CHAPTER 6

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

In this the final chapter, a summary overview of the previous chapters will be presented. Conclusions will be drawn from both the literature and the qualitative findings, and certain limitations of the study will be briefly contemplated. Finally, recommendations will be made with regard to the empirical study, the role of the family therapy practitioner and areas for further study.

6.2 GENERAL ORIENTATION

The summary of, and conclusions from, Chapter 1 follow.

6.2.1 Summary: General Orientation

In Chapter 1, the following aspects were addressed: introduction; problem formulation; purpose, goal and objectives of the research study; research question; research approach; type of research; research design and methodology; pilot study; description of the research population, sample and sampling method; definitions of key concepts; contents of the research report.
6.2.1.1 Goal

The following goal was formulated:

- **Goal of the Study:** To explore the perceptions, opinions and experiences of family therapy practitioners in relation to: the impact of epistemological shifts in the field of family therapy on practice and intervention; the espoused theory/ies; reflecting team practice; the development of the personal and professional self.

The goal of the research study was achieved, in that an understanding of the perceptions, opinions and experiences of family therapy practitioners with regard to theory, the intervention process, reflecting team practice, and the development of the personal and professional self was obtained. The implication of the epistemological shift in the field of family therapy was explored, together with an investigation of theoretical and experiential training and the significance of the development of an authentic self.

6.2.1.2 Objectives

The objectives of the study were based on an exploration of the literature as well as on the empirical study.

**Literature:**

- **The origins and history of family therapy, as well as an overview of the approaches to family therapy.**

The objective of gaining knowledge regarding the origins and history of family therapy and an overview of the numerous theories/approaches to family therapy was accomplished. An in-depth understanding of these concepts and aspects was obtained. In addition, the notion of integration of modern and postmodern thinking was addressed.

- **A comprehensive theoretical orientation that will attempt to consolidate and deepen critical understanding of the different approaches to family therapy.**
The objective of providing a comprehensive theoretical orientation with regard to the many theories relating to family therapy practice and intervention was achieved, the aim being to facilitate the consolidation and/or deepening of a critical understanding of the various approaches.

- **Epistemological shifts in the field of family therapy.**
  Through an exploration of the epistemological shifts in the field of family therapy, in particular the development of postmodern thinking and related concepts, this objective was realised. A deeper understanding of the epistemological shifts and the implications thereof was gained.

- **The impact of exposure to such shifts on the development of an authentic professional self, the integration of personal and theoretical beliefs, and the capacity for enhanced reflexivity.**
  Through exploration of such epistemological shifts and the opportunity to contemplate the potential impact on the self, insight into the integration of personal and theoretical beliefs and the necessity of such in order to become increasingly authentic in practice, and to develop the capacity for enhanced reflexivity was achieved.

- **The reflecting team approach to family therapy as a method of sensitising the therapist to the multiplicity of perspectives and personal paradigms that exist in family therapy practice.**
  The objective of an exploration of reflecting team practice in family therapy was realised. An enhancement of an understanding of multiple perspectives and ways of being, for both client family and family therapy practitioner was explored.

Empirical study:

- **The perceptions, opinions and meanings given by family therapy practitioners to their espoused theories and the impact of epistemological shifts on the professional self.**
The exploration of the perceptions, opinions and meanings given by family therapy practitioners to their espoused theories and the impact of epistemological shifts on the professional self was accomplished. Insight into the meanings theories hold for the respondents, the fit with the self and thus the effect on practice that is experienced as authentic to the self of the practitioner, as well as the client family, was gained.

- **An exploration of how the family therapist may evolve in the context of enhanced theoretical knowledge, experiential training and critical reflexivity towards the development of a more authentic self and thus more competent and confident family therapy practice.**

In exploring the theoretical knowledge, experiential training (specifically in the context of reflecting team practice) and the personal/professional experiences of the respondents in relation to family therapy practice, insight was gained into how such aspects may combine to impact on the capacity for reflexivity and thus on the development of a self that is authentic in practice, with an enhanced sense of competence and confidence.

- **Conclusions that will emanate from the findings to provide a systematic, scientific body of theoretical knowledge and enhance awareness of the need for a personal paradigm that is authentic to the professional self of the family therapy practitioner.**

The conclusions that emanated from the findings may enable family therapy practitioners to gain an enhanced awareness of the necessity of theoretical knowledge in combination with self-knowledge in order to become more authentic in the practice of family therapy.

- **Recommendations that will be of value to the training of family therapists and the practice of family therapy at Family Life Centre.**

The objective of making recommendations that will assist family therapy practitioners to develop an understanding of the need for an enhanced theoretical knowledge, awareness of the impact of experiential training, and the need to be reflexive with regard to the personal and professional self was achieved.
6.2.2 Conclusion: General Orientation

The field of family therapy is immense and complex in its evolution from first-order cybernetics to the postmodern paradigm. Epistemological shifts have illuminated family diversity and the practice of family therapy, allowing for the development of new and effective ways of working with client families in distress. A failure to differentiate between paradigms may hamper the practice of family therapy. In addition, the involvement of the family therapy practitioner impacts on the family system, necessitating an exploration of the personal and professional values, and introspection into how these may affect both intervention with the client family and the authenticity of the self of the practitioner in practice.

To be both effective and authentic, the family therapy practitioner must have access to training that is both theoretical and experiential, as well as opportunity to reflect on the development of the personal/professional self.

Family Life Centre is well placed to achieve a balance of the training aspects, providing experiential training that is unparalleled. The theoretical component has, in the past, been noticeably lacking, while the self aspect is, and should be, a personal journey undertaken by the practitioner, albeit within a context that illuminates the necessity for such an undertaking.

6.3 LITERATURE STUDY

The literature study achieved the objectives outlined above. The summary and conclusions of family therapy theory and the intervention process, the use of the reflecting team in family therapy, and the development and use of the self in family therapy follow.
6.3.1 Family Therapy Theory and the Intervention Process

In Chapter 2, family therapy theories and the intervention process were explored. The salient aspects are summarised as follows.

6.3.1.1 Summary

• **An historical overview of family therapy**
  In this section, the historical roots of family therapy were explored, focusing on the developments that laid the foundations upon which family therapy was constructed. These developments are: psychoanalysis; general systems theory; the role of the family in schizophrenia etiology; marital counselling and child guidance; and, group therapy techniques.

• **The evolution of family therapy from the 1950s to the present**
  The evolution of the field of family therapy throughout the decades was discussed in this section, with attention given to the history and evolution of family therapy in South Africa.

• **Theories of family therapy**
  An overview of the numerous theories of family therapy as classified by Carr (2000) was outlined in this section. Theories that focus on behaviour patterns included: MRI brief therapy; strategic therapy; structural therapy; cognitive-behavioural therapy; and, functional therapy. Theories focusing on belief systems included: constructivist therapy; the original Milan school therapy; social constructionist therapy; solution-focused therapy; and, narrative therapy. And finally, theories that focus on context included: transgenerational therapy; psychoanalytic therapy; attachment-based therapy; experiential therapy; multisystemic therapy; and, psychoanalytic therapy. Included in the discussion of family therapy approaches, were the postmodern feminist approach and existential family therapy. In addition, multi-cultural considerations in family therapy received attention.
**Intervention**

In this section, family therapy intervention was explored, once again using the categories of Carr (2000) to delineate the interventions according to the various family therapy approaches. Intervention was looked at in terms of behaviour patterns, belief systems, and context.

**Integration**

The idea of an integration of modern and postmodern thinking in the field of family therapy was explored in this section.

6.3.1.2 Conclusions

- It appears that the 1950s is identified as the period when researchers and practitioners began to focus on the role of the family in the creation and maintenance of psychological disturbance in one or more family members (Goldenberg & Goldenberg, 1996:65). An increase in social problems after World War II meant that other solutions were needed to deal with an array of problems associated with families.

- Five scientific and clinical developments laid the foundation upon which family therapy was constructed. Psychoanalytic theory, particularly the work of Freud, had dominated Western psychiatry, gaining ascendancy within various professions, including social work and psychology. General systems theory and cybernetics, originally presented by biologist von Bertalanffy, was an attempt to provide a comprehensive theoretical model encompassing all living systems and a framework for understanding the interrelatedness of subsystems. The focus was on circular causality. Bateson is viewed as the single most influential figure in the history of family therapy, developing a unified framework to explain mind and material substance (Gladding, 2002:65; Carr, 2000:57). Early studies focused on the role of family dynamics in the development of psychopathology, specifically schizophrenia. The connection between family environment and schizophrenia remains at the forefront of family systems research. Marital counselling and child guidance are
viewed as the “…precursors of family therapy”, based on the concept that psychological disturbance arises from both relationship conflicts and inner conflicts (Goldenberg & Goldenberg, 2000:90). Developments in group therapy focused on helping people identify their self-defeating behaviour patterns, a technique that was included in family therapy.

- Family therapy evolved from these developments, with growth and controversy characterising the theoretical arena. The decade of the 1950s is filled with the names of people who made enormous contributions to the field, including Bateson, Haley and Satir to name a few, and the Mental Research Institute was founded in this decade. According to Gladding (2002:66), the 1960s was an era of rapid growth in family therapy, with the founding of the first family therapy journal (*Family Process*) and the pioneering work of Minuchin which resulted in the development of the structural approach. In addition, the work of Selvini-Palazzoli in Italy had a worldwide impact on family therapy. The decade of the 1970s was marked by the growth and refinement of family therapy theories, as well as critique of family therapy by the feminist movement. Family therapy continued to grow in the 1980s, with models mostly based on systemic thinking. The work of Maturana, Varela, von Foerster and Von Glaserfeld began to filter into the consciousness of family therapists, challenging the first-order approach (Hoffman, 1990:2). The 1990s saw a shift to integration and eclecticism as theories overlapped and blurred. New and controversial epistemologies challenged systemic assumptions and the view of an objective reality.

- According to Kaslow (2000:1), the evolution of family therapy in various countries has followed a similar course, with some deviations reflecting the differing social, political and cultural contexts. Over the decades, extensive education in the form of workshops, conferences and so on have taken place in South African, bringing a wealth of knowledge and experience to the field of family therapy.

- The field of family therapy is extensive and extremely complex, with no simple classification system existing that does not simplify, conceal or subdue many of its nuances (Pocock, 1999:188).
Carr (2000) classifies the many schools of family therapy according to the central focus of therapeutic concern, namely: theories that focus on behaviour patterns; theories that focus on belief systems; and, theories that focus on context.

The theories that focus on identifying problem-maintaining behaviour and attempts to disrupt them generally have problem-resolution as the primary goal. Structural and strategic models emphasise the importance of the organisational structure of the family in contributing to family dysfunction. Personal growth is not a major concern with these approaches and treatment tends to be brief.

The theories that emphasise belief systems share a rejection of positivism and a commitment to an alternative epistemology (Carr, 2000:110). These approaches focus on the belief systems that form the bases of problematic interaction patterns. Some of the approaches explore exceptions to the problem, and solutions over and above problems. Feminist and gender-sensitive family therapy attempts to transcend sex-role stereotypes, while logotherapy is directed at the search for meaning.

Theories that focus on contextual factors highlight the view that people may be predisposed to the development of behaviours and beliefs because of factors in their family history, the wider social network, or personal constitutional factors such as genetic vulnerability. Experiential family therapy differs somewhat in that it includes both problem-resolution and personal growth as therapeutic goals. Multisystemic family therapy addresses factors in the wider social system as well as individual factors, while psychoeducational models consider constitutional and genetic factors in predisposing people to problematic behaviours and beliefs (Carr, 2000:176; Goldenberg & Goldenberg (1996:323). Culturally sensitive practice in a diverse society is extremely challenging, but shows promise in working with families from differing cultures (Lee, 2003:386).

Carr (2000:255) again uses the categories of behaviour, belief and context to delineate appropriate intervention techniques according to the schools of family therapy. Techniques relating to behaviour change include: creating a therapeutic context; changing behaviour patterns within sessions; tasks between sessions; changing behavioural consequences; and, invitations to complete tasks. Techniques relating to belief systems include: addressing ambivalence; highlighting strengths; reframing the
problem; presenting multiple perspectives; externalising problems and, building on exceptions. Techniques aimed at modifying the impact of historical, contextual and constitutional factors or techniques that mobilise protective factors include: addressing family-of-origin issues; addressing contextual issues; and, addressing constitutional factors.

- The views of a number of authors on the topic of integration explored the encompassing of both modern and postmodern views, thus combining a both/and approach to family counselling. The postmodern paradigm has ensured that family therapy remains sceptical of its assumptions, respectful of the unique solutions of families and an emphasis on the person of the therapist.

6.3.2 The Reflecting Team in Family Therapy

In Chapter 3, the reflecting team approach in family therapy was explored, the main points of which are summarised as follows.

6.3.2.1 Summary

- **Dialogue in the therapeutic conversation**
The concept of a dialogical conversation, as opposed to monological dialogue, was explored in this section.

- **Tom Andersen’s reflecting processes**
The personal journey and reflections of Tom Andersen with regard to reflecting team work were examined, with attention given to Andersen’s guidelines for the practice of a reflecting process.

- **Alternative stories in using reflecting teams**
Various alternative ideas explored the use of reflecting teams, including working in a reflecting team from a narrative perspective. Also touched on was contemplation of
occasions when reflections are not useful to client families, as well as the development of self-reflection in an endeavour toward transparent practice.

- **The reflecting team process in training**
  In this section an examination of the use of reflecting teams in training was undertaken, with some guidelines set out for the use of reflecting team specifically in a training setting. In addition, possible disadvantages of the use of reflecting teams in training were considered, as was the use of peer reflecting teams as a way to contribute to family empowerment.

- **Training in reflective thinking**
  Aspects relating to training in reflective thinking were touched on in this section.

6.3.2.2 Conclusions

- The use of teams in family therapy occurs in many schools of therapeutic intervention, although they are used in different ways. The reflecting team model was first introduced by Tom Andersen in the 1980s as an alternative to the Milan style team (Biever & Gardner, 1995:47). The use of the reflecting team allows the client family direct access to the perspectives, ideas and speculations of the team members.

- According to Anderson (2001:112), language, both spoken and unspoken, gains meaning through its use. A dialogical conversation refers to one in which people talk with, rather than to, each other. Dialogical language engages the family from the beginning of the therapeutic process. Monological forms of interaction are a specific part of dialogue, but tend to prohibit the flow of questions and shut down discourse. In addition, monological dialogue is hierarchical, while dialogical conversation is democratic, engaging the family as co-creators of the therapeutic journey which may provide alternative meanings and solutions to a problem.

- Tom Andersen became disenchanted with monological and hierarchal systems that allowed no room for the voices of the family to be heard above that of the therapist. In his own growth and evolution as a family therapist, it is apparent how he came to
practice reflecting processes, which he sees as hermeneutic circles (Andersen, 1995:12). Other reflecting processes can be described as shifts between talking and listening – in this process of sifting issues, a number of alternatives may be put together to create new ideas.

- A number of guidelines for the practice of a reflecting process that are consistent with postmodern thinking were suggested by Andersen (1995:19-21; 1987:424). Aspects include ensuring that the process is spontaneous, natural and comfortable; presenting ideas tentatively; being circumspect with comments on non-verbal behaviours; separating the listening and talking positions; using positive connotation; and, using the language and metaphors of the family.

- Some goals and guidelines were explored by different authors regarding alternative ways of reflecting team practice (Friedman et al., 1995:186-192; Zimmerman & Dickerson, 1996:301-302). The alternative stories of different authors regarding the reflecting team process contribute to the generation of multiple perspectives for contemplation by reflecting team members, providing a multiplicity of aspects upon which to reflect, and including questioning the self so as to enhance reflexivity and authenticity.

- The issue of de-emphasising hierarchy in working with families was explored by Cohen et al. (1998:290-291). Some useful questions focusing on issues such as ‘expertness’, transparency, difference, language and evaluation aim to decrease hierarchy and enhance reflexivity.

- Lax (1995:145-146) explored the contention that there are times when the team’s reflections are not useful to the family. Aspects considered included reflections being: directionless, confusing, too long, phoney, and, overly positive. Certain guidelines were suggested to address these issues.

- The issue of training in a reflecting team setting was explored by White (1990:76), who states that the expectations of those involved in training and/or supervision are a significant factor. Carlson and Erickson (2001:200) proposed that postmodern thinking offers enormous potential for the training of new therapists, specifically narrative ideas which recognise and honour more personal and local knowledges and skills. In addition, some guidelines were set out by Biever and Gardner (1995:52-54)
relating to the use of reflecting teams in a training setting, as were possible disadvantages of the use of reflecting teams in such a setting (Young et al., 1989:73-74). Despite a number of possible problematic issues relating to the reflecting process in a training setting, the potential for personal and professional growth is evident. The value of dialogue and the exploration of multiple perspectives provide an enriched learning opportunity for reflecting team members.

- Peer reflecting teams, also referred to as audiences or outsider witness groups may allow for creative and pragmatic ideas to emerge in collaboration with people who have had similar experiences to the client family, thus ‘thickening’ the alternative story and empowering a stuck process.

- Participation in the reflecting team process may create an exceptional learning environment that provides an opportunity to learn from fellow team members in ways that may challenge assumptions about knowledge and facilitate the journey towards reflexivity.

6.3.3 The Development and Use of the Self in Family Therapy

The development and use of the self in family therapy was investigated in Chapter 4.

6.3.3.1 Summary

- **Developing a self**
  In this section, the notion of self was explored, with contemplation of aspects such as the connected self and optimal human development.

- **On becoming a family therapist**
  Various motives relating to becoming a therapist were noted in this section, including consideration of the interrelated process of developing the personal and professional self of the family therapist.
• **The relationship between choice of theory and the self**

In this section, the relationship between the choice of theory and the self was explored, as were the issues of paradigmatic shift, and the experiential aspects of becoming a family therapist.

• **The therapeutic relationship**

The nature of the therapeutic relationship received attention in this section. In addition, cautionary aspects of the therapeutic relationship and evaluation of the therapeutic role were contemplated.

• **Enhancing self-awareness and reflexivity**

A consideration of possibilities to enhance self-awareness and reflexivity was undertaken in this section.

• **Burnout**

The issue of sustaining the professional self over the career span in order to recognise and prevent burnout was dealt with in this section, with a number of aspects being considered, such as self-assessment, family-of-origin work, assessing the cohesiveness of the self, support groups and supervision and, finding balance.

6.3.3.2 Conclusions

• The notion of the self has provoked curiosity through the ages, with Cartesian thinking emphasising the objective aspect while the existential philosophers drew attention to the subjective experience of the human being (Baldwin D, 1987:28-29).

• Satir (1987:17) emphasised the importance of the self of the therapist as an essential aspect of the therapeutic process, while Baldwin D (1987:33) explored the work of Buber whose view centres on the I-thou relationship, wherein there is an appreciation for the subject and object of each person in a relationship. It is a relationship of reciprocity and the highest expression of mutual confirmation, a key aspect of the definition of the real, present and authentic self.
• The views of McGoldrick and Carter (2005:28-29) on the development of a mature, independent self emphasise a number of skills, and thus the self develops around a structure that contains many variables which interact with one’s unique person and environment.

• The connected self is based on recognition of the interdependence of people and is seen as critical to the development of psychological health.

• Differences in male and female socialisation have polarised beliefs about men and women, permeating perceptions of the self. Such differences require a careful use of the self in the arena of family therapy (Collier, 1987:53).

• Human development has implications for the personal and hence, professional self of the family therapy practitioner. The work of Frankl (in Durston, 2005a) explored the optimally developed individual, while the concept of the fully functioning person from a humanistic, person-centred perspective was discussed by Merry (2002:28). A comparison of the ideas of Frankl and Rogers showed many aspects of compatibility and similarity, all of which are relevant to the self of the therapist in both personal and professional life. While no human being is perfect, aspects relating to the development of the self may enhance the capacity for reflexivity and authenticity in family therapy practice.

• Many therapists are drawn to the helping professions in an attempt to understand and deepen the connection with the self (Keith, 1987:61). A number of motivations for the practice of therapeutic intervention were discussed by Goldberg (1986:111-120), including the scholarly, the ethical and the creative motive. The work of Sussman (1995:16-23) explored a number of motivations or ‘illusions’ that were part of his own journey and which emerged at various times during his professional development, and which may resonate for practitioners in understanding their chosen path.

• The concept of the ‘wounded healer’ arises often in the literature. It refers to the personal hurts and wounds of the therapist that motivate not only the choice of vocation, but also the power to heal (Viljoen, 2004:28; Miller & Baldwin, 1987:139). Other factors identified as possible motivations for entering the helping professions are sensitivity to emotion, the capacity for observation and reflection, and the
experience of distress in early life (Goldberg, 1986:53-58). Motives may be subjective or objective and both contribute to practice. The ability to explore and question one’s motives for becoming a family therapist enables one to reflect more deeply on the career choice, and is thus an essential aspect of the capacity for reflexivity.

- The relationship between the personal and professional identity of the therapist is continuous, reflecting a dynamic relationship between what is meaningful or significant on a personal level and the theoretical/technical aspects that are learned and practiced (Zeddies, 1999:231). In addition, the development of a therapeutic style is a central developmental task. Many aspects combine to form the self, including personal history and contemplation of theories that resonate with the self, as well as awareness of the impact of the self on the therapeutic encounter with a client family.

- Theory and technique, while necessary to the practice of family therapy, are not sufficient without consideration of the impact of the self of the practitioner in the context of the therapeutic encounter. It would appear that it is the relationship, rather than a particular theory that is experienced as having value for the client family. However, the fit between chosen theory and self is a significant aspect in practice that is experienced as authentic and meaningful for both client and therapist.

- Awareness of one’s chosen approach, the fit with the self and ongoing self-reflection is necessary for enhancing authenticity in practice. The paradigm shift from the observed to the observing system in family therapy practice has changed the way family therapy is practiced, and, according to Sexton (1997:11-12), such a paradigm shift requires a refocusing on theory and a possible reformulation of beliefs, a process that may prove difficult and confusing for the therapist. Failure to reflect on one’s paradigmatic position and the accompanying assumptions may impact on the therapeutic encounter in unconscious ways.

- A comparison of therapy guided by ‘certainty’ versus ‘curiosity’ and of ‘power’ versus ‘empowerment’ was explored. (Amundson et al., 1993:118-119).

- Experiential methods of training provide an opportunity to focus on therapist issues and enhance awareness of the self in challenging family therapy situations. The self-reflective process promotes an ethos of self-questioning and self-monitoring that may
prove both beneficial and painful to the self of the family therapy practitioner, but is necessary to the process of enhancing reflexivity and authenticity.

- The therapeutic relationship is the core of psychotherapy, and while a number of factors may enhance this relationship, it also serves as a resource that facilitates, supports and focuses the client’s self-healing ability (Tallman & Bohart, 1999:102). Awareness of personal emotional responses, family history and understanding the significance of the impact of the self upon the therapeutic encounter are essential aspects to consider with regard to therapeutic process and outcome.

- Certain dangers may be inherent in the therapeutic relationship and have the potential to be harmful to both the recipients of family therapy, as well as to the therapist him/herself.

- Therapist evaluation of the process is necessary, and a number of questions that may help evaluation were suggested by Hanna and Brown (1999:267). In addition, the issue of client evaluation of the therapeutic experience was considered, with aspects explored by Coulehan et al. (1998:25-29) and Treacher (1995:197-219), the latter author promoting guidelines for “…user-friendly practice…”.

- Possibilities regarding the enhancement of self-awareness and the development of insight were explored. These included personal therapy, supervision, self-exploration of one’s story, and the contemplation of extra-therapeutic encounters (both real and imagined). A number of ways in which self-awareness and reflexivity may be enhanced exist, and are potentially beneficial for the family therapy practitioner.

- Maintaining a life outside of the therapeutic world is vital to minimise stress and the potential for burnout. A number of aspects relating to burnout were explored, and the necessity of finding a balance in one’s life to enhance personal and professional growth was emphasised.

6.4 QUALITATIVE RESEARCH FINDINGS

The objectives relating to the empirical study as outlined above (point 6.2.1.2), are discussed below.
6.4.1 Summary

The qualitative findings relating to the family therapy practitioners, discussed in Chapter 4, focused attention on the following summarised aspects:

6.4.1.1 Biographic Details

This section of the findings detailed the biographic data relating to the respondents. Aspects included were: gender; present marital status; age; level of experience as a family therapy practitioner; position held at Family Life Centre; tertiary education; university/ties from which degree/degrees were obtained; counselling history; and, other work experience.

6.4.1.2 Perceptions, Opinions and Experiences Relating to Family Therapy Theory and Intervention

In this section, the perceptions, opinions and experiences relating to family therapy theory and intervention were explored.

- **Family therapy theory**
  Data was obtained relating to themes that explored the following: opinions regarding the epistemological shift in the field of family therapy; theoretical approaches; the way the approach/approaches was/were chosen; influence of personal values/beliefs on chosen theoretical approach; impact of chosen theoretical approach on personal/professional life; philosophy of chosen theoretical approach and fit with personal/professional preferences; changes in approach to family therapy; theoretical approaches that do not fit with personal/professional preferences; the way the respondent would have been personally/professionally without encountering the chosen theoretical approach; and, further comments.
• **Intervention**

This section examined themes relating to intervention. These were: consistency between intervention and chosen theoretical approach; contribution of chosen theoretical approach to a positive therapeutic relationship; contribution of self to a positive therapeutic relationship; ways of relating to client families found to be the most helpful; values and beliefs about change in intervention with families; the influence of personal beliefs about change upon intervention with families; messages intervention may send to the families; changes in beliefs about families since entering the field of family intervention; the ways the chosen theoretical approach may have challenged views, beliefs and attitudes regarding intervention with families; importance of being aware of the chosen theoretical approach in intervention; and, further comments.

6.4.1.3 **Perceptions, Opinions and Experiences Relating to Participation in a Reflecting Team**

The perceptions, opinions and experiences relating to participation in a reflecting team were explored in the themes outlined as follows: knowledge of reflecting team practice prior to participation; expectations of reflecting team practice prior to participation; experience of being an observer of the client family; changes in experience of being an observer over time; experience of being observed by the client family; changes in experience of being observed over time; general impression of participation in a reflecting team; feelings typically experienced during a family therapy session (about the family, team, self); incidents (positive or negative) that may have significantly influenced participation in a reflecting team; learning (skills, knowledge, self) from the experience of participation in a reflecting team; ways in which participation in a reflecting team may have influenced the choice of theoretical approach; feelings when fellow team members evidence different theoretical approaches in family therapy practice; ways in which participation in a reflecting team may have fostered a higher level of self-awareness (personally and professionally); and, further comments.
6.4.1.4 Perceptions, Opinions and Experiences Relating to the Self in Family Therapy Practice

The perceptions, opinions and experiences relating to the self in family therapy practice encompassed the following themes.

- **Personal self**
  Aspects of the personal self explored with respondents comprised the following: a description of family-of-origin/family-of-procreation; role in family-of-origin/family-of-procreation and feelings regarding that role; origin of desire to help others; skills or abilities relating to helping others developed in life; the importance of developing these skills; experiences in life that invited entry into the field of family therapy; significant influences that nurtured an interest in the field of family therapy; aspects of self brought to the family therapy context; awareness of personal responses during the therapeutic encounter; knowledge of when/when not to use personal responses to facilitate the family therapy process; personal qualities believed to be critical to the use of self in the family therapy context; discussion of the way a personal crisis was dealt with and resolved – new outcomes or conclusions that became available and contributed to family counselling career; ways in which family therapy practice may have affected personal life; and, further comments.

- **Professional self**
  The section on the professional self examined themes relating to the following: a description of the career story (i.e. personal experiences that contributed to the decision to be a family therapy practitioner, resolution and outcome that may have shaped the counselling career); preferred ways of being as a person and as a family therapy practitioner; experience of fit between preferred ways of being as a person and as a family therapy practitioner; hopes about how families experience themselves when with the respondent; awareness of professional role during a therapeutic encounter with a client family; beliefs about the impact of the professional role on the client family;
awareness of client issues that challenge or contribute to feelings of discomfort for the respondent; and, further comments.

- **Burnout**

The following aspects were contemplated with regard to the issue of burnout: level of satisfaction (or not) with work as a family therapist at Family Life Centre; level of satisfaction (or not) with personal life; sustaining the career as a family therapy practitioner; challenges to the ability to sustain the self; and, further comments.

6.4.1.5 Opinions of Family Therapy Practitioners on the Future

The themes explored focused on the opinions of family therapy practitioners regarding the future: hopes for the future of family therapy; hopes for the future of the respondent as a family therapist; recommendations to practitioners considering participation in the field of family therapy at Family Life Centre; recommendations to Family Life Centre regarding the practice of family therapy; and, further comments.

6.4.2 Conclusions

Conclusions regarding the qualitative findings are discussed below.

6.4.2.1 Biographic details

- The findings of the study are based on the responses of 9 female respondents. All of the respondents are married, with one exception, a respondent who is engaged to be married. Respondents ranged in age from 27 to 57 years of age, with most in their thirties or forties. Experience in family therapy practice ranged from 7 months to 6 years.

- From the findings it transpires that none of the respondents were in family therapy practice in the decades of the 1980s and 1990s. Thus it may be assumed that the filtering into consciousness of epistemological shifts in thinking about the family
system has not been part of the lived experience of this sample of family therapists. The respondents in this study with the most experience in family therapy had five to six years practice experience, thus excluding any of the respondents from having experienced first hand the criticisms and advances of the decades of the 1980s and 1990s. Thus, knowledge of the shifts would be primarily theoretical, rather than experiential.

- All of the respondents were staff members, sessional workers or interns, and all have the necessary tertiary education that qualifies them to practice family therapy, albeit that some are still completing studies. Exploration of counselling experience showed much variation, as did other work experiences, adding to the richness of the respondents’ life experiences.

6.4.2.2 Perceptions, opinions and experiences relating to family therapy theory and intervention

**Theory:**

- From the findings on the epistemological shifts in the field of family therapy, it was shown that not all of the respondents were clear about the distinction between modern and postmodern paradigms, but did have an understanding of the different theories when mentioned by the researcher (e.g. structural, narrative). This uncertainty highlights the researcher’s experience at Family Life Centre, of an insufficiently comprehensive theoretical orientation that consolidates and deepens critical understanding of the approaches and shifts in the field of family therapy. In addition, not having been in practice is the decades of growth and challenge in family therapy theory may also impact on a clear understanding of the different paradigms. Two of the respondents felt that they are too inexperienced to have a real opinion regarding the epistemological shift that has occurred in the family therapy arena over the past decade. This suggests that the potential impact of the shift is less for family therapists new to the field. Other respondents had a clearer understanding of epistemological shifts, viewing it as positive. Thus despite, for some, there being a sense of inexperience or a lack of certainty regarding what constitutes a modern and
postmodern distinction, all of the respondents view the changes as positive in terms of theoretical growth and the move from the expert role to one that is more collaborative.

- The findings relating to chosen theoretical approach reveal that all of the respondents follow a cybernetic epistemology, albeit that the distinction between first- and second-order paradigms is not necessarily delineated. Systems theory and narrative theory were mentioned as the approaches used at the organisation under study. During the exploration of this theme, most of the respondents indicated some shift in their approach to family therapy as their experience in the field grows.

- From discussion on perception regarding the initial encounter with an approach/approaches, it would appear that many of the respondents initially struggled to make sense of family therapy theory, although a sense of the personal embodiment of theory evolved, or is in the process of evolving, over time. The theme of eclectic practice arose, as did the fit between theory and intervention, for some respondents.

- From the findings on the theme of how a theoretical approach was chosen it can be concluded that training institutions and practice organisations impact strongly on the way in which a theoretical approach is chosen. The respondents’ personal experience of therapy also impacts to an extent on practice. The personal embodiment of theory occurs perhaps, with enhanced personal and professional experience and development.

- The findings on personal values and theoretical approach were strongly linked in the perceptions of the respondents. The importance of knowing one’s values, having theoretical knowledge, knowing which theoretical aspects fit with the self, clearly impact on the choice of approach. However, as explored earlier, choice of theoretical approach is also affected by academic training and the approach favoured in the organisation, which may at times create a degree of conflict. This does not imply however, that personal values are less significant.

- The impact of the chosen theoretical approach on the personal and professional self was felt to impact to a differing degree by the respondents. Some respondents experience the impact strongly, others less so. For one respondent there is a sense of conflict and confusion as a result of not being able to put into practice the techniques of narrative therapy, despite a feeling of real comfortableness with the philosophy
behind it. Other respondents view their theoretical training as providing a platform from which to work, that impacts on how they practice, but which is motivated by their personal beliefs.

• From the findings regarding the philosophy of the chosen approach and the fit with the self, it would seem that the journey towards finding an authentic fit with regard to self and theory is a challenge that may prove ongoing. It seems that there may be times in the career of the family therapist when the fit is more or less comfortable, with the latter providing the motivation to explore other paths and directions. For one respondent, the philosophy of the reflecting team approach, i.e. helping families in difficulty, was a comfortable fit, while the actual methodology of reflecting team practice was less comfortable.

• It would appear that the sense of confusion and lack of confidence in practice that may ensue from a shift in chosen approach was not in the realms of experience in terms of most of this sample of family therapy practitioners. While change has taken place, it seems to be experienced as positive and growth-enhancing. However, for one respondent, the approach favoured at Family Life Centre has caused her to challenge her thinking with regard to the issue of depth in working with families.

• From the findings it can be concluded that cognitive-behavioural and psychodynamic approaches seem to be the least popular approaches in terms of fit with personal and professional preferences. Conversely however, the psychodynamic approach was viewed by a few respondents as extremely valuable in family therapy. Other less popular choices mentioned by the respondents were structural family therapy, existential family therapy and social constructionism.

• The impact of early training, with its focus on more individualistic rather than systemic thinking was evident in the responses to the theme of how the respondents would have been if they had not been exposed to their chosen approach. The initial adherence to a particular paradigm seems to shift over time and with experience, suggesting that the respondents are on their own journey of discovery towards an authentically meaningful way of being in family therapy practice. For a few respondents, the initial encounter with an approach felt authentic and thus change is unnecessary at this juncture.
Additional findings relating to theory focused on the importance of keeping abreast of developments in the field, the importance of the fit between the therapist’s personality and philosophy, and a belief that authenticity, or a lack thereof, impacts on the effectiveness of the therapy with the client family. The search for such congruency may be ongoing.

**Intervention:**

- From the findings it may be concluded that the fit between intervention and theoretical approach is not necessarily an easy one, at times perhaps not even a conscious one, with intervention often coming from an intuitive level of feeling right for the therapist with sensitivity to the needs of the client family. For some respondents however, the sense of congruency is more felt.
- The conclusions relating to the theme of impact of chosen theoretical approach on the therapeutic relationship suggests that the respondents believe that their chosen theoretical approach contributes positively to the therapeutic alliance. The non-expert role was favoured and respect for the client family’s needs acknowledged.
- The respondents place enormous value on the therapeutic relationship and see the self as an important aspect of developing this alliance. Many of their personal/professional values were evident in their responses, such as honesty, realness, and respect for the client family, and being present during the encounter.
- Despite some differences, it would seem from the findings that the respondents were aware of the impact of their way of being on the therapeutic relationship, endeavouring to create a safe space in which the family can explore. Many similar values to those expressed in the theme above were emphasised.
- The meaning of change for the respondents is idiosyncratic, relating to how they see the family and the way in which they prefer to work with the family. Expectations regarding responsibility for change were explored and, it would seem, are likely to be related to the self of the therapist, as well as the chosen therapeutic approach. For some, change is difficult for families and expectations centre on what is enough for the family, while for other respondents, a lack of change by the family may be experienced as frustrating.
• All of the respondents acknowledge the influence of their personal beliefs regarding change upon intervention, however the actual belief systems show some variation. Some emphasise the necessity of client responsibility for change and working at their pace, while others feel perhaps that their own expectation of change may motivate the client family. Perhaps there is at times, a sense of inner conflict between ‘saving’ and ‘supporting’, with the therapist walking a fine line between the two.

• From the findings, variation regarding the messages interventions may send to the family was apparent. Again however, the values of the respondents were in evidence and the messages family therapy practitioners aim to impart centre around respect, hope of change, client self-determination, support for the process, and at times, challenge of belief systems such as paternalism.

• For some respondents, family therapy practice has not significantly changed their views or beliefs with regard to families. For others however, a shifting perspective is evident in their response to the uniqueness and difference of client families. Another aspect touched on is the power of the family to be destructive to some or all of the family members, a disturbing view for some respondents, which has grown over time and with experience of working with families.

• All of the respondents believe that their chosen theoretical approach has challenged their views and attitudes towards intervention with the client family, although the extent of the challenge varies. From the findings, the issue that stands out was the sense that there is no particular theory that fits all families and problems, thus challenging the respondents to be flexible with regard to the appropriateness of intervention.

• It can be concluded that opinion varies with regard to the theme of awareness of chosen theoretical approach in intervention with client families. For some respondents the awareness is more in the background, while for others its importance in terms of fit with self and the espoused theory was emphasised.

• The issue of skills development, the ability to facilitate the family therapy process and go at the pace and in the direction of the family were comments added to the themes relating to intervention.
6.4.2.3 Perceptions, opinions and experiences relating to participation in a reflecting team

- Conclusions from the findings reveal that the respondents had either no knowledge of reflecting team practice prior to participation, or had a little theoretical knowledge gained during university training. For most of the respondents, the encounter with reflecting team practice at the Centre was their first introduction to this way of working with client families, thus family therapy work done at Family Life Centre is significant in terms of training, both theoretical and experiential.

- The expectations of reflecting team practice prior to participation showed some variation, with some respondents having few, if any, expectations, while others had differing levels of expectation. There appears to be a difference between a theoretical understanding and actual experience, and the expectations of the respondents, or lack thereof, impacted on the early experience and perception of reflecting team practice.

- With regard to the experiences of respondents observing the client family, much variation was evident. For some, the initial experience focused more on how they felt observing fellow family therapy practitioners in action, although this focus shifted to the family over time. Perhaps this indicates the anxiety inherent in exposure for practitioners new to the field, and their need to observe fellow team members, and perhaps compare or evaluate their own level of competence. The opportunity for learning through observation seemed to be valued by the respondents, while the experience of being an observer of the client family ranged from feelings of anxiety regarding their ‘turn’, to one of awareness of power differences in the team and a need to be ‘careful’ and not do harm. A feeling of privilege at being able to observe the family and other practitioners at work and conversely, to some extent, a sense of voyeurism that was perceived as uncomfortable to some of the respondents were other significant aspects.

- Changes in the experience of being an observer revealed some differences. Most respondents felt that the experience has become easier with time. It appears that with experience, confidence and comfort increase, and the opportunity to learn from colleagues was valued. For some respondents however, an element of anxiety
relating to the efficacy of fellow team members arose, contributing perhaps to the evaluative component inherent in a training setting.

- It appears that the experience of being observed by the client family is not an easy one for most respondents, at least initially. The need to develop a therapeutic style that is authentic, and a feeling of discomfort at times with the styles of other therapists, was an aspect mentioned, as well as issues around anxiety, the lack of theoretical material and/or training which contributes to anxiety, and the need to contribute to the family therapy process in a way that is experienced as healing for the family.

- The experience of being observed becomes easier with time for most, but not all of the respondents. With experience comes a sense of enhanced confidence and lessened anxiety, although as will be observed, anxiety is a ‘thread’ that runs on some level through the entire range of findings. The advantage of multiple perspectives for both the client family and the reflecting team members was an issue of importance mentioned by some of the respondents.

- The general impressions of reflecting team participation ranged from positive to ambivalent. The issue of the potential for personal/professional growth, team support and the opportunity to learn were identified themes. More ambivalent views focused on frustration with the team approach that does not allow for challenge, anxiety about fellow team members and their contributions to the process, issues of power and hierarchy which may interfere with learning, and disappointment that personal issues and egos may influence the reflecting team process.

- A range of feelings experienced by respondents during a family therapy session were explored. Again, anxiety on many levels was mentioned – anxiety for self, for the family and for fellow team members, as well as frustration with team members. The evocation of personal feelings and responses during family therapy encounters illustrated the self-awareness and capacity for reflexivity of the respondents.

- Incidents impacting upon team members focused on aspects relating to being a member of the reflecting team, rather than on issues relating to the practice of family therapy in a team context. The composition of the reflecting team seems to have enormous impact on the experiences of the respondents. For some respondents, a lack of sensitivity to the client family’s needs, and feeling intimidated by the team were
negative experiences. The potential for learning, constructive feedback and the valuing of multiple perspectives were positive aspects for some respondents.

- It would appear that the experience of learning within the context of reflecting team practice is one that was perceived as enriching and enhancing on a number of levels, from skills development, knowledge of family dynamics and acceptance of diversity, to self-awareness and insight, and hence the capacity for reflexivity. In addition, confirmation of one’s way of being in practice, i.e. authenticity, learning to manage anxiety and understanding personal family-of-origin resonances were significant themes.

- Findings on opinion of the influence of reflecting team practice upon theoretical approach was divided. Some respondents believed it to be minimal or even non-existent, while others saw it as more influential, albeit more or less positively. The theme of the benefit of eclectic practice was evident, as well as confirmation of what does and does not fit for the authenticity of practice by the respondents.

- The theme of differences in theoretical opinion being experienced as either enriching or prescriptive was evident from the responses. Again, team dynamics and composition, as well as hierarchy and the power differential were all factors that influence the perceptions and experiences of the respondents in participation in a reflecting team. The opportunity for learning and expanding theoretical knowledge was valued by some respondents.

- From the findings relating to ways in which reflecting team participation may enhance self-awareness, responses were fairly unequivocal in confirmation that reflecting team participation enhances self-awareness, the capacity for reflexivity, the development of the personal and professional self and understanding of one’s own family-of-origin and family-of-procreation. Aspects such as team support and the value in learning from the post-session dialogue were also stressed.

- Reflecting team practice seemed to be viewed as an invaluable experience for both therapist and family, although some reservations are felt with regard to issues such as ethics, expense and practicality.
6.4.2.4 Perceptions, opinions and experiences relating to the self in family therapy practice

**Personal self:**

- Many of the respondents’ descriptions of their family-of-origin revealed themes of loss. The death of parents, divorce, and the geographical dispersal of family members were themes shared in the reflections of the respondents.
- From the findings it can be seen that the respondents often played nurturing roles in their childhood families, roles not necessarily replicated in their family-of-procreation. Identified themes were: caretaker, ‘parent’, healer, and peacemaker. The capacity for self-awareness has allowed many of the respondents to let go of, or challenge roles that no longer work for them, or that contribute to a sense of immobility.
- Themes relating to the origin of the desire to become a healer included many of the issues explored by Goldberg (1986:53-60). Issues of loss, distress, family position and so on were evident in the reflections of the respondents.
- Different and similar themes were evoked in the exploration of the skills or abilities the respondents feel they have developed in their lives. It would appear that the respondents have been on a journey of skills training in helping throughout their lives. Important aspects mentioned were listening, empathy, life experience, confidence and the ability to engage with people on many levels.
- The development of skills that are both innate and acquired was stressed by the respondents. Ongoing learning and development were viewed as crucial.
- The findings reveal that experiences inviting entry into the field of family therapy were varied. Aspects mentioned were: family therapy training as an option provided by the organisation, or a requirement of internship or training; curiosity piqued by studies; personal loss or distress that resonated with a desire to improve family functioning on a wider scale, and, belief in the importance of the family as a foundation of society.
- The significant influences nurturing of an interest in family therapy were numerous, and included team facilitators at the organisation under study, lecturers, other
experiences of working with families that proved challenging, and once again, team colleagues and team composition.

- Aspects of the self that are brought to the family therapy context were viewed as important by the respondents. A number of themes were reflected on, including personal experiences, values and beliefs about families, respect for client self-determination, and professional integrity with regard to practice and theoretical orientation.

- From the findings it can be deduced that the use of self-disclosure requires enormous awareness of self, regarding many aspects, and that there are risks for clients that necessitate continued reflexivity and insight on the part of the therapist. The issue of not doing harm to client families was once again evident in the responses to the theme of self-disclosure.

- The most significant personal quality emphasised by most, if not all of the respondents was self-awareness. Such self-awareness is deemed necessary in many aspects, including one’s own family dynamics and the appropriateness of self-disclosure. The importance of a congruent therapeutic style was mentioned, as well as confidence and taking a position of not-knowing.

- From the findings, certain challenging life experiences have given the respondents a wealth of empathic resources to use in their responses to client family issues, as well as the ability to facilitate choice and to provide a focus on family strengths. Experiences included the experience of loss through death, divorce and emigration, and family issues. The personal life experiences of the respondents impact not only on career choice, but also on the capacity for reflexivity and self-awareness, and thus contribute to their professional development.

- Family therapy may have the potential to impact on practitioners. This impact is however, experienced as more positive than negative, in that for many respondents, a new appreciation and value for their own families has developed. Less positive is the impact on personal health which requires ongoing management. Working with families has provided new insights into therapeutic work on a more general level, as well as enhancing the depth of understanding both personally and professionally.
• The importance of working with families as a system, even when the problem appears to be an individual one, was apparent from the findings.

Professional self:
• Findings on the career stories of the respondents reflected many aspects already covered in other themes. Again, issues of personal loss and the resolution of these was mentioned, the hope being to facilitate skills in order that client families are better able to cope with challenges and change. The theme of an element of personal dysfunction in own family-of-origin was explored by some respondents as part of their career story. The need for professional growth in working with families, and the personal belief of the importance of families in society were also mentioned as elements of the career story.

• The preferred way of being as a family therapist and the fit with the personal self revealed a strong theme of congruency for the respondents. The sense of being real, authentic and self-aware was apparent from the findings. In addition, being empathic, intuitive and non-expert were explored as preferred ways of being. For one respondent, reflecting team practice challenges, at times, her sense of authenticity in practice, because, in her view, the feedback to the family often lacks challenge.

• Regarding the theme of how the respondents hope client families will experience themselves during the encounter, many of the responses illuminated the wish for the session to be a safe space for client families to explore, and that the process will prove facilitative of change. The wish for a belief in growth and healing and the regaining of self-worth for families were alluded to. The manner of reflecting team practice proved difficult at times for one respondent, who believed it has the potential to impact negatively on the therapeutic alliance.

• With regard to awareness of professional role, the difference in responses seemed to lie in whether or not such awareness is more in the foreground of the therapist’s perception. Some of the other respondents believed their professional role to be more to the forefront of their thinking, while for a few it takes on less significance during the actual therapeutic encounter. That is not to imply however, that professional aspects are forgotten. The non-expert role of facilitator was stressed in the findings.
• According to the findings, an important aspect raised by many of the respondents regarding the theme of beliefs about professional role upon the therapeutic encounter with the client family, was the issue of client’s expectations regarding the role of the professional. The difficulty at times is the expectations of client families, which may impact on how the professional role is experienced and implemented. The client families’ expectation of professional expertise seems at times to get in the way of their own self-determination and empowerment.

• Responses to the theme of client issues that may challenge or create discomfort showed variation, with some respondents stating specifically the issues that would prove challenging to them, and others being less certain, either through a lack of experience or the belief that they are able to work with most client populations encountered thus far. Particular areas of difficulty mentioned in the findings related to addiction, paedophilia, client resistance to change, and insensitivity to children’s needs in the family therapy process.

• The development of the personal and professional self is a continuous and interrelated process and journey, demanding awareness of the many aspects that combine to form the self.

**Burnout:**

• According to the findings, work in the family therapy arena was experienced as very rewarding for some respondents, specifically the opportunity for learning and understanding on a systemic level. Some aspects relating to working with families that are less satisfying relate to the issue of the process becoming ‘stuck’, and aspects relating to authenticity and fit in terms of reflecting team practice.

• Most of the respondents indicated satisfaction with their personal life. Of the few who mentioned some less satisfactory elements, there was a sense of being able to keep separate, to some extent, the personal and the professional. Also evident however, was the link between the two aspects, and that they are interconnected with life satisfaction in general.

• The findings showed that family therapy practice, while rewarding, can also be experienced as a demanding and even draining process. The respondents seemed to
be aware of the risks involved, and undertake a number of activities that suggest that burnout prevention is part of everyday life.

- While the respondents may not have experienced burnout in full force, there was an awareness of the fact that it can occur, that aspects of their lives may challenge their ability to sustain the self, with the potential cost to self and hence authentic practice. The findings revealed that awareness of the importance of the need for self-care was high.

6.4.2.5 Opinions of family therapy practitioners on the future

- Findings revealed similar views regarding the future of family therapy, with a significant theme being the need for wider availability and accessibility, and a drawback relating to the expense in terms of human resources and cost.
- The importance and value placed on family therapy as an intervention was revealed in the findings relating to hopes for the future of family therapy practitioners, along with a wish to be able to continue to work with families in settings other than Family Life Centre in the future.
- A significant theme raised in the findings on recommendations to practitioners contemplating family therapy practice, was the issue of experience and preparation relating to family therapy intervention, with some respondents feeling that the lack of these aspects may be detrimental on a number of levels, i.e. to the experience of anxiety for interns and to the effectiveness of working with the client family. For other respondents however, the scope for learning and the enhancement of personal confidence as an outcome of reflecting team work was invaluable. The importance of augmenting theoretical knowledge was also stressed, while the issue of working in the evenings could prove to be a potential drawback.
- With regard to recommendations to Family Life Centre regarding family therapy practice, the findings explored themes relating to better preparation for the family prior to the initial session, improving the theoretical education and training provided at the Centre, the introduction of team supervision and, consideration of team composition. The issue of changes in composition and even team leadership so as to
facilitate alternative narratives in learning was suggested, and finally, a wish to improve the practicality and logistics of the facilities at the Centre.

- Further aspects touched on with regard to recommendations were a deeper contemplation of the needs of client families, and the significance of the experience of reflecting team practice in confirming the authenticity of the self in practice, albeit that the confirmation was that this was not the preferred method of practice for one respondent.

6.4.2.6 Limitations of the study

Some possible limitations to the study require consideration. These are:

- The respondents in the study are all personally known to the researcher, some more so than others, which may have influenced or biased their responses to the themes under exploration.
- The population of family therapy practitioners, specifically in the context of reflecting team practice, is fairly small, with this approach unique to the organisation under study (as far as the researcher is aware). Thus some of the findings may not be generalisable to other family therapy practitioners working in different settings, nor may they be replicated.

6.5 RECOMMENDATIONS

The field of family therapy is complex, with many approaches to intervention, as well as different methods of implementation with regard to the use of teams. The importance of theoretical and experiential training have been emphasised at length throughout this thesis, as has the crucial aspect of the self of the family therapy practitioner as an element in the development of a therapeutic alliance with client families that will be experienced as authentic to both.
From this research, certain recommendations will be made with regard to the empirical study.

6.5.1 Recommendations from the Study

Recommendations regarding theoretical training, experiential training, enhancing reflexivity and authenticity, and hypotheses for further research are discussed in the sections that follow.

6.5.1.1 Recommendations for theoretical training

The importance of theoretical training in family therapy is irrefutable. An understanding of the many schools of thought with regard to theory, as well as insight into the implications of epistemological shifts in the field, is fundamental to ethical and effective practice. This component of training has been insufficient at Family Life Centre, there being a tendency to rely on the theoretical training provided by the various universities attended by the practitioners. The extent and depth of training in family therapy varies considerably, hence practitioners begin family therapy practice at the organisation with significant differences regarding their knowledge of theory and intervention relating to working with families in distress.

It is the recommendation of the researcher that the theoretical component of training be an augmentation to that received in the under- and post-graduate training of the family therapy practitioners. The organisation under study already provides training in many spheres, for example: basic counselling skills training, advanced counselling training, prepare/enrich training for counsellors who work with premarital or married couples, divorce counselling training, mediation training and several other training courses. These training courses are available to the public and are aimed at social workers, psychologists and allied professionals (e.g. clergy, human resources personnel). Training courses for family therapy have not however, been part of the training program at Family Life Centre. The reason for this may be that only a small sector of practitioners at the
organisation is actually involved in the practice of family therapy. However, family therapy is practiced at the Centre by those who are interested in this aspect of intervention, and by interns/students who are required to participate in family therapy practice as part of their experiential training. The addition of family therapy training to the existing training program is recommended. Such a training course could be undertaken at the beginning of each year when the new students and interns start the practical component of their studies. In addition, the training course would also be available to any staff members or sessional workers at Family Life Centre who may be interested in becoming involved in this form of intervention. The interest of, and demand by, practitioners outside of the organisation may dictate whether such a training program is added to the existing schedule.

The enhancement of theoretical training for practitioners involved in family therapy intervention could also be achieved through the creation of regular study groups or reading groups which could be held at Family Life Centre.

A further option recommended by the researcher is self-study, a starting point being the literature review of this thesis which may pave the way to a clearer understanding of a theory or theories that is/are authentic to the self of the practitioner, and provide a stepping stone to a more in-depth study of a particular approach to family therapy practice.

In Chapter 4, the work of Treacher (1995) was explored with regard to the concept of user-friendly family therapy. A user-friendly approach to family therapy assumes that integrated models of therapy offer clients ways of working that are likely to suit them. No one model of counselling suits all possible clients. According to Treacher (1995:210), integrated models seem to be the way forward because they address the basic issue that clients may require different interventions at different times in their experience of therapy. From the findings it was concluded that many family therapy practitioners are in favour of an eclectic approach to family therapy. While the concept of integration (explored in Chapter 2 of the literature review) seems commendable, the practitioner is
required to have knowledge of the many theories in the field of family therapy before such integration could be contemplated, thus emphasising the necessity of enhanced theoretical training.

6.5.1.2 Recommendations for experiential training

Experiential training in the form of reflecting team practice has enormous value in terms of learning on many levels, from theoretical aspects to skills development, and on the capacity for reflexivity of the family therapy practitioners. Since this is the cornerstone of training at Family Life Centre, it should remain a central component of training, albeit that certain aspects require attention.

The experience of anxiety and the element of evaluation felt by many of the respondents, and reflected throughout many of the findings in this thesis, requires consideration of the manner in which experiential training is undertaken. A degree of evaluation of the students/interns is unavoidable, as feedback on their skills has to be given to their respective universities. In Chapter 3, Biever and Gardner (1995:49) posed the question of how one trains people within a model that suggests knowledge is negotiable. Trainees develop different understandings of a family and of the supervision process. The use of the reflecting team in a training setting is a way to minimise the contradictions inherent in the different models, and is consistent with social constructionist thinking. If reflecting team training is accepted as an enriching learning opportunity, the researcher recommends that the views, perspectives and understandings of trainees be given greater credence. A postmodern approach which focuses on understanding as central to experiential learning is more applicable and accessible in training situations, and is preferable to the didactic acquisition of skills that come with a modernist flavour of objectivity and ‘correctness’ (Du Toit, 2002:34).

Treacher (1995:216-217) emphasises the importance of training and professional development in influencing the attitudes of therapists. Family therapy training needs to be trainee-friendly, and based on ethically sound principles. Treacher believes that
authoritarian positions have permeated family therapy training programs, neglecting trainee perspectives and perpetuating a theme of neglecting family perspectives. The ethics of training should thus reflect respect for the skills and person of the therapist, and the creation of a training environment in which a relationship of trust can be built, a recommendation that resonates strongly for the researcher.

In Chapter 3, the views of White (1990:76-77) concerning the expectations of those involved in training and/or supervision were discussed. Such expectations are closely related to the beliefs held by both parties concerning the nature of the therapeutic encounter and training/supervision. If there is a match concerning the expectations of participants, a degree of comfort in the encounter will be achieved. However, such a match does not always occur and may result in conflict with resolution slanted in favour of the trainer or supervisor. White (1990:77) emphasises the importance of trainees being provided with knowledge about the ideas and practices that are embraced at the particular organisation where training will be undertaken, and on the nature and structure of the training context. Thus it is recommended that practitioners new to the organisation and/or the field of family therapy be fully informed as to the way in which family therapy is practiced, particularly the fact that reflecting team feedback follows the guidelines laid out by Tom Andersen (discussed in Chapter 3 of this thesis), and which reflect the principles and ethos of the family therapy department within Family Life Centre.

The importance of team composition, collaboration and power dynamics between reflecting team members requires further consideration. While challenge is important for professional growth, the perception of some respondents regarding the reflecting team experience as not being conducive to open and honest reflection is cause for concern. If one considers ‘conditions of worth’, as conceptualised by Rogers (in Merry, 2002:29), which are acquired through experiencing that one is acceptable only if one thinks, feels and behaves in ways that are positively valued by others, and experiences which are contrary to these are denied or distorted, creating a state of incongruence between self and experience - thus the person cannot be fully authentic. The self has the potential to be congruent with all experiences available to one’s awareness, implying that the
authentic self does not need to distort or deny experiences. Perhaps it would be more facilitative of authenticity if the reflecting teams strived for a climate that is more accepting of difference, appreciative of multiple perspectives, a both/and position, and attentive listening to the views of others. It is of interest to the researcher that while we extend this way of being to the client families we serve, we perhaps fail to allow ourselves and our colleagues the same environment that promotes a safe place to explore and experience authenticity.

Team supervision was a recommendation expressed by several of the respondents in the findings. While a short post-session debriefing does take place after the family therapy session, it may be insufficient to explore the feelings, experiences and meanings that may resonate for the team participants. It is recommended that more attention and time be given to this meeting, encouraging fuller expression of issues that have yet to be resolved.

Also suggested by the practitioners was the issue of mixing the team, either for practice or discussion purposes. While the composition of the teams does change from time to time, the inclusion of interns at the beginning of each year means that most teams tend to remain fairly static over the year. For those practitioners involved for longer periods, the team will change a number of times. Perhaps the practicality of switching team members around may prove to be an unnecessary challenge. In addition, the question arises as to whether all of the team members would want to change, or only a few? However, discussion with all the team members may be called for, to gain insight into their needs and opinions on the issue. The researcher is of the opinion that a supervision meeting with all the practitioners may be beneficial from time to time. Ideas, opinions and experiences could be shared, possibly providing insight and enhancing reflexivity.

A further issue mentioned by a few respondents was the notion of encouraging the client family to question and explore the meanings of the team members’ reflections. While the family are given the last part of the therapy session to reflect on what has been shared by the team, perhaps they could be briefed more thoroughly on their rights to question further what has been shared.
6.5.1.3 Recommendations for enhancing reflexivity and the authentic self

Family therapy practitioners are ethically obliged to enhance their knowledge of theory and self, and to create opportunities to gain experience, if they are to provide more effective services to client families in distress. The necessity of self-awareness on a personal and professional level is essential, and the self has a significant impact on the therapeutic relationship and thus on the therapeutic encounter. An undertaking into an exploration of self is a deeply personal journey, but one that is incumbent on every practitioner to embark upon. The way in which such a journey of exploration is undertaken cannot be prescribed since it is unique, but is also ongoing, throughout the career.

The recommendation of personal therapy is mentioned by various authors in Chapter 4 of the literature review and is one that resonates for the researcher. The experience of personal therapy to explore one’s own issues and the potential these have to impact on the therapeutic encounter with the client family may be an important aspect of a journey into self-awareness.

The use of visualisation techniques such as those discussed by Aron and Siegel (1995:136-137) allow the practitioner to explore the idea of extra-therapeutic encounters with clients and their responses to these. Contemplation of such encounters is recommended, which may provide some inkling of issues pertaining to certain clients which would otherwise remain beneath the level of awareness.

A further possibility for self-exploration could be the keeping of a reflective journal, wherein the personal journey of the practitioner could be charted, and which may provide insights and meanings, and even patterns of thought that may require contemplation.
6.5.1.4 Recommendations for further research

The user-friendly approach to family therapy conceptualised by Treacher (1995:213) recognises the need for research to contribute to the development of theory and practice. The experience of families and their satisfaction with services must be evaluated and should form a crucial aspect of the assessment of any service. Unmonitored practice cannot be defended from an ethical standpoint. The voices and experiences of the recipients of family therapy need to be heard and explored in order to evaluate family therapy in general, and more specifically in a reflecting team setting such as is practiced at Family Life Centre. Insight into the needs and perceptions of the families utilising these services must be acquired, and their evaluations may result in improved service delivery.

A possible area for further study relating to this thesis could focus on how, if at all, practitioners’ enhanced theoretical knowledge impacts on practice in the field of family therapy over time and with accumulated experience.

The necessity of ‘fit’, not only for the practitioner with regard to theory and self, but also the opinion expressed by many of the respondents relating to the client family in terms of their expectations of the family therapy process was discussed in the findings. An exploration of modernist, postmodern and integrated styles of intervention by family therapy practitioners could yield interesting data relating to their perceptions of aspects such as therapeutic encounter and therapeutic outcome.

The issue of reflecting team composition arose often in the findings. Further study regarding aspects relating to team composition, such as merging teams of social workers and psychologists, and the alternation of team leadership could be explored. The needs and expectations of reflecting team participants is an area that may be explored productively.
Many of the respondents expressed the wish to continue with family therapy in their private practice at some point in the future. An interesting area for research could be a comparison of family therapy practitioners working with families in a reflecting team and in private practice, the latter most likely without the use of a reflecting team.