The Use of the Reflective Team in a Psychodrama Therapy Group

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Abstract

In this article, the development of the reflective team process is traced, and the concept is applied to a psychodrama inpatient therapy group in which the focus was noticing role development. A format for conducting a reflective team process in an inpatient group is described, and the particular benefits to both the protagonist and group members are identified.

Introduction

The concept of reflective team process has undergone many developments since it was first described by Tom Anderson and his colleagues in 1987. Theirs was a creative response to working with families in which an impasse had been reached. A reflective team as used then comprised a team of counselling professionals who observed a family therapy session behind a one-way screen. At a time of impasse in the session the family and the therapist would watch as the team assumed the roles of the family members and acted out the conflicts that the team perceived to be the cause of the impasse. The emphasis was on creating a variety of ways of viewing the problem thus shifting away from identifying any one position as right or wrong. The therapy session would then continue. Both the therapist and family benefited from the intervention, being able to move on in a fresh way.

Young et al. (1989) further developed the concept, this time with the focus on giving on-site supervision to developing trainees. The supervisor and other observing trainees would discuss their hypothesis and reflections about the interactions between the family members and the trainee therapist in the presence of the therapist and family. The supervisor facilitated a training situation in which "the systemic principles of non blaming circular multi-descriptive view of family members and their problems" formed the basis for the team's reflections. (p. 74)

In 1990, Prest, Darden and Keller reported on their extension of the concept to the supervisory process. While a supervisor, supervisee and several therapists met for supervision, a reflecting team comprising other colleagues watched from behind a one-way screen. After a period of time, the supervision group watched as the reflective team discussed their observations about the process of the group. The two groups then came together for further processing. The researchers found that the dynamics evident in the supervisee's work were further highlighted in the processing and that supervisees were able to receive feedback in a less threatening manner. They also benefited from seeing themselves talked about without having to be directly involved. To date, all applications had been in response to clinical situations in which supervision or training was the goal.

The Concept of the Reflective Team

In 1992, Dr. Antony Williams, a family therapist and psychodramatist from La Trobe University in Melbourne, conducted a series of training workshops for psychodrama trainees. In those workshops he used the concept of the reflective team in a substantially different manner from what had been previously reported. His purpose was not to offer different perspectives on a problem when an impasse had been reached but to focus on the role development that had taken place in the drama. The focus was now on noticing the new script that the protagonist was writing for himself or herself. The new emphasis also served to bring to greater consciousness in the protagonist the possible effects on his or her social atom of the protagonist's role development. Again, reflections were systematically based and non-judgmental and offered a multidescriptive view of the system.

Following a psychodrama enactment and after the completion of the sharing phase as an integrative technique, a reflective team of six to eight people would be drawn from the group. They would sit in a circle within the horseshoe shape of the group, like a fish bowl, with the protagonist remaining in the outer group. The reflective team would then remember out loud the story of the drama, noticing in particular the movement that had taken place from that which was restrictive to that which was enabling. The respectful and attentive processing served to strengthen the protagonist in his or her new development. With Williams' procedures, the one-way screen was not used and the membership of the reflective team was drawn from within the group.

For many who encounter psychodrama, it is the expression of the thinking and

feeling self in all its raw honesty that creates a lasting memory. Yet the well-trained and disciplined psychodramatist knows that development, congruency and integration of the thinking, feeling and action components need to be achieved in order to effect lasting change and true role development. The fullness of role enactment provides the experience necessary for reflective thought. For many, the ability to experience themselves in a "here and now" context and be thoughtful about that is underdeveloped. It is in this regard that the use of the reflective team process has been beneficial.

Principles Undergirding the Functioning of the Reflective Team

Anderson (1987) identified the need for the team to remain positive, respectful, sensitive, imaginative, and creatively free. In his training seminars, Williams stressed the need for all comments to be presented as speculative, tentative offerings that are made to raise the protagonist's consciousness about the nature of his or her functioning in relation to others. In particular, the team strives to identify those aspects of the drama in which there is movement away from the restrictive ways of being to the development of greater spontaneity and creativity. When moments of spontaneity and creativity are noticed and remembered by others, the protagonist's view of himself or herself is enhanced and enlarged. Being able to see one's behaviour in a nonjudgmental manner and to notice the effects of that behaviour on others enables a person to make hoped-for changes.

Guidelines for a Reflective Team

Williams developed further the guidelines given by Anderson and provided a framework by which the team can shape its responses. Williams' suggestions for a reflective team include the following:

- 1. Team members do not speculate about the truth of what is presented. Instead, the focus of inquiry is on how meaning is given to the experience.
- 2. All remarks demonstrate genuine respect for the protagonist, and in general, statements are turned into questions; for example, "It was surprising for me... I wonder if it was as surprising for John."
- 3. Use terms that suggest possibility rather than certainty; for example, "as if", "could it be that", "perhaps", and "possibly." In this way, authorship of other people's lives is avoided.

- 4. Ideas and speculations are put in terms of the protagonist's beliefs, not the team members' beliefs; for example, "When Pauline stopped being a best friend to her mother, I wonder what . . ." "When Susan identified all the feelings that she swallows down, I wonder if . . ."
- 5. Most of the curiosity of the reflecting team needs to be focused on identifying the moments of spontaneity and creativity within the drama and the subsequent role development. Inquiry can be made about what might be the consequences if things were to stay the same.
- 6. What does the protagonist make of the changes in terms of a new consciousness of self, morally, professionally, emotionally, and spiritually?
- 7. How do these changes fit in with the protagonist's view of himself or herself historically?
- 8. How do other people in the protagonist's social atom relate to the new performance of self, and what was the protagonist's response to their reactions?
- 9. Assist the protagonist to become more curious and fascinated by his or her own life, supporting the protagonist in the reauthoring of his or her life to a preferred way of being:
 - "If this is an important way of being for John, 1 wonder how he might ensure that he gets the support he needs to help him continue this way."

"I wonder if Anne was as surprised as I was by her determination to be heard. What might happen if she were to keep going like this? Who would be encouraging, and who would be the one that would undermine her?"

The Reflective Team in an Inpatient Psychodrama Group

The application of the reflective team to an inpatient psychodrama group is a later development. The psychodrama therapy group in which that application occurred is part of the programme at Ashburn Hall, a small psychiatric hospital in Dunedin, New Zealand. The hospital functions as a therapeutic community in the manner described by van der Linden (1982). The staff retain responsibility for the essential structures and therapeutic activities that take place in the community and delegate, rather than relinquish, authority to the patients.

Patients attend a daily community ward meeting, group therapy, individual psychodynamically focused psychotherapy; take part in recreational and work activities; and share in the day-to-day decision making in the hospital. A patient's length of stay varies; many are there for six to ten weeks, whereas others may stay for 12 months or longer.

In the hospital, the patients live together and form relationships that provide the human warmth, support, and understanding that is necessary for healing. Appropriate limits are set in a non-authoritarian manner, and mutuality and respect between people are encouraged (Adams, 1988).

The Psychodrama Group

The group includes ten patients and two staff auxiliaries, and each session continues for $2^{1}/_{2}$ hours. A majority of the group could be described as having a "disorder of the self" with anorexia nervosa, bulimia, alcohol and drug abuse being significant features. A history of childhood sexual abuse is found among approximately half the group. The primary task of the group is to enable people to strengthen their sense of who they are in the world. For most members, adequate mirroring of their essential self has been largely lacking.

Membership of the Group

The nurses, psychotherapists and psychiatrists who are part of the clinical teams determine the membership of the groups. The teams take the following points into consideration when selecting group members.

- I. The degree of a person's attachment and relatedness to fellow patients, the nursing staff and his or her therapist is the most significant factor. That attachment factor gives a good indicator of the person's ability to be held and cared for when vulnerable. If that ability is not present, then the risks of acting out increase manyfold. The attachment factor implies that group members have usually been in the hospital for at least 2 weeks and have begun to settle in. During that period, the staff has had a good opportunity to assess an individual's ability to participate in activities and form relationships. The staff can assess whether, even with their considerable difficulties, patients are able to be engaged and "held" well enough by their involvement in therapy and the life of the community.
- 2. Self-selection is also an important consideration. For example, many people volunteer for the group because they are eager to use all the resources of the programme to assist them in their healing.

3. Anticipated length of stay is the last factor. People coming into the group need to be able to commit themselves to a minimum of four sessions. That commitment ensures that issues of inclusion and safety are not continually needing attention and that the work of the group is consequently able to deepen. It also allows sufficient opportunity for group members to contribute to as well as receive from the group.

Nursing Staff

Two nurses are part of the team and function as auxiliaries. Well-experienced in being members of the therapeutic community, they have learned how to use themselves; that is, they know what to share of themselves and what to withhold. They are aware of the transference process while still participating with a "presentness" in the group that allows them to take up auxiliary roles to the fullest. New graduates and student trainees are not included in the group.

The Reflective Team in Action

The reflective team process can be used whenever there has been an enactment. It may immediately follow the sharing phase or be held over until the beginning of the next session.

Typically a session will begin with an inquiry to the protagonist of the previous week's psychodrama session about what he or she has made of the work that was done, about what stayed with the person and what effect that has had so far. This review establishes contact with the protagonist, assists the person to become curious about himself or herself, and ascertains the person's willingness for a reflective team process to take place.

The reflective team is drawn from the group and consists of patients, staff and the director. There is a call for volunteers, and people are usually willing to be involved. It is particularly useful to have those who take auxiliary roles in the drama to be members of the reflective team because they are often able to bring insights peculiar to the roles they played. All members of the group arc available to be members of the team. That option is congruent with the ethos of the therapeutic community and dispels the myth that the wisdom and knowledge about human beings is held exclusively by the professionals.

The team sits in a closed circle inside the group, like a fish bowl. While it is functioning the team maintains a clear boundary between itself and the rest of the group members, who form the audience. The protagonist maintains a seat in the group.

At the beginning of the session, a general summary of the principles of the reflective team process is restated. Members are reminded that all comments are to be respectful and stated from a position of tentativeness. Team members notice what new roles and behaviours were emerging in the protagonist during the drama and consider systematically what might be the consequences for the protagonist if the behaviours were to continue developing in that manner or if the protagonist were to stay with the old ways of being.

The process begins with the team members remembering the story of the drama — who was present, where they were, what happened and what roles were taken up. As the story unfolds, the team begins to speculate in an openended and systemic manner about what might happen should the protagonist continue with the old way of living or with the new way that was developing in his or her work.

Example 1: At the end of Tom's work I saw him strong in his decision to do things differently. I wonder who in Tom's family would be the most surprised to see him choosing something different from what his family wanted, who would be the most supportive and who would be the most undermining.

Example 2: It seems that in the past the way that Mary had her life with her Dad was in fighting with him. I wonder what other ways she might have her life with him, whether he would be responsive to that or whether he would want to keep the fight going.

Many sides of the question are given, with no fixed answer being proposed. The reflections are raised for the protagonist to consider and to accept or reject as he or she may wish. The team members frame their responses in terms of different sociometric criteria related to the drama and then work systematically to inquire about what the responses of significant others would be toward change or no change in the protagonist.

After approximately 10 minutes, the team finishes and members return to their seats in the group. The protagonist is then invited to respond to what was said. Protagonists may comment on what confirmed/affirmed their own thinking, or what woke them up to something new in themselves, and on that which they wished to refute. No debate is entered into, no discussion of different points. It is crucial that the protagonist be the last one to comment on the story and that the authority stays with him or her.

Impact on the Protagonist

The reflective team process helps the protagonist at the beginning of the next session to keep his or her work going and to stay in the position of an open learner. It gives the protagonist an opportunity to work with the reactive fear that can often be present. It also allows the protagonist some time and structure to integrate the experience and to begin to develop as a systems thinker. The process greatly enhances the protagonist, who gains from being treated generously and from having his or her story thoughtfully considered and remembered in detail. That attention is particularly poignant when there has been considerable neglect and deprivation. The protagonist is exposed to fresh perspectives on the situation and has his or her development acknowledged through the reflective team process.

Example: John had had a very full and painful drama. In it he had visited the time of his early adolescence when trust was betrayed and he was abused sexually. In the session, he had found new ways to be with himself and have others be with him.

The following week he returned to the group, and though valuing the work he had done, he was feeling ashamed and self-conscious. Old fears of not being accepted had begun to take hold. He readily accepted the invitation for a reflective team process and was deeply moved to hear his story related back to him with respect, compassion and understanding. Having his story mirrored in such a way enabled him to let go his shame and to claim his legitimate place in the group. He knew his essential humanness and individuality had been recognised and was seen to be separate to the acts he had had to perform.

Protagonists, in re-visiting their work, do so this time from the role of a systems thinker. In so doing, they are quietly challenged to give up any of their dependency or narcissistic traits, to consider the impact of their behaviour on the different people in their lives, and to make choices based on their enhanced self-knowledge. The role of the self-change agent is further developed.

Impact on the Team Members

Choosing to be a member of the reflective team is yet another way of stepping into the action space and being prepared to present oneself. For some, it is a step they are not able to take for many weeks. When they do participate, however, it often signifies a shift in their willingness to contribute to the life of the group and a capacity to be generous with others. It also suggests that they value their own comments and believe them to be worth hearing. Team

members take the roles of the naive inquirer, reflective thinker, self expresser, and systems thinker. The ability to think systematically and to consider the consequences of one's actions, albeit for someone else, is of great assistance to the person who is self-absorbed and self-centred. Likewise, learning to be a naive inquirer is essential for the person who holds tightly to a fixed position and is judgmental or opinionated. Roles pertaining to adult functioning must come into play.

As might be predicted, the comments made by team members often have a bearing on their positions in life. Coaching and modelling are used to assist team members to expand on a comment or to balance out the picture. Typical comments from team members are as follows:

Patient Team Member: I could see Jim getting rid of his anger, and now that he's done that, I'm sure that he'll be able to get on with his life and do really well.

Staff Team Member: Yes, he did express a lot of anger. I wonder what it's been like for him to have powerful feelings and not hurt himself or someone else.

2nd Patient Team Member Picking up the Theme: I wonder if there has been any times over the last week when he's been feeling angry or sad and has been able to let someone know about it.

2nd Staff Member Expanding on the Theme: I wonder who he'd go to to do this, whether he has thought about the people on the ward who would be most helpful, and who would be unhelpful given his statement that he wants to stay in touch with his feelings.

As a result of living in a therapeutic community, many of the patients quickly become psychologically orientated. As members of a therapeutic team, their contributions are often of a high quality, giving perspectives that may elude staff.

Summary

The reflective team process provides an opportunity to further extend and concretize the therapeutic work achieved in a psychodrama session. The effect of having one's story thoughtfully remembered and reflected upon constitutes a significant mirroring experience and is of particular value for those people who have suffered physical and/or emotional trauma and neglect. Bringing into greater consciousness all the different nuances of a protagonist's system

enables the protagonist to be clearer about the choices he or she makes. That in turn leads to a stronger self. For the participants it calls into play healthy adult-functioning roles that they may not have been aware of otherwise. For the group it promotes generosity and respect.

Note. All case examples have been significantly reconstituted to protect the identity of those people who have participated in the group.

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References

- Adams, J. et al. (1988). Evaluation at Ashburn Hall—Towards a more therapeutic community. Unpublished paper available from Ashburn Hall, Private Bag 1916, Dunedin, New Zealand.
- Anderson, T. (1987). The reflecting: dialogue and meta dialogue in clinical work. Family Process v 22, p 415–418.
- Prest, L, E Darden and J Keller. (1990). "The fly on the wall:" Reflecting team supervision.

 Journal of Marital and Family Therapy v 16, p 265-273.
- Reekie, D. (1992). Watch yourself: Becoming effective in personal relationships. Thesis held by the Australia, New Zealand Psychodrama Association, ICA Centre, Caufield, Victoria, Australia.
- Roberts, M, L Caesar, B Perryclear and D Phillips. (1989). Reflecting team consultations. Journal of Strategic and Systemic Therapies v 8, p 38-46.
- Schimmel, P. (1937). Swimming against the tide? A review of the therapeutic community. Australia and New Zealand Journal of Psychiatry v 31, 120-127.
- van der Linden, P. (1982). Is "professionalism" a dirty word in therapeutic communities? International Journal of Therapeutic Communities v 2, p 79-89.
- Young, J, A Perlesz, R Paterson, B O'Hanlon, A Newbold, R Chaplin and S Bridge (1989). The reflecting team process in training. *Australia and New Zealand Journal of Family Therapy* v 10, p 69–74.