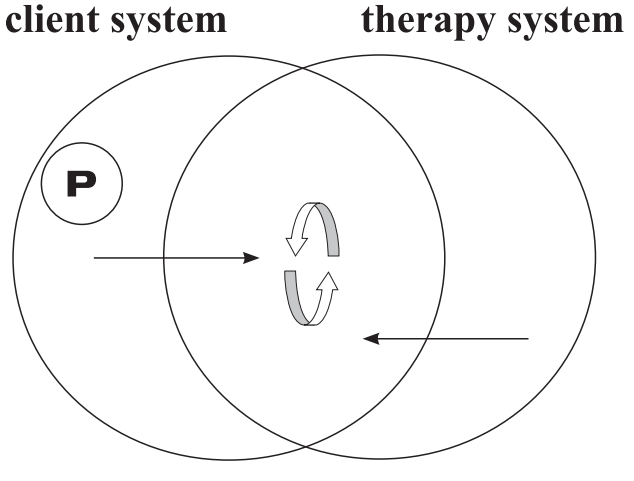
**Figure 2: We reflected on the client's relationship to therapy, help and the therapeutic relationship**




**P = problem**

**⟶ = direction of relationship**

**Figure 3: Useful to address not only how the client might meet and receive us but also how we might meet and receive the client.**




**P = problem**

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Communication theories (Cronen & Pearce, 1985; Watzlawick, Bavelas & Jackson, 1967), social constructionism (McNamee & Gergen, 1992; McNamee & Gergen, 1999) and positioning theory (Harré, & Langenhove, 1999) have inspired our approach to pre-session preparations. Below I present aspects of those theories interwoven with examples of our approach in action.

**Language is saying and doing / speaking and acting**

Language involves both saying and doing. Movement always accompanies our expressions of words, both those outer movements more visible to the audience and the subtler, personal movements, evident only to the speaker. Cronen and Pearce (1985) have coined the term 'speech-acts' (originally from Austin, 1965) to reflect both the speaking and the acting involved in communication. Therefore I ask you, the reader, to think of my use of the term 'expressions' as always connoting both the words we utter as well as the body movements that go with those utterances.

Each of our expressions calls for a response. We cannot 'not express' and cannot 'not respond' (Watzlawick, Bavelas & Jackson, 1967). In this sense then we can see silence as an expression. Tom Andersen (1995) pointed to our expressions, in the presence of others, as social offerings for participating in relationship with others. Thus words are not only heard or received but they also move the talker. These movements can be seen and felt by the listener who in turn is moved. Therefore we touch each other and our selves with our expressions and the words we speak move both our selves and others to different positions.

As we speak, our expressions shape our bodies and thus as we go on expressing and responding to each other's expressions we continually shape and reform our relationships. Therefore language is formative in that it constitutes our bodies and creates our relationships. Hence saying what we feel about clients does not simply ventilate the feeling or get it out of our system; rather our expressions constitute our bodies. With our words/actions, our speech-acts, we form and in-form our selves and each other. In our pre-session preparations for meetings therefore, we pay particular attention to the words we use when talking about people. We are mindful that our expressions and ways of talking shape and position our bodies and therefore we attend to how our talking positions us bodily to enter the session.

*In a supervision session, Yvonne, the psychologist above, noted her "need to express my frustration with Sophie", a thirteen-year-old girl who, Yvonne complained, "refuses to acknowledge any distress" following amputation of her arm. As Yvonne spoke of her "frustration" with Sophie, she frowned, her body appeared stiff and she raised her voice. I experienced the volume and high-pitch of her voice as uncomfortably piercing. Initially Yvonne believed that she should "speak from the gut" and "ventilate" her feelings of frustration to get them out of her system. She described how 'frustration' positioned her to talk for Sophie in their sessions, interrupting her listening and thinking and thus interfering in her relationship with Sophie. For Yvonne, therefore 'frustration' was an unwanted emotion that she was bringing to supervision. Her idea was that she could rid herself of the feelings by expressing them and then go on to be with Sophie without frustration. When I asked Yvonne, "What effect does speaking in this way about Sophie,*

*from the gut, have on your body?" she explained that she got" worked up going through it all again."*

Yvonne's response suggests that she was doing the 'frustration' both with words and with her body. Simply expressing the unwanted frustration about her client in supervision did not help Yvonne to get rid of it. Rather it seemed to position Yvonne to re-experience those unwanted feelings so that she recreated and embodied the frustration, which she was at risk of taking back into her session with the client. Hence we have to do more with our feelings than simply express or 'ventilate' them. We have to transform them through different kinds of talk involving speech-acts that invite us to change our bodies and reposition our selves (Fredman, 2004).

This conversation with Yvonne connects with another source of inspiration to our approach, the work of James Griffith and Melissa Elliot (1994) described below.

## Emotional Postures

Meetings begin with bodily expression; "first there is the action and then the reaction" (Shotter, 2004). According to Griffith and Elliot (1994), we meet each other in 'emotional postures' that involve our bodies' readiness to respond and that focus our attention towards others and ourselves in different ways. That is, our bodies are poised for acting and responding. We experience and show these postures bodily and we notice and are affected by the postures of the other. Our postures in turn position us with each other.

In emotional postures of 'tranquillity' the body is relaxed and our attention is focused towards ourselves as in daydreaming or musing or towards connecting with another person, as in wondering, reflecting, listening or creating. In a relationship marked with 'tranquility', therefore, we are able to enjoy the mutual touching of each other with, for example, words, voices, eyes or hands. In emotional postures of 'mobilisation', on the other hand, the body is physically poised for action, vigilant for threat and ready to defend or attack. Attention is focused outward and our bodies are primed to predict or control the other as in investigating, justifying, scorning, shaming, controlling, distancing, protesting and defending. Touching with words or bodies in a relationship marked by 'mobilization' might be experienced as threatening or entrapping.

The emotional postures we engage in influence the quality of conversation we can have with each other. Postures of tranquillity are more likely to open possibilities for therapeutic dialogue involving mutual listening, reflecting and creating whereas postures of mobilisation are more likely to position people to defend, control, counter-justify or blame. In our pre-session preparations, therefore we approach 'the body as communicator of feelings not as container of feelings' (Fredman, 2004, p. 68). Our intention is to prepare ourselves so we can enter a meeting and join the relationship in a posture of 'tranquility' towards inviting the client into a relationship marked by curiosity, mutual listening and respect where touching each other with words and actions is mutually enjoyable and attention is focused on connecting with each other and on reflecting and musing.

Reflecting on the postures we might meet or carry into our meetings with people is one way we can prepare ourselves to position our bodies to invite tranquility. Yvonne used her supervision time to help her move from the posture of 'frustration' she had described to alternative postures of 'curiosity' and 'compassion' that enabled her and Sophie to listen, reflect and work creatively with each other. Below I describe how my team and I used a version of the questions I asked Yvonne in her supervision to help us prepare our selves in a pre-session ritual for meeting with the T family and nurse Susan.

### Preparing our emotional postures: a pre-session ritual

*A nurse colleague, Susan, had arranged for me to meet with her and the T family. Susan had been involved in the ongoing medical care of fourteen-year-old Bella T who had a four-year history of diabetes. Bella's father had died from diabetes related complications three weeks prior to our scheduled meeting. The nurse assured me that Bella, her mother and seventeen-year-old sister, Joanne, were keen to attend this meeting. The nurse added that she felt strongly that the family "need to talk about the father's death and to acknowledge that Bella has the same illness – they have been skirting round the problem for years."*

### Consider the emotional postures of clients

As part of our pre-session preparation ritual for the meeting with the T family and the nurse Susan, my team colleagues and I began by anticipating what postures we might expect to meet in the session.

*We wondered whether the family wanted this meeting. Perhaps they were feeling numbed following the death of their father and husband and were coming to satisfy the nurse Susan. We reflected on what they might want us to appreciate about them. Perhaps they were expecting that they would have to talk about Mr T or about diabetes when they did not want to. Or perhaps they wanted to share stories about Mr T's death or about his life. Maybe Bella did not want to come at all, worried that she would be blamed for her recent poor diabetic control. Maybe Bella's mother was relieved to be able to have a chat with other adults about how she was going to take care of her daughters or perhaps she was concerned that we would be critical that Bella had not attended her recent hospital appointments. We wondered if Bella's sister, Joanne preferred to be at home or whether she was pleased to be included in family talks. We presumed that the nurse Susan, who had initiated this meeting, was most keen to attend.*

In this way we began to consider whether Bella and her family were likely to be relaxed and open to reflecting and creating or poised for action, for example watching out for threat or blame and so prepared to defend or leave. We considered whether their attention would be focused inwards on listening and reflecting or outwards on, for example justifying, distancing or defending.

### Contemplate the emotional posture of the therapist

The team went on to anticipate the possible postures that I might carry into the forthcoming conversation with Susan and the T family. They asked me questions like, *'Are you looking forward to this meeting? How might this show / feel through your body? When you first meet with the family and nurse, what might you notice in their bodies or experience in your own body? How might your posture affect how you can be with these people?'*

The team also helped me consider whether these were my preferred postures and to contemplate the postures I might wish to create, by exploring the possible implications of the different postures. Therefore they asked me questions like: *'How might that posture affect your conversation with the people in the room? How might that posture affect the positions you can or cannot take in the session with these people? If you adopted a different posture, what might you do?'* In this way we addressed how we might invite an atmosphere of respect, safety and collaboration.

> *I reflected that I was curious to meet the T family. From what I had heard about them, I anticipated feeling compassion for them all and wanted to position myself so that they felt comfortable and respected in our meeting. Therefore I planned to follow the pace and the agenda they set since I was unsure whether they would want to talk at all and what they would want to talk about. I added that I was more concerned about my emotional posture in relation to the nurse, Susan. I anticipated that Susan might be urging me to press the family to talk about their father in the session. I anticipated that I might therefore adopt a posture of protection towards the family and possibly of control or criticism towards Susan, preventing me from working collaboratively with Susan and the family or at worst positioning the family to feel pulled between allying with either Susan or myself.*

### Positioning

Another source of inspiration informing our pre-session preparations comes from Rom Harré's positioning theory (Davies and Harré, 1990; Harré and van Langenhove, 1999).

According to Harré, when we relate with each other we position each other in a story. That is each person takes up positions and offers or calls the other person into positions in a storyline. The storyline may or may not be shared by the persons interacting with each other. Position calls are initially nonverbal and positioning relates to the moment.

People can be positioned by others or position themselves, for example as powerful or powerless, dominant or submissive, confident or apologetic, definitive or tentative, authorized or unauthorized. Each position carries rights, duties and responsibilities. Therefore each position signals something about the person's power relationships and when we position each other we are involving rights, duties, and responsibilities. In our pre-session preparations we particularly reflect on how positioning our selves and others in the forthcoming meeting with people might inform the rights of people involved to speak and to contribute.

In our pre-session preparations, we are mindful that we present a range of possible positions to the other through our bodies and that we embody the cultures of our gender, age, health, ethnicity, class and sexuality which shape our physical appearance, our voice (accent, inflection, intonation), our postures and our dress. Therefore we pay attention to the similarities and

differences in our appearance to the people we are meeting for the first time and we reflect on the range of possible positions we are likely to be offered and perceived to take up through our bodies.

Different discourses offer people different positions in relation to each other. For example in our hospital, nurses, doctors and physiotherapists position people using our service as 'patients' and position practitioners as 'professionals'; our systemic team position service users as 'clients' or 'young people ' and 'families' and ourselves as 'practitioners' or 'therapists'. Each professional discourse also involves its own moral order, prescribing and proscribing rights and responsibilities for how practitioners should and should not act in certain contexts. Each family's discourse will be specific to their particular culture. People will therefore have available to them certain positions, for example wife, child, father, mother, husband, auntie, each associated with its cluster of rights, duties and responsibilities to act or not act in certain ways. In the early stages of interactions we construct our view of the other out of our knowledge of our familiar discourses. Therefore the discourses therapists and the people they work with act out of position us within the therapeutic relationship and each position brings with it a variety of expectations, explanations and interpretations about how the person relates to others. Having taken up a particular position, the person sees the world from that position and how we take up positions has consequences for the way we respond and for the way we experience our relationships.

In our pre-session preparations we therefore consider the respective storylines of people attending the forthcoming meeting. This involves reflecting with the therapist on the positions they may be invited into by others present and considering the positions they are likely to call others into.

### Contemplate Storylines and Positioning of Clients

Usually the team will begin by inviting the therapist to contemplate the positioning of the client with questions like: '*What position might the client offer you? (Who might they ask you to be? How might they invite you to act?) What position might they take (in what storyline)? What position might they prefer to take?'*

### Contemplate Storylines and Positioning of the Therapist

The team might then go on to invite the therapist to reflect on their own positioning in the forthcoming meeting with questions like: *'What position do you prefer to offer the other person? What is your story line? Do you think they will accept the position you offer? What positions do you prefer to create? How might your posture affect the positions you can / cannot take?'* The following sorts of questions can offer the opportunity to the therapist to extend their repertoire of positions and postures: *'If you adopted a different posture, what might you do? How might you be? What other positions might you take / invite? What other story could you tell of what is happening here / who you are? How could you create opportunities for taking alternative positions?'*

*My team went on to explore positioning with me before we met with Bella T and her family above. As I spoke I was aware that I was growing increasingly antagonistic towards Susan and was developing a story that she had coerced the family to attend this appointment. I recognized that entering the conversation with this emotional posture and storyline could interfere with creating a useful collaborative dialogue with this family and Susan who was crucial to Bella's care. I therefore asked my team for their help towards transforming my defensive and protective posture and developing a storyline that might position Susan and I in a more collaborative relationship.*

Reflecting on positioning brings to life the moral order. Therefore contemplating our own positioning involves taking a reflexive position on our own storylines including our personal moral orders. To help therapists become reflexive to their own positions, positioning and storylines we have therefore extended the pre-session preparation ritual to include an adapted version of Tom Andersen's reflecting team method (Andersen, 1987,1991; Lax, 1995). Our intention is for the team to reflect in the presence of the therapist to invite the therapist into preferred emotional postures.

### Pre-session Reflecting Conversation

The team has a conversation with each other in front of the interviewing therapist while the therapist is invited to listen. Team members keep eye contact with one another and talk about the interviewing therapist and clients in the third person. Separating 'listening' from 'talking' positions in this way is intended to free the interviewing therapists to take what they find useful from this conversation without the obligation to agree or account, thereby inviting them to become observers to their own systems. Mindful that talking about the other can magnify words and experience for the listener, the team always tries to present their ideas tentatively and speculatively using qualifiers like 'perhaps', 'maybe' and 'possibly'. Comments are presented as positive or logical connotations as opposed to criticisms or negative attributions (Griffith and Elliot Griffith 1994). Team members offer multiple perspectives on the therapist's dilemma regarding the unwanted and preferred postures.

Team members usually begin by reflecting on their understanding of the therapist's experience of the dilemma and the help the therapist is requesting. We have an agreement that the listening therapists can stop the team reflections when they have heard enough or if the conversation is proving unhelpful. For example I have asked the team to stop reflecting when they have joined my unwanted negative connotation of people. I have redirected them to find more helpful frames or connotations when their talks have invited postures antagonistic to those I preferred. Below I listen while my team members reflect in response to my request for help preparing for the meeting with the T family and the nurse Susan.

*Member A: I have heard Glenda say that she feels protective towards Bella, her mother and her sister.*
*Member B: Yes, and that she is inclined to protect them from pressure to talk or discuss their feelings in the session. She seems to be saying that she feels pressured by Susan.*
*Member A: Yes that connects with what I was going to say. Glenda seems to be describing her own posture as ... sort of ... well she says 'controlling' in relation to Susan. She doesn't seem comfortable with this. She wants to move to more of a posture where she can work collaboratively with Susan and the family.*
*Member B: I have been thinking about Susan in all this. How she might arrive. I am wondering whether she might be concerned about how Glenda sees her. Maybe she will be feeling that Glenda might be critical of her? I think she would want Glenda to appreciate the work she has been doing.*
*Member A: So maybe she wants to impress Glenda?*
*Member B: Yes. So possibly she wants Glenda to notice how hard she has worked to help Bella or what a good relationship she has with Bella's mother ...*
*Member A: Or how deeply she has been affected by Mr T's death and what the family will have to cope with ...*

The above conversation helped to shift me to a markedly different position in relation to the nurse Susan. I was particularly moved by the team's ideas that Susan might be anticipating my criticism and that she was probably deeply affected by the family's experience. While remaining curious and compassionate towards the family, I was able to adopt a similar posture in relation to Susan, opening space for me to become curious about the support she was receiving for her work with this family. I began to contemplate with the team whether Susan was working on her own with Bella and the T family and whom she had available to talk to about Mr T's death. The team's talk therefore moved me to a different position, replacing my frustration with concern, thereby transforming my posture of defensive antagonism towards curiosity and generosity. Carrying this posture with me into the conversation with Susan and the T family, I was mindful of ensuring that Susan felt respected and appreciated by me in the meeting. Hence I was able to hear Susan's suggestion that the family "needs family therapy" as an expression of her concern about the family and to explore with curiosity the concerns of everyone present.

*When we met with the family and nurse, Mrs T told us that she was well supported by her late husband's extended family and their church and that she did not see the need to meet again with my team and me. She expressed considerable appreciation for the help that she was receiving from Susan with Bella's diabetes. Bella said that she was able to talk to her older sister about her worries and that she liked seeing Susan for help with her diabetes. After the family had left, I talked with Susan about the support she was receiving with her work with this family; sharing my team's view that working without team support with Bella at this time could be emotionally demanding for any worker. Susan spoke at length about her worries about the T family. She said that she had been "taking them home at night" and appreciated our offer of a consultation to her and her nurse manager to discuss support for this work in the future.*

### Preparing for meetings with large groups and networks

I have used a version of this pre-session ritual when convening meetings with large groups including clients, their families and professionals. At times I am invited to join with practitioners and families to help them plan for future work together. At other times I am invited to convene meetings when relationships between clients and practitioners or between practitioners themselves have been difficult or where communication has been uncomfortable or 'broken down'. In these sorts of situations I usually invite the workers to arrive ten minutes before the clients to create an opportunity for preparing our emotional postures before the meeting.

My intention is to facilitate a context of collaborative relationships, including all of us involved in the young person's care, a context from which to approach family members as a resource to the meeting rather than as objects of concern or confusion. Thus I intend to create opportunities for all involved, clients and workers, to participate in interactions with each other that are different from the familiar possibly unhelpful patterns that might have been interfering with their joint progress so far. Working from an assumption that we could accomplish more within a network of collaborative relationships than each on our own, I work towards co-creating a 'resource-full' community of people involved in the young person's care, facilitating our joint activity in a way that we might pool the abilities of everyone involved. Thus I pay attention to the relationships between practitioners as much as I attend to the individual or family. To guide my approach I keep the following questions in mind: '*How can we be together in a way that respects everyone involved? How can we all engage in the activity so that we can benefit from each person's abilities? How can we position ourselves so that people feel competent? How can I open space to extend people's performances?'*

Hence after thanking people for attending, I might ask: *'how we might arrange our seating so that Richard and his parents can feel comfortable and respected by us here today? For example – do you have some ideas about where they would prefer to sit? Who knows the parents? Is there anyone whom you think Mrs. J would feel more comfortable sitting with? What about Mr. J? And whom would they most want to be keeping an eye on?'* Commonly a lively conversation ensues about where and how we could position ourselves in order to create spaces and opportunities for people to connect and collaborate with each other so that they can feel comfortable and respected by us all. People then go on to reorganise the seating arrangements, moving and swapping seats, perhaps several times. A nurse once called this the 'Goldilocks test'; other systemic colleagues have referred to it as 'second-order sculpting'. Some of our team members have taken this a step further by presenting children with a seating plan before the meeting to ask where they would prefer to sit. Eleven-year-old Daniel was clear that he wanted to sit next to the therapist so he *"could see everyone in the room."*

In this way we work towards co-creating emotional postures that invite tranquility among team and family. I name 'respect' and 'comfort' as preferred postures with the intention of inviting people into self-reflexivity, to consider how they might be experiencing their selves and how they might affect the experience of others.

## Preparing Our Selves for the Therapeutic Relationship

Above I describe the pre-session ritual I have developed with my team. We try to allow about fifteen minutes before a meeting to prepare ourselves for the therapeutic relationship. I have identified different parts of this ritual. These include anticipating the clients' emotional postures that the therapist might meet; contemplating the emotional posture the therapist (and other team members) might carry into the meeting; considering which postures are preferred to approach the other and how different postures might affect the therapeutic relationship. The ritual can also include anticipating the positions clients and therapist offer each other and contemplating their preferred positions within their respective storylines. The therapist can invite reflections from the team to help her become reflexive to her posture and positioning with respect to the therapeutic relationship. Rarely do we use or indeed need the entire range of practices described above. In practice the therapist usually asks the team to help 'change my emotional posture' or 'reposition myself with this colleague' or 'develop a more useful story so I can go on'. Often a team member will interview the therapist. If the team is joining the session, or practitioners are working in co-therapy, therapist and team / co-therapist might reflect together on their postures and positions and decide who interviews and reflects.

Therapists working alone can allow time before the session to ask themselves some of the 'emotional preparing' questions. We have found the following set most useful: '*What might they (client / worker) want me to appreciate about them? / How might my body show what I am feeling? / What might they notice? / Which postures are more likely to invite an atmosphere of respect, safety and collaboration? / How would I prefer to be with this person?'* Lone therapists can also ask a supervisor or another colleague to ask them these questions. We have been surprised to find that a colleague's questioning and listening to our responses can help us not only become mindful of how we are being received but also engage us with our preferred postures, even when the colleague has no idea about the content or context of our proposed meeting. Thus this approach has applications beyond team therapy approaches as well as to supervision and consultation.

The original pre-session hypothesizing ritual was developed at a time we now refer to as 'first order cybernetics' when the therapist was seen as outside of the family system. With a move to a second-order cybernetic perspective that included the therapist and team in the therapeutic system, many practitioners questioned or gave up the practice of pre-session hypothesizing. This paper offers an alternative pre-session ritual, 'emotional preparing'. In this process we anticipate the emotional flow between others and ourselves in the forthcoming conversation. To help us become reflexive to our selves, we stay mindful of how our language constitutes our emotional postures and hence our relationships. We also reflect on the positions we might take and offer and how we might be positioned in each other's storylines. Our intention is to consider ways we can position ourselves to transform our own unwanted postures towards preferred postures that are more likely to invite collaborative conversations.

## Acknowledgements

My thanks to team members Deborah Christie, Christine Wilson, Anita Volkert and Vicky Smith - our joint practice helped me develop this approach. Philip Messent and Janine Roberts gave me invaluable feedback on earlier drafts of this paper, which made publication possible.

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