

# A reflexive journey for a family and a family therapy team

**Tanya Smart**

I lead a well-established family therapy clinic in CAMHS, and we have worked for a long time using a model of lead therapist and a reflecting team of two in the room. We enjoy the work of Tom Andersen (1991) and Peter Rober (1999), in particular their ideas on listening; we like Dallos and Vetere's writings on attachment and eating disorders (2003, 2009); and McCluskey on attending to fear in the therapeutic relationship (2011); and we care about collaborative practice (Madsen, 2007).

When I was invited to write for *Context* about our practice, and in particular with a young person with an eating disorder, I thought of Lily. We had worked with her and her family for a year and, in the last session, by which time Lily was 18 and back to college, her mother said she would be happy to contribute to anything that might amplify the voice of the family in our profession. Lily had also been an extremely articulate and thoughtful young woman in the family therapy, and I wondered if she would also be interested in contributing.

Lily and her parents have read the drafts and had the freedom to contribute, edit and withdraw consent should they wish. Quotations are from Lily and her mother. Names have been changed and identifying characteristics withdrawn.

What follows is my description of the work, with reflections from the family. Two themes have emerged from our conversations: therapeutic transparency, and relationship to help.

## In the beginning of therapy

Lily had been grappling with painful and negative feelings for well over three years. This was not the first time the family had sought help. Two years ago, they had tentatively approached CAMHS, but had not found the service helpful and resorted to finding their own ways of dealing with their difficulties alone.

Lily was struggling to eat. She was not underweight, but how she felt about putting food into her body, and keeping it there, was tortured. How she felt about herself was tortured. She had withdrawn from her parents and had become irritable and angry with them – they could never do anything right. Their patience with her was steady but, at times, evaporated into angry outbursts of, *"You're tearing this family apart!"* They felt they were walking on eggshells. They tried to live as they usually did, but gradually their ability to enjoy each other's company became a thing of the past.

Then Lily did a frightening thing. She sat in the bath all night, wet, frozen, unable or unwilling to move. Her mother found her and could not bear this or allow it to continue, despite their fear that help would itself be a difficult process. On return to CAMHS, after an initial assessment, they were offered two interventions: adhering to an eating plan, and family therapy. The first was impossible for them to carry out at that time; the second just bearable.

Family reflections

*"We had lost the ability of how to parent in this new situation we found ourselves in. (Coming to family therapy) felt like being thrown a life raft, but with no energy to clamber on board."*

## Therapist reflections

When we first met the family, they were desperate for some kind of help. Explaining the way we worked in the family therapy clinic seemed to go over their heads. They were in crisis, and all they seemed to want was someone to DO something. Our 'talking about talking' – *"We are a team, one person talks with you whilst the others listen and think and at some point share their reflections"* – seemed to drop into the space like a drip into a reservoir.

However, a practical intervention was not possible without first building the foundations of a therapeutic relationship with Lily and her parents.

## What we did in the room

We met with the family for about 20 sessions over the year; every fortnight when we could, sometimes with longer gaps; usually Lily with her parents, sometimes Lily or her parents separately. We tried to be transparent in our thinking, sharing our thoughts and dilemmas in the room, and including the family in the decision-making about therapy. We sought to be seen as holding enough expertise that the family felt in 'safe enough' hands, but not so much that the family felt controlled or organised by us.

We met with Lily on her own, and talked with her about her fears and anxieties about her life and relationships, working to help her re-construct a self-narrative that was less punitive.

We also met with Lily's parents, to give them a space to express their anxieties without Lily's presence inhibiting them, and to connect with their own stories not solely as parents but as people.

We didn't talk often about Lily's relationship with food. It was a backdrop we knew created real stress for her and in the family. Our conversations were more often about Lily's sense of self and how that translated into how she was at home. We talked about how difficult her parents found it to support her, to know what to do, when to intervene and when to back off, how to be calm when inside they were frightened and anxious.

## Family reflections

*"The pace of therapy was slow. Therapy took us places we'd never had to visit verbally before, and we felt it physically. At times, we left feeling totally bereft and shell-shocked ... the lid had been taken off the box."*

*"Although we felt listened to and held – in safe hands – we still wanted more practical support beyond the sessions. But family therapy was all that was offered."*

*"Sometimes communicating with the therapist felt like talking in clichés or walking on a tightrope. We couldn't say*

what we needed to say, for instance about the bulimia."

"Sometimes, the team spoke jargon to us, which reinforced the divide between our emotional fight and your professional job. I remember asking for advice and the team discussing if they could offer advice what would it look like and, although outwardly I felt calm, inside I was shrieking with the frustration of their jargon. Similarly, when the team discussed whether or not to offer another appointment, I found the discussion scary, as the anxiety of being left without support panicked me."

"The family therapy helped my mum and dad to understand me and my issues more clearly, ... but if I'd been able to sort myself out (with individual sessions) maybe it would have caused a lot less arguments."

"The individual sessions allowed me to work out my eating issues without having to completely confront my family about it – it gave me the independent role that I wanted to have. It fixed certain things in my head – to where they needed to be! I could not have done this with my parents there; I needed that small boundary between us."

### Therapist reflections

We didn't see Lily alone for a while. We were organised by thinking that, because this is family therapy, we meet the whole family but, on reflection, speaking with Lily on her own was essential in hearing her perspective clearly.

### Crisis

In the summer, after about six months, Lily reached a crisis point and became highly distressed and impossible to comfort. Her parents contacted our duty service and I arranged to see Lily and her mother urgently, without the family therapy team. When I met with them, I made a suggestion: would it be possible, and would it be helpful, if Lily's parents were to take the bathroom door off its hinges, to prevent her from purging? And would it be possible, and would it be helpful, if Lily's parents could sit with her after mealtimes when she was most anxious and gently distract her? Yes, it would be possible. Yes, it would certainly be helpful.

From that moment, something changed. Lily not only invited and accepted her parents' practical support, but she also decided to try medication, and also decided to return to college. Not long after, having turned 18, Lily said she felt more in control



of her feelings and of her eating, and her parents had a clearer sense of their own parental expertise. We decided to end the family therapy, and did not refer onto any other service.

### Family reflections

"When the team offered practical help, it felt like a tangible move forward; as parents we felt empowered to act... I think this was due to the discussion between all parties to create a neutral ground."

"Direct action needed to be taken (taking the lock off the door) I had now had enough of one-on-one therapy to understand and realise more about myself to be ready to take this action – everything had just gone on long enough – I was exhausted and done with it all."

"It allowed me to take a bigger step in the right direction, one in which I could actually have some of my life back that did not involve an eating disorder."

### Therapist reflections

I wonder if these changes were made possible by the slow talking and listening that preceded the crisis; whether the talking and listening helped form a safe-enough base in therapy to enable change to take place?

### Looking back Family's reflections

"When I started reflecting (for this article) a range of emotions surfaced, all fairly negative ... but then, in realising how far as a family we have come, and especially Lily,

a calmness enveloped me... Together with the help of the CAMHS team we have come through a dreadful episode and gained strength, knowledge and understanding."

"The therapy formed bridges between us in the family."

"When you are suddenly reminded of how you used to be, especially as it was so negative and dark, your head just feels a bit weird. Then you realise that's in the past now, and you have grown and improved so much, and it's okay again (:"

### Therapist reflections

In CAMHS, it is not always possible to respond swiftly and flexibly to the changing needs of a family. Sometimes, this is helpful in slowing down potential knee-jerk reactions to requests for more or less or different interventions. But it can also be experienced as unresponsive to need, and interrupt the process of attuning to the attachment needs of a family. A multidisciplinary-team approach can be seen as a professional community that supports and holds the client and their family when distress is undermining their own resources. But, the fit between the procedures of an organisation and the individuality of a family is not always comfortable.

The process of writing this article and hearing the reflections of the family has

left me noticing how we got it right and we got it wrong. At times, we were able to attune ourselves to the needs of the family, at other times not at all, and I wonder how this reflects the experience of Lily and her parents. The eating disorder invited all of us into the uncomfortable dilemmas of when to act and when to witness, when to physically intervene and when to hold back.

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