Using reflecting role-plays in reflecting teams

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> " *Besides questions, there are also other therapeutic interventions that can open up space for the not-yet-said in the therapeutic conversation, such as story-telling, family sculpture, and so on* "
> (Rober, 1999, p. 210)

Introduction

I have become increasingly interested in more action-orientated reflecting teams and how a more active type of intervention, using aspects of drama and improvisation, can prove beneficial for some families in helping to change family dynamics in positive ways. In a previous article, I talked about reflecting puppet-shows as a reflecting-team variation that offered child-friendly ways of offering comments to young children (Brown, 2009). In this article I will look at another variation – reflecting role-plays. These are perhaps more suitable for adolescents and adults when a more dramatic team intervention would be helpful to enter into the problem-saturated family story and offer opportunities for more hopeful narratives to emerge.

Reflecting on how we reflect

Reflection is privileged in systemic work. In our training courses, part of the art of learning to become a systemic therapist is the ability to reflect on one's actions, thoughts and feelings. Role-plays are often used as part of systemic trainings (e.g. Piercy *et al.*, 1996) and can be used with families as a useful intervention, often to elicit hidden stories using dramatic playful effects (e.g. Wilson, 2007).

We often meet families where reflection is not privileged. Many families are caught up in difficulties. Reflection – that is, stepping back and thinking about what one is doing – does not seem possible; or is perhaps only a glimmer. The old saying, 'not being able to see the wood for the trees', captures this dilemma. Sometimes, family members are so used to battles, the possibility of taking a step back and reflecting on the situation seems unlikely. This is where reflecting role-play's can contribute to finding ways of making a positive difference in our work with families. These role-plays do not replace the main therapist's attempts to work in creative ways (for examples, see Rober, 1999) but they do, in my view, add support to both the family and therapist in helping create conditions for positive change, when conversations have got stuck or have become overly negative and rigid.

Reflecting-team conversations

We usually utilise a reflecting-team approach in our family therapy team in Greenwich. To quote Bateson's famous saying, we find this often *"creates differences that makes a difference"* (Bateson, 1979, p. 99). We start with positive connotation or highlight strengths, and then introduce stretching comments that introduce different ideas. In stretching the conversation, we have been influenced by Mason's idea of relational risk-taking, which offers a framework in which taking relational risks, rather than playing safe, helps introduce new ideas and possible change. This helps contribute to a context where a useful therapeutic edge can also emerge (Mason, quoted in Hardham, 2006). We remain mindful of

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BOX 1 – Key points of reflecting role-plays

Phase 1: The team, or members of the team, role-play the problem-saturated discourse with little difference shown. The idea is to hold up a mirror for the family (see case example 1). Or a variation might be the team, as family members, guess at the clients' inner conversation relating to negative feelings about coming to therapy (see case example 2).
• The role-play may be aimed at one or more family members. If one, the therapist playing the person talks to the lead therapist. If two or more, the team members talk to one another.
Phase 2: The role-play then continues, but new ideas are subtly introduced that speculate at a more hopeful story that may have become buried at a subterranean level. This may lead to a gradual loosening of fixed positions in the family to locate a possible hidden story of hope.
• Role-playing different storylines can influence the family to take more risks in beginning to change established patterns of interaction.
Phase 3: The lead therapist asks the family about the experience, carefully building on any seeds of hope to which the family have responded.
• Family members may comment on what seemed similar, what seemed different, and they often show humour at the team's attempt to play them. They can also correct any misrepresentations that do not fit.
Summary: A reflecting role-play can offer a novel intervention that may open up room for reflective space often via the hidden messages of hope in the role-play, and also providing a possible springboard into conversations that have become stuck.

Andersen's original ideas of comments not being too similar or too different (Andersen, 1987).

Reflecting role-plays

At times, our usual reflecting-team approach does not seem to offer accessible ideas the family can use. This might be when there is a therapeutic impasse – when the therapist and the family feel stuck, when the conversation feels repetitive, and when there is no space to move things on with the not-yet-said (Rober, 1999). With a reflecting role-play, we step further out of our comfort zone and enter the realm of greater (and often more anxiety-provoking) relational risk-taking. Mason says, *"Relational risk taking is what we have to try and do when relationships get stuck"* (Hardham, 2006, p.19). The stuckness can be between family members or in the therapeutic relationship or both. In looking for ways to talk, it is often difficult to find a route that doesn't end in blame and recrimination. This is where the team's speculations of the family roles can help the family to develop new meanings to familiar patterns.

Reflecting in the same room or swapping rooms

As with reflecting puppet-shows, we often swap rooms so that the family can adopt the role of audience, in a darkened room, which may help with the theatrical stance of the role-play. I suggest teams experiment, using the family as guides. For some therapists, the room-swap provides a useful energy-shift to the encounter and allows the family some privacy from the team as they observe the role-play (in the room-swap approach, the main therapist always joins the family in the observing room). Other therapists may feel they lose the essence of the feelings in the session when they reflect in a separate room.

Case example 1. Breaking the deadlock

Ryan, aged 16, and his family (mother, step-father and sister) came for five sessions at monthly intervals. Each time the family would blame Ryan for the problems he got himself into and each time Ryan would defend himself. It seemed like stale-mate. Furthermore, the family said that, although they liked coming to the sessions, nothing much positive was happening in their day-to-day lives. We needed to do something different. In desperation I consulted my colleague behind the screen. Instead of a reflecting conversation towards the end of the session, I suggested to the family that we attempt a role-play. We swapped rooms and Ben played Ryan while I played 'the family'. As well as the family finding this intriguing, it led to a 'turning point' and slowly, over time, to more positive change. As Jamie, the stepfather, said in an interview about the process sometime later, *"When they did the role-play, you could see how you looked and how you sounded through someone else's interpretation"* (Oxleas, 2012, part 3, scene 6).

To view a video clip excerpt of this reflecting role-play, please visit www.oxleas.nhs.uk/roleplay

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Engagement

We frequently find adolescents need more innovative ways to become engaged in sessions. A reflecting role-play can guess at the young person's inner conversation and put this out into the open without upsetting the parents too much, as the conflict is contained in the role-play. Or, parents may disagree with a therapist in the role-play, which may lead to a useful debate about the family situation. Warming the context is important with words such as, *"Do*

I have your permission to try something different today?" or *"We have an idea of the team doing a short role-play of your family. It could be potentially useful – do you mind if we give it a try?"* With this or similar prefaces, the family's curiosity is usually mobilised and they often show intrigue, as well as apprehension, about what might follow.

Actions speaking as loud as words

In the role-plays, words, mannerisms and postures are all important, so the family receive non-verbal and verbal cues. As Bateson suggests *"... language is first and foremost a series of gestures. Animals after all, only have gestures and tones of voice – and words were invented later … "* (1972, p. 13). In phase 1 (see box 1), family members may be surprised at how they sound through the interpretation of their conversation as construed via the role-play; while, in phase 2, they may be relieved to hear a positive slant on the overall difficult situation as the role-play attempts to bring forth subjugated narratives/untold stories.

Humour can lower defences

The role-plays are serious, but families often find them humorous. As family members 'see' themselves in the play, they may laugh through embarrassment or a sudden recognition of how they may come across. If the family are able to laugh, an air of tension often lifts in the room. Families seem to appreciate the team taking a risk to do something different, and perhaps this can add to the family being prepared to experiment more in the way they relate to one another.

Theoretical underpinnings

Reflecting role-plays require a playful approach to problems, together with the search for more helpful subjugated narratives (White & Epston, 1990). This playful approach is intended as a springboard to address serious issues, not as a springboard away from them (Mason, 2012). As I have suggested elsewhere, *"Quite often, behind a very serious argument, is often a lot of missed opportunities for love, caring, concern about each other, which is still there, but very much under the surface"*. (Oxleas, 2012: part 3, scene 7). In many respects, the role-play is a dramatic technique to bring out disconnected intimacy in a more connected way (Mason, 2012). If families can see themselves through the drama of the role-play, this can have the effect of stepping outside the situation – of seeing the 'inside' from the 'outside'.

Team safety

Rober (1999) talks of a safe therapeutic-culture where we try to meet clients with respect and sensitively to help make space for the not-yet-said. Likewise, when working in a team, I think a safe team-culture is important to help take extra steps, where necessary, to assist families in helping to find new meanings and alternative stories. In considering the emotional tone of the session from behind the mirror, and imagining and guessing at the relationships unfolding in the room, there should be enough safety and trust within the team. The team should feel *"secure enough to improvise"*, to borrow a chapter heading from Byng-Hall (1995). A similar idea in navigating this uncertain terrain is called 'safe uncertainty' (Mason, 1993). In the observing room, I think a quiet, predominantly non-talking stance allows the team members to absorb the feel of the session and this helps to decide if a reflecting role-play may be offered to the family. Sometimes, roles may be allocated to specific team members or the roles can emerge through absorbing the

conversations in the session and then allocating roles when it is time to reflect. As the team observe, they use their observations, intuition, ideas and imagination as therapeutic tools (Rober, 1999) to help guide the conversation in the role-play (see box 2).

Inner and outer conversation

Rober (1999) talks of the inner conversation of therapists and what we keep inside or offer outside. In reflecting role-plays, therapists may guess at the inner conversation of the family members with regard to ambivalence (phase 1) and then with regard to subjugated positive narratives that may be under the surface, perhaps buried under layers of resentment (phase 2). Wilson (2007) gives a lovely example of the therapist adopting this role. He talks of a wordless impasse between father and son, where he imagines the father's inner-talk and then, as an experiment, talks to the son in a way that thickens and makes richer the outwardly thin description given by the father. In this instance, it was not about unspoken hopes but of unspoken shame, and it opened up space for the father's lack of words to be guessed at and heard. Wilson goes on to state how this role-play was more than words – *"It converts the story into a 'play' … adding colour to the spoken word through action and theatricality"* (p. 80).

In reflecting role-plays, the team members adopt these positions using the ethos of playfulness; drama and improvisation. The team try to mirror the (usually blaming) outer conversation or guess at negative inner thoughts and feelings. The latter part always aims to bring out more positive subjugated (inner conversation) narratives, even if outer change is less dramatic, showing perhaps more subtle awakenings. The reader may also see links with ideas of internalised-other interviews and attempts to increase curiosity and awareness of other people's experiences or 'putting oneself in another person's shoes' (Tomm, 2007).

These ideas all have in common, placing the family in an observational role of their family patterns as perceived by the team, often through reading the emotional tone of the session (Wilson, 2007, p. 143) (see box 3).

Case example 2. Opening up space for conversation

Jane was in temporary foster care and the dilemma was: under what conditions would her mother accept her back home? Instead of reflecting, two members of the team adopted the roles of mother and daughter and talked to each other about hopes and fears. In these roles, the team members were less tentative and more passionate and direct about the possible dilemmas. Following the role-play, Jane and her mother were able to talk about comments in the role-play that match their views and those that did not. The role-play seemed to act as a catalyst in starting a conversation between mother and daughter that had previously been silent and stuck.

Reflecting role-plays as 'mid-session interventions' or 'towards end-of-session interventions'

Tom Andersen (1987) describes how the first reflecting team happened as an intervention in the session to change the negativity of the therapist and family, or what one might call an impasse during the course of the session. A reflecting role-play usually takes place towards the latter part of the session, but may be used earlier to help loosen tensions, as shown in example 2.

Case example 3: Impasse

Nathan and his mother came to the session, along with Nathan's two sisters. Nathan seemed to feel blamed that the focus of the problem was solely on him (which it was). After 15 minutes of blame-talk and Nathan remaining silent, the team phoned into the room. A team member then came in and talked to the therapist 'as if he were Nathan'. He said *"What is this stupid screen about and why is the focus on me. What about the others. It's always me! That's why I'm not going to talk!"* After this brief two-minute role-play, externalising the team's perception of Nathan's inner conversation, the team member left. The family spontaneously burst into laughter. Nathan said, when asked about the role-play, *"He got some of it right"*, and the family talk progressed in a more relational way with the mother then saying *"It's not all down to Nathan"*.

The reflecting role-play and the importance of what happens next

We usually adopt a reflecting team approach because we often notice changes in the family, following a reflecting conversation. Similarly, it is the period after the role-play that is just as important as the role-play itself. After the role-play, the audience (family) comment on the play. As expert critics, how would they judge it, how might they re-write, or partially re-write, what they have seen and heard? The therapist's skill is important here in picking up the sense that the role-play has had on the family; whether it is perhaps over- or under-whelming, and allowing for corrections so that the play has become a vehicle for the family's voice, not the actual voice. Wilson (2007) uses the term 'transitional performer' to remind us that the performance of the role-play is only a starting point, or re-starting point, for new family stories to emerge. The

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role-play's 'offerings' are sometimes more accurate, other times less accurate, always leaving the family with their views and integrity intact. I am reminded of Andersen's words, *"You can borrow my eyes, but you must not take them away from me"*, which helps us to remember the respectful stance needed for this type of therapeutic intervention (Andersen, 1995 p. 11). The family's feedback is important, as a springboard to further conversation between family members, which is why this part of the session is as important as the role-play itself (see box 1, phase 3).

Conclusion

Reflecting role-plays can offer a novel kind of reflection and can be used instead of, or in addition to, reflecting teams in family therapy clinics/workshops. I have suggested that this more dramatic type of reflection may help to loosen somewhat stuck patterns in the family, such as when there appears to be a therapeutic impasse. The role-plays may be experienced as novel, unusual and even intriguing. Families often appreciate the team's effort to do something different to help find possible solutions. Above all, they may help to create new more accessible meanings in the family and assist the bringing forth of alternative subjugated knowledge. I think they work best in stuck situations where family members may need to see themselves afresh from an observer perspective. This is not to say they cannot be used to add an interesting difference for families well engaged in therapy and change.

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Readers may be familiar with the television documentary, *I Hate Mum*, which featured the team, the use of reflecting puppet-shows and has been written about elsewhere (Aitken *et al.*, 2012).

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