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modernistic terminology in quotations because of the constructed generalized definitions, which in my experience do not adequately define the child or the problem system.

At school these children were viewed as emotionally disturbed, and psychotherapy was seen as ineffective due to the severity of the children's mental deficiencies. The children were placed into self-contained behavior modification classrooms. Prior to my involvement, psychotherapy consisted of seeing each child individually for counseling sessions to diagnose and treat each one in accordance with his/her "individual pathology." Teacher participation was limited and the therapeutic relationship between the teacher and therapist held a history of conflicts. The teacher and therapist, due to unsuccessful outcomes, appeared to diagnose and pathologize each other in their attempts to understand why these children did not improve.

Parental involvement was not utilized due to the perceived "pathology" of the families and the inability to involve the parents in treatment planning. Previous therapeutic interactions postured themselves with hierarchical diagnosis and intervention based on the voices of theoretical paradigms that often ignored or invalidated the voices of the children and parents. Therapeutic intervention was viewed by the participants (teachers, children, and parents) with skepticism and fear of worsening the already difficult contexts.

The goal of my participation with these groups was to create space for voices that had extensive histories of marginalization. I began to have conversations not only with the children, but with other participants in the problem defined system. Teacher, student, and parents began to have conversations with each other. The voices that emerged created a shift from constricting labels and narratives of pessimism, to new dialogues opening options for change.

CURRENT PHILOSOPHICAL POSTURE AND PURPOSE OF THERAPEUTIC RELATIONSHIP

Since the early 1980s, my theoretical and clinical ideas have evolved in a postmodern direction. My primary agenda in any therapeutic context is to generate and facilitate conversations that cocreate and discover new more freeing, self-action narratives. The therapeutic relationship is one of cocreating conversations that generate new meaning, and set the stage for the evolution of new solutions and options for change. As Gergen and Kaye (1992) write:

CHAPTER 5



Reflective and Collaborative Voices in the School

Susan Swim

HISTORICALLY, THERAPY in the school setting has taken place within modernist frameworks that place problem definition, diagnosis, and treatment in pathologizing categories. Such categorizing labels focus on eliminating mental deficiency or illness. This chapter offers my experience with an alternative approach that transcends modernistic views and presents the possibility of a quite different therapeutic stance. This postmodern posture creates room for a collaborative, egalitarian relationship in which the "voices" of the client and related participants (teachers, and parents) join with that of the therapist. The result: a new discourse that generates new meaning and options for change.

In 1984, I began experimenting with a collaborative group format to work with school-age children, defined by the school staff as "emotionally disturbed" with "severe behavioral problems." Due to their "pathology," these children were removed from the mainstream of their peers and placed in self-contained behavioral classrooms. "Sally," an 11-year-old fifth-grader who was placed in such a setting, will be used to exemplify how alternative approaches utilizing the works of Harlene Anderson, Harry Goolishian, and Tom Andersen (Andersen, 1991, 1992, 1993; Andersen, 1993; Andersen & Goolishian, 1992) impact on therapy in the school environment.

My first attempts to utilize a group format to provide therapeutic services incorporated the brief therapy concepts of the Mental Research Institute and the Milan approach, along with the unique style taught at the Galveston Family Institute in the early 1980s. At that time, as it continues today, the primary population I worked with in the schools were children diagnosed with "severe behavioral problems." I put such

The client's voice is not merely an auxiliary device for the vindication of the therapist's pre-determined narrative, but serves in these contexts as an essential constituent of a jointly constructed reality. (p. 174)

Psychotherapy may be thought of as a process of semiosis—the forging of meaning in the context of collaborative discourse. (p. 182)

These ideas reflect the philosophy in which we work at the Houston-Galveston Institute, as developed by Anderson and Goolishian. Therapy is a process of creating collaborative and egalitarian conversations that permit new understandings, new opportunities, and options for change to occur. These conversations are client- not therapist-driven. From this posture, the therapist takes a position of "not knowing." Anderson and Goolishian (1992) describe this process as follows:

[the] therapist [exercises] an expertise in asking questions from a position of "not knowing," rather than asking questions that are informed by method and demand specific answers. (p. 28)

Not-knowing requires that our understandings, explanations, and interpretations in therapy not be limited by prior experiences or theoretically formed truths, and knowledge. . . . Meaning and understanding are socially constructed by person in conversation, in language with each other. (pp. 28-29)

The therapist's preknowing (personal beliefs, theoretical paradigms) does not define the problem or the direction of the therapeutic conversation. Questions and content areas to be explored come directly from a curiosity to understand the client's meaning and to share with the client the co-construction of new discourse.

For me, this approach to therapy is a process that encourages competency for self-solution rather than hindering the client or client system in preheld beliefs, theoretical paradigms, right or wrong thinking, or right or wrong actions. Self-solutions or the capacity for them is then familiar and a natural occurrence of the sharing of the dialogical experience (self-tailored) and not perceived by the creators as too unusual or counterfeit. Instead it is constructionally representative of one's history and interest. Shotter (1993), in discussing counterfeit narratives, states:

And by having not been properly aware of the power of language, of the power of storytelling to "lend" a sense of reality to wholly fictitious worlds, we have allowed ourselves to have been talked into accepting a counterfeit version of our social lives together—where what I mean here by the term "counterfeiting" is the appropriation and use by individuals for their own

purpose of certain special, communally constructed and sustained resources, which (like money) are the resources in terms of which the community in fact maintains itself as a community . . . money has no reality except as a medium of exchange . . . also with language. (p. 138)

REFLECTIONS WITH MULTIPLE VOICES

The collaborative conversational approach that I utilize in the school setting incorporates of the reflecting perspective as developed by Tom Andersen. I had the privilege of watching Tom Andersen participate in reflecting teams several years ago when the Houston-Galveston Institute was still called the Galveston Family Institute. What I particularly remember witnessing was his gentleness and caring posture and the participant's conversations and reflections, and the newness that flowed from these conversations.

I utilize my interpretations of this reflecting format when working with client systems: families, training groups, workshops, school groups, or any context that includes multiple participants and multiple voices.

The primary concepts I use in the reflecting process are (1) focusing on how the participants wish to utilize the time we spend together, thereby allowing collaborative problem definition; (2) creating a space for multiple voices and multiple new understandings to occur; and (3) promoting all participants to actively dialogue about concerns of self in a manner that is respectful and caring.

Andersen best describes these positions:

There are very few rules to follow. The rules are all about what we shall not do: We shall not reflect on something that belongs to another context than the conversation of the interview system, and we must not give negative connotations. (1991, p. 61)

A problem creates a system of meaning; it is not that the system creates the problem. When these meanings are appropriately different, the various holders of the meanings might listen to each other and discuss the various meanings. Under such conditions new ideas might emerge. (1993, p. 310)

THE SETTING: MULTIPLE VOICES AND AGENDAS

As part of my private practice I consult with various school districts in a 30- to 60-mile radius. In this consultation I provide group therapy for children diagnosed as "emotionally disturbed" and placed into behavior modification classrooms. For the purpose of this chapter, I chose a school

district that I feel provided unique services in a way that demarginalizes the voices of children.

Harry Goolishian would often state that therapists have created a context in which deficiency labeling has created voices that are marginalized, and which are viewed only within their deficiency labels. I find this valid, especially when a child is labeled "emotionally disturbed," when most of his/her emotions, thoughts, dreams, goals, and narratives are viewed as pathological. Teachers in these settings often read psychological profiles before meeting with their students, and these profiles lend to, as Andersen states, *vor-verstehen* or preunderstandings and prejudices, that envelope perceptions and actions (p. 303).

When a teacher or therapist engages in communicative action from a preheld belief system (e.g., treats a child as if he/she is deficient), this is an action that is often not respectful of the person and can reflect a position of dominance and subversion. Such a relationship can create a reciprocal loop of teacher and student in conflict with each other vis-à-vis respect. As with most hierarchical systems, this is not a win-win situation for either student or teacher.

The classrooms for these children are often devoid of any pleantries; instead rules on behavior are set up at child eye level to enforce "behavioral cues." Often the children are seated in cubicles that do not allow for any view or interaction outside the cubicle walls. Sometimes I wonder to myself how these children are able to learn in this isolated context.

Interaction in these structured environments is limited to short intervals because of the understanding that "these" children "cannot" engage in normal interactions or play.

To enter into these structured environments, the children must have had a history of unsuccessful behavior in mainstream classrooms. Concurrent with these histories, behavioral plans to modify their mainstream classroom behavior were consistently unsuccessful. With the emergence of unsuccessful behavioral plans, the students are given psychological evaluations, tests, and diagnoses. With the appropriate diagnosis, the child is placed into a structured modality, separate from the mainstream population of his/her peers.

The voices of the parents and children are often outweighed by these evaluations and the narratives of the school and school personnel. Because of these variables, the school and families quite often view each other with suspicion and distrust, with multiple voices and agendas rising out of chaotic contexts.

The school personnel fare no better. The teachers are expected to follow behavioral guidelines for student behavior with students who do

not want to be in the controlled settings and who have extensive histories of distrust and dislike for the teaching population. The parents, who feel marginalized, are frequently antagonistic toward the school hierarchy. Conversations with teachers and other school personnel included narratives of perceived harassment and potentially dangerous actions (i.e., threats of bodily harm or harm to the school) by both the students and parents. Turnover rate is high for these teachers.

In Sally's school, I was contracted to provide therapeutic services for the children, teachers, and parents. The school administration requested therapeutic group therapy for the children (to help the children "obey" so that learning could ensue), teacher consultation (to aid in supporting the teachers and guiding them toward effective methods of relating to these children), and parent groups (to ensure parent participation and help the parents to overcome their "dysfunction"). In Sally's classroom there was the additional goal of evaluating Sally's teacher, whom the school felt was ineffective in managing classroom procedures.

Because there is no one agenda but a progression of conversations where new agendas arise and others dissolve, or are no longer of particular interest to any of the participants, new agendas are always in the process of developing. New agendas that arose during the conversations with Sally's teachers during the school year included helping the teachers and teacher's aide network with higher-level school administrative personnel, helping mainstream teachers cope with students entering their classrooms (after some modified behavior on the part of the student), and helping to troubleshoot situations as they arose between sessions.

The teacher with whom I consulted in Sally's classroom had a 20-year history of educating children. She stated that she felt marginalized from her department and was unsure whether my participation would be of benefit. Her initial reaction to my participation was based on her prior experiences with school therapy. This experience was perceived in a negative light because she felt inadequate when processing the children's actions with the previous therapist; not because of the therapist's critiques, but because she was insecure with the psychological terminology and fearful of the appropriateness of her own actions, especially in regard to managing her classroom and redirecting the student's behavior. She viewed the previous therapist as "coddling" the children instead of making them adhere to classroom rules. In her paradigm, all psychological factors for the children (divorce, stepparents, abandonment, low self-esteem, etc.) were secondary to her need for tips on how she could competently handle the class.

STARTING THE CONVERSATION: RESPECTING AND ENCOURAGING VOICES

My first step in participating in a therapeutic group format in a school setting is to initiate conversation with the teachers, as the participatory effort will be held in their domain. Because I am a visitor to their classroom, I hold for them the same respect I would for a new acquaintance whom I was visiting in his/her home. Our initial conversations focus on how my participation will be of benefit to them and their students. I attempt to provide a dialogical space, to provide an environment in which they can express their conflicts and desires. My posture reflects collaboration and respect. Working in this manner not only allows for the codevelopment of new understandings and narratives but sets the stage for a respectful climate, which I feel is necessary for any therapeutic conversation.

In this preliminary meeting, I invite the teacher and the teacher's aide to coparticipate in the group therapy format. The teacher and the teacher's aide come to take a position that eventually leads to the role of a cotherapist.

After the initial meeting with the teaching staff, I proceed to initiate "group therapy." My first meeting with the children is similar to my meeting with the teaching staff, to provide them with space for a multitude of voices that are not marginalized or pathologized. Often this is the children's first experience in being asked what kind of group they would like to own and how our participating together can be of benefit for them. As with the teaching staff, they are invited into participation.

Our voices become blended to provide a context of how to proceed and form our group. In this first group meeting, we decide about the participants who may be invited in the future (i.e., parents, other teachers, and additional administrative personnel). We compile "rules" for the group. Because they are already in a structured format, we comply with "school rules" but add such individually tailored features as promotion of respect and caring, confidentiality, no fronting, no slamming, no showboating (no unfair criticism, no bragging, no making up stories to show off), and no gossiping. In the setting I describe an opportunity was created for the participants to meet in a context of respect and caring. Our meetings become a place for brainstorming and support and an avenue where internal dialogues are made public, leading to tailored understandings, new meaning, and change.

CONVERSING WITH SALLY: CASE ILLUSTRATION

Initially Sally was not excited about participation in group therapy. She stated that she did not "like" me and wanted the prior therapist who brought treats, and with whom she had a five-year history. Sally had a close bond with the previous therapist, a bond she in greatly valued since her mother's departure several years ago. We had a conversation about this as it was imperative for me to be informed of her understanding and concern before further conversations could take place. As our discourse progressed, we decided that I would be able to be in dialogue with the previous therapist and that the previous therapist could resume contact with her outside the group format when the chance arose. Thus, I was not replacing but adding to.

In this first meeting, other student participants voiced their concerns and initial agendas. In future conversations the initial agendas were replaced by new ones. I did not attempt to draw on any theoretical paradigms in this first meeting. My primary agenda was to allow collaborative problem definition to occur, to create a space for multiple voices, and to promote an atmosphere of respect for self and the ideas of others. I wanted to learn about the dilemmas of self for all the participants.

The children were eager to voice opinions and directions. One would expect that the teachers, because of their history of hierarchical relationships, would experience some frustration with the allowance for the varied voices. In my experience, because the teachers were included as important participants and observers in the development of these groups, because they, too, were given power in their voices, and because initially we had cocreated the format and the initial direction for the orchestration of the group conversation, teacher involvement was cooperative and participatory. If, perchance, an issue arose that they felt was not appropriate or relevant, once again we would have a conversation about it in the group, often leading to different perceptions and comfortable understandings.

An example of such a situation occurred in the second session when the teacher and students wanted to come up with some new ideas about classroom participation, especially in regard to Sally, as she was viewed as the most "uncontrollable" student. We discussed Sally's history and her behavior in the classroom context, which produced much frustration for her and her teacher, as well as the teacher's aide, who also attended the groups and participated in classroom discipline.

In this conversation, an item of particular interest for me was the consequences for Sally for her misbehavior, Sally's perception of her

misbehavior, and the teaching staff's (teacher and aide) perception of Sally and themselves in regard to this context. Sally's misbehaviors were reported to happen continuously. To the degree that little academic content was able to be presented due to this "acting out" behavior, the first mode of teacher interaction was to reason with Sally—to attempt to coerce "good choice and alternative behavior." If this was unsuccessful, which most of the time it was, the next step was to attempt to call her parent on the telephone. As Sally's father (the parent with whom she lived) was at work during the day, Sally stated that she often ignored this consequence because there was no immediate punitive action by a parent. If this alternative did not work, Sally was then literally "sat on" by the teacher or teacher's aide until she could acquire more controlled, "subservient" behavior. After we dialogued about the first two alternatives in detail and explored the perceptions of the teachers, Sally, and the other students, we tackled the subject of being sat on and being the sittee. I was informed in detail of how it was to be sat on, an action that Sally feared and the staff disliked. By the end of the conversation I had many beginning ideas of what it was like to be in Sally's position and also a clearer sense of the teacher's perceptions around this behavior modification technique. What was so wonderful to watch was the new understanding that Sally and her teachers were developing for each other in the course of these conversations. Sally (as with most students in this program) would get her "feelings hurt" by teacher critiques of her behavior (e.g., "don't do that, Sally") and would also feel embarrassed by the negative attention being called to her activity. Because of these perceptions she would feel devalued and feared that more devaluing would occur by the teacher's actions (e.g., more conversations about her negative behavior or teacher consequences). Toward the end of this session, all parties decided that alternate methods might be more useful. We agreed to draw up some beginning ideas to help in this situation.

One idea that developed from the conversation was that Sally was intent on making the teachers miserable if she felt her feelings were hurt by redirection activity. Once she felt threatened, she would disregard the consequences in order to retaliate. Often in this process she would wait to back down, but she "knew" her behavior had escalated to the sitting process. At that time, she felt her only recourse would be an offensive one and getting the first "lick" before she was "attacked." Sally, in "hearing" the process of her thinking in regard to the previous "spontaneous" actions, decided along with the other students to develop new actions in regard to the teacher actions (i.e., exploring and finding alternative thoughts and meaning before the escalation to the sitting alternative). Among the options voiced were voluntary "time-outs" to

aid in deescalation. The students and teachers began exploring various dialogues about future behaviors and actions, both for the students and for the teaching staff. The teachers had a new understanding of Sally's need for affection and her low tolerance for her self-perceived negative input from her teachers. Sally saw how uncomfortable it was for the teachers to be watchdogs and policing activity.

The other students (four in all) also participated in the narrative of finding alternative pathways for themselves. Initially, when Sally got into trouble, they viewed her actions as amusing and sought to participate in what they viewed as a "free-for-all," a time, like recess, where they could act wild and crazy and cheer on Sally and her "defensive moves." From the conversation, it became apparent that these actions were not too helpful in the course of Sally's "winning" in this situation, and they felt very sad to see the final consequences for Sally. The remaining students, Sally, the teacher, and the aide reflected alternative roles for the students one by one. It was decided that possibly the teacher's aide could work with the other children on some "relaxing and pleasurable activity" when tensions mounted between any teacher and any student.

These uniquely collaborative alternatives or self-solutions were finely tailored and they were cocreated out of the immediate conversation. One could say that these were "interventions"; some modernistic viewpoints would add that these types of solutions (voluntary time-outs, removal of the nonescalative children) could be used in any classroom and obtain similar results. I strongly disagree with such of descriptions or explanations. First, these opportunities for self-solution were developed by the cocreated narratives. We could have talked about similar issues with similar participants and, because of differences in perceptions and narratives, come up with vastly different alternatives. These types of self-solutions are neither my solutions nor those of one of the student's or the teacher's. The narrative alternatives come directly from the conversations at hand and are finely tailored to the participants who are in the process of dialogue.

CONTINUITY OF NARRATIVES

Before I provide in more detail about the reflections of the participants, I would like to address the issues of continuity of these narratives outside the therapeutic sessions. In my view, therapeutic conversations arise in the therapy sessions but are in continuous process of dialogical action and revision *outside* the therapy room. We would be in danger of being overly ambitious if we were to conclude that participating with someone or a group of people for one hour per week accounted for therapeutic change.

The therapeutic conversation is just one conversation that participants have in coalescing around problem and solution definition areas.

A multitude of conversations occur between meetings in regard to my school consultation. Even though the group is organized to meet on a weekly basis, I do not assume that problematic areas raised in the previous week need to be addressed in subsequent conversations. For example, if I attended the next session with this school group and expected narratives about the same content areas but found little evolved dialogues about these issues yet proceeded to inquire along these lines, my conversation participation would be therapist-driven and I would be participating outside the parameters of the therapeutic conversation.

As it happened, in the next session we did dialogue on the experience of "experiencing no-sittings" for the previous week and how that was for all the participants. It is not that miraculously no infractions or frustrations occurred, but the participants felt they had created a new "beginning," a new system with which all felt comfortable. I use the term "beginning" because I do not believe that these alternatives are a curative action. New actions may need to be added or deleted depending on the narrative actions of the participants.

SELF-SOLUTION AND CHANGE

In the process of conversing with Sally and her school group, Sally's behavior dramatically improved to the point that she was able to move out of her structured special education setting. In order to understand the dramatic change, I would like to discuss the narratives that evolved from conversations with Sally and her teachers. I have saved this discussion for the latter part of this chapter to cut down on *vor-verstehen* (Andersen, 1993).

Sally was an 11-year-old fifth-grader. She had been diagnosed "emotionally disturbed" since she was in kindergarten. The school perceived that she could not follow normal classroom rules, and could not learn without a structured environment. In my experience, once a child is placed in this restrictive environment, filled with rules and facilitated by teachers whose primary role is somehow to enforce these rules, the chances of being mainstreamed are low. The children in these settings often form a peer subculture where the prevailing thought is to defend against the hierarchy. The peer relationship becomes very strong due to their marginalized voices. Once admitted into these programs, the children most often no longer participate in play or learning contexts with their mainstream peers, so that most peer interaction is with other pupils who share their negative perceptions of school, learning, and

teachers and who respond to negative situations with active forms of "defiant" behavior. In Sally's case, she had proceeded in school with a group of peers and had little peer interaction outside school. The classroom was viewed by Sally as one form of play, except that the teachers often prevented "play" from occurring. In conversations with students in these settings, they do not see the serious repercussions of their marginalization. They do not participate in school sports, dances, physical education, lunches, parties, and so on. Indeed they do not "know" what they are missing from the mainstream population. They do know, however, what it is like to be perceived through labels.

Sally's parents had separated when Sally was three. For many reasons she had limited contact with her mother, although this was a relationship she held in high esteem. Her father had multiple relationships and Sally held no esteem for these female role models. Her mother was in another relationship that had produced a brother, whom Sally felt was overcoddled and had worse behavior than herself. She had not visited her mother for the last few years because of her relationship with her mother's significant other and the tensions that arose between herself and her mother's new family. At first, when I began conversing with Sally and we would talk about family issues, she was reluctant to discuss these areas because of the pain involved. If one were to be prejudiced by Sally's history, one would think about "depression" or find other psychological pejorative terminology to describe Sally. But in conversation with Sally, one could see fiery strength, a great sense of humor, a passion for life, and great survival skills—she could hold her own.

As this group evolved, the participants developed much affection for each other. The teachers and students found new ways to relate and work with each other in a fashion that led to mutual respect and caring. As Sally's behavior and that of all the participants changed, the teacher and the teacher's aide became role models and mentors. The days were not filled up with rules but with lessons on academics and life. The other students (all of whom were at least two years younger than Sally) began to view Sally as a trailblazer and role model and the last one to ever be sat on. As she began to be mainstreamed into non-special education classes, she would report back to the group on her trailblazing and how to combat marginalization, specifically how to fit into mainstream classes. With the occurrence of all these positive events, she flourished. At the end of the school year, Sally was entirely mainstreamed, and although she often was not present during the last few group meetings, she popped in and informed us of her experiences and progress.

In the group we talked about a multitude of issues: parents' significant others, peers, academics, peer pressure, life events, world topics, and so on. Each content area for each session was decided on by the

participants and agreed on by the participants. Usually the content areas or issues were driven by experiences between meetings. There were no quick "fixes," but there was an ongoing puzzling of issues, boundless curiosity, evolution of new meaning, understandings, ideas, new self-solutions, and new directions to build on. We simply talked and reflected and talked and reflected more, opening some options and closing others. There was never a "wrong" view or advice given. Through this collaboration, we became respectful and caring of each other.

These reflections were never produced the same way twice. In some contexts, all participants would share how the week had progressed. Everyone always had a voice and ownership in the group. Sometimes an important issue had just arisen or occurred that the members had saved for the group. Often students and teachers would listen as if they were a parent, peer, or teacher and reflect on their understandings and positions. Often they would listen as themselves and share ideas and issues. A theme could be elected and then it was the process of the group to think and one by one share thoughts. In this manner of listening—conversations and reflections (and more listening, conversations, and reflections)—new meaning occurred, as well as opportunities for new self-action. As Andersen (1991) states in the process of reflections, "it invites one perspective then another, it becomes a way to embrace the possibility of both . . . a co-evolutionary view rather than a more fixed problem focus" (p. 100).

In my work I often invite "visiting" participants, including teachers or parents. The decision of whom to invite is created out of the dialogues between myself, the teachers, and the students. In my work with Sally, her "new teacher" participated in a couple of groups prior to her mainstreaming and thereafter. I attempt to have parent groups every month. At these groups, parents, teachers, and students sit with each other and have conversations. These conversations lead to coevolved issues and new actions. There is a dissolution of marginalized voices and the teacher, parents, and students become collaborators. Sally's father was not able to attend parent meetings due to his work schedule, but often he was in conversation with the teacher and would write notes to the group on particular themes of interest for him.

REFLECTIVE AND COLLABORATIVE VOICES IN THE SCHOOL

As an example of how the reflecting process worked, a composite of conversations during one session is offered:

THERAPIST: Well, Hello Ms. P. Mrs. K, I noticed the door. You sure do have some great artists around here.

Ms. P: Yes. We are getting ready for the holidays a little early this year. Okay, guys, put up your work. It's time for group.

THERAPIST: Hi, guys, how have things been going?

Ms. P: Sally has some new news to share.

Mrs. K: Yes. Sally, would you like to let Ms. S know about the new news?

SALLY: Okay. I'm getting a new stepmom! And a new baby brother!

EDDIE: Oh that's not new. You told us yesterday.

ANN: Yeah, and sometimes little babies are a pain in the petutie. I have one at home you know.

SALLY: I know, I have one, too, from my mom. But this one is different. He is soooo sweet and I get to feed him and change his diaper! (*sounds of "yuck, gross" from the participants*)

THERAPIST: Well, Sally, it sounds like you're happy about this new addition to your family. How did it come to be that you are getting a new stepmom and a baby brother at the same time?

Ms. P: We found out this week when her dad sent a note to us. He was a little worried about how Sally felt about this, especially, since the addition of her mom's baby was kind of hard on Sally before.

SALLY: Oh, but Ms. P, this is different. My new stepmom just loves this baby, but she also says she loves me, and she loves the way I take care of the baby. I know this baby won't turn into a brat the way that Jason has. Anyways, if the baby cries or something, Jan, my new stepmom, knows it's not my fault!

THERAPIST: So, Jan is the name of your new stepmom. What is she like?

SALLY: Well, she is real pretty and she has hair like mine. She likes to fix my hair, too. She and my dad have been dating only a little while so I don't know her too well, but I think she is nice. She washes my clothes, helps me with my homework, and does my chores before dad gets home, so I don't get into trouble.

THERAPIST: Oh, she's a lot of help then?

SALLY: Yeah! But sometimes I feel bad about liking her so much because I have a real mom . . . like sort of guilty.

THERAPIST: Well, Eddie, you had a new stepmom a few years ago. Did you ever feel that way?

EDDIE: Not really. Well . . . maybe.

THERAPIST: So, Eddie, how was it for you having a new stepmom?

EDDIE: Well, at first she was real nice and then after a while she got real comfortable and started making up rules. Then, after she and my dad had my younger brother, he got all the attention. But it's better now after we had family therapy.

THERAPIST: So, Eddie, how do you think family therapy helped?

EDDIE: Well, the therapist told my stepmom she wasn't paying enough attention to me and then she started being nicer and things got better.

THERAPIST: Well, did you ever feel like Sally then, you know sort of feeling guilty about your real mom?

EDDIE: Not really.

THERAPIST: Well, Eddie, I bet you're glad about that. How about you, David? Have you ever felt that way, like Sally?

DAVID: I don't have any stepparents.

THERAPIST: Oh yeah, guess I forgot. Well, what do you think it would be like?

DAVID: Well, hmm. I guess it would be like if you made a new friend and your best friend moved away. You would miss your best friend, but at the same time you would like your new friend, and maybe you would think about your old friend when you were with your best friend and that would make you sad.

THERAPIST: Hmm. What do you think Sally?

SALLY: Yeah, that's kind of what it is like. I think I miss my mom more now, even though I missed her a lot before, because I have a stepmom now who acts like a mom and so, like Eddie said, I think I miss her more now. It makes me kind of sad.

ANN: Maybe Sally could call her mom.

SALLY: My dad wouldn't let me.

Ms. P: I am really proud of the way Sally has coped with all this new change and I am happy she has a new family.

THERAPIST: I think we're all happy for Sally. What if each of us thinks for a few minutes to see if we have any ideas that would help Sally? If you were Sally, what kind of things would help?

ANN: Getting a new puppy. Puppies are adorable!

THERAPIST: Okay, that's an idea. A new puppy. That sure cheers people

up! Well, let's sort of add everybody's comments first before we ask Sally for any comments.

DAVID: Well, since she doesn't have her mom's phone number, she could write her mom a letter and tell her mom that she loves her and will always love her, even if her stepmom is a good mom, too.

THERAPIST: Okay, David. So a letter is another good idea. Who's next?

EDDIE: Well, she could talk to her dad about it and see if he has any good ideas.

THERAPIST: You guys have such good ideas! Hmm. I wonder what Ms. P and Mrs. K think?

Ms. P: Well, I think it is normal for Sally to feel this way in the beginning. If I was to get a new stepmom and I had not seen my real mom in a while, I would get sad sometimes, too. Maybe it would help if Sally could talk about it with myself or Mrs. K. Sometimes talking about it helps. I bet that both mothers would be pleased to know that Sally is such a caring daughter!

Mrs. K: You know, that made me think my son Tom had the same kind of ideas when I married Mr. K. Maybe I could ask him tonight about what kind of things helped him and then I could share these with you this week. I think also that if you need to talk about this, we're here for you.

THERAPIST: Okay, Sally. We have lots of thoughts. What kind of ideas have they given you?

SALLY: Well, I'd like a puppy, but we have a rotweiler that doesn't like any other dogs or anybody but my family. I didn't think about talking to my dad about it. I was worried I might hurt his or my stepmom's feelings or make them mad. Maybe I could talk to my dad about it and maybe I could write a letter, but I don't know my mom's address. Maybe my dad could find out.

Sally went on to ask her dad about this. Sally's dad helped her to send a letter to her grandparents, who were aware of her mom's location. After the holidays, I questioned Sally as to whether this was still an issue. It was not, and she appeared curious as to why it would be. I had not been in conversation with her for weeks, subsequent conversations with her dad and teacher had put this issue to rest. Sally and her biological mother did start conversing.

What I hope these voices imparted are the collaborative coevolving process of multiple ideas and multiple solutions that are created through the therapeutic conversation. All ideas are valid and Sally was free to

evolve which idea fit best for her. Guilt changed into sadness and sadness held the opening of new possibilities for solutions.

PARTICIPANTS' FEEDBACK: REFLECTIONS ON THE EXPERIENCE

The groups often start out with little support except for the school administrative personnel. With time, dramatic changes in collaborative conversations appear, and group ownership and a spirit of positive thinking develop. Students and teachers alike are furnished for voices and power in their voices. When I enter into a classroom, the climate becomes one of mutual respect and caring. Not all students change as dramatically as Sally. But students are eager to engage in conversations that help each other and promote positive alternatives. It feels good to talk about resolving issues. It builds hope and relationships based on respect and caring. The students make such comments as, "Can you come everyday," and, "These are things we have talked about before, but when we talk with you it is different and easier to learn good choices." Teachers report feeling respected for their ideas. In one recent conversation one teacher made the comment, "Our ideas blend so well, I feel that you and I share the same thoughts and I find myself questioning the same ideas or finishing others for you." Teachers attempt to attribute change, either positive or negative, to my services. I attribute the change to the participants since I have expertise in creating a space and process for the conversations, but they have expertise through living daily in these contexts.

A crucial component is parental involvement. Often this is not possible due to work schedules. When we are able to incorporate parents into the process, the options are boundless. Parents report feeling valued for the first time in their relationship with school personnel. Parents report feeling invited and valued into their roles as parents versus feeling blamed or pathologized for deficient parenting skills. Parents "make time" to become involved in classroom projects and report feeling collegial with the teachers.

Administrative feedback often comes from department heads (e.g., directors of programs and principals) appreciative about their "lack of involvement": Less time was required of them, because teachers, students, and parents were actively problem solving. Typical statements have been: "No longer do I receive telephone calls from teachers about a crisis in the classroom." "Complaints from students or parents never reach my office since resolutions occur in the classroom." "We can't believe these are the same kids." And, "since

the groups have started, most of my interactions in the classroom have become pleasurable experiences."

CONCLUDING THOUGHTS

I believe that providing therapy in this manner is significantly cost-effective. The group format decreased the amount of time spent providing therapeutic services both in number of sessions and in billable hours. Because the teachers can contact me to help "trouble shoot" issues, other school personnel are not required for these services and can attend to their other duties. In the school described in this chapter, the administration decided to collapse the self-contained structured settings and opted to mainstream the "emotionally disturbed" population. The cost-effectiveness of this step is outstanding considering the financing of self-contained classrooms, and the price that restricting and marginalizing children cannot be measured.

In preparing the children for this process of mainstreaming, we would role-play potential situations. We would create conversations of their ideas or what they would like to see happen—how they could "fit in" and form a sense of community with other students and teachers. One year later the children are mainstreamed and reportedly doing well. My involvement finished when mainstreaming was completed.

As I work with other school districts where diagnostically emotionally disturbed children continue to be placed into self-contained units, I look forward to a time when children performing "differently" from the mainstream population are not removed from their peers and attached to labels. As one student recently (and wisely) stated, "We need to be treated as individuals and not statistics, to be seen and believed for who we are and not through the eyes of books or diagnosis."

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CHAPTER 6



A Spell in the Fifth Province

IT'S BETWEEN MESELF, HERSELF, YERSELF,
AND YER TWO IMAGINARY FRIENDS

Imelda Colgan McCarthy
Nollaig O'Reilly Byrne

And what was strange was that there were times when I didn't know if the things I did see were real or was I imagining them. I seemed to be living on a borderline between fantasy and reality.

—Friel (1994, p. 58)

IRELAND HAS A LONG oral tradition. For particular historical and geographical reasons this practice survived as a prominent feature of an earlier Celtic civilization. With colonization, the special bardic class of storytellers, poets, and musicians was disbanded and, over time the language itself has for the most part disappeared. What has survived in the culture, however, is an elaborate affliction for story telling and a polysemic language remarkable for its overflow of ambiguity, exaggerations, and evasions. Everyday language bends under the weight of its own display, submitting wherever possible to poetic license.

The story we tell is in this tradition. It is a story that exists in that "borderline country" between myth and reality, a speaking and listening at the margins of "reality." The spokespersons in this story include "Paddy" and "Molly" (a young couple requesting help) and a novice systemic team (the authors and Philip Kearney). The couple expound a fatalistic vision based on a legacy of "madness" and suicide against which they construct a desperate vigilance and isolation. The team as an audience for the couple's story is powerfully drawn into an embodiment