Being there, experiencing and creating space for dialogue: about working with children in family therapy

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While most authors agree that it is important to mobilize the active participation of children in the family therapy session, a lot of family therapists exclude children from participating because they do not feel comfortable with children. Teaching family therapists to feel more comfortable around children is a good idea, but perhaps it is not enough. In this article, the author reflects on the complexity of the issue of the comfort of the therapist in a session with children and families. In the discussion of the case story of Elly and her mother, practitioners are reminded that the therapist’s experiencing in the session can help her to understand something of what goes on in the families she is working with.

Introduction

A lot of experienced family therapists have emphasized the importance of involving children in the family therapy session. Family therapy pioneer Nathan Ackerman (1970), for instance, stated that family therapy is impossible if there is no meaningful exchange between generations. Andolfi (1982) writes that to really understand the history of the family and the family as it now exists, family therapists have to talk with the whole family, children included. According to Andolfi, children can offer the therapist a good indication of the emotional climate of the family. He proposes that family therapists should engage the child (especially the symptomatic child) as a consultant or as a co-therapist: the child then becomes the thread of Ariadne that orients the therapist in the labyrinth (Andolfi et al.,
1989; Andolfi, 1995). In addition, other family therapy pioneers have stressed the importance of the participation of children in the therapeutic process (e.g. Minuchin, 1974; Whitaker and Keith, 1981). The main conclusion of a Delphi study by Sori and Sprenkle (2004) is consonant with the voices of these family therapy pioneers: children should participate in the family therapy session. Empirical outcome research on the effectiveness of family therapy treatment of children exists (e.g. Carr, 2009), but as far as I know there is no outcome research comparing family therapy in which children participate actively in the therapeutic process, with family therapy in which the children are not really included in the process. This is an important distinction: empirical research shows that even when children are present in the therapy room, they may not be actively participating in the process (Cederborg, 1997). It seems that in a lot of family therapy sessions children are talked about, rather than invited to participate in the conversation.

The voice of children in family therapy

The finding that children are often more a topic of conversation rather than active participants in the family session fits with the observation of some authors that in practice children are often excluded from participation in family therapy (e.g. Zilbach, 1986; Chasin and White, 1989; Carr, 1994; Rober, 1998; Lund et al., 2004; Sori, 2006). Korner and Brown (1990), for instance, surveyed 173 marital and family therapists in the USA, and discovered that 40 per cent of family therapists never include children in their therapies, and that 31 per cent of family therapists invited children to the session without really including them in the therapy. It seems that a lot of family therapists work mainly with couples or individuals.

The findings of Korner and Brown’s study are all the more striking as children themselves consider it important to be involved in family therapy. This is what Stith and colleagues (1996) discovered in their research The Voices of Children, in which they interviewed children (5–13 years old) who had been in family therapy. The researchers wanted to determine the perspective of children on the experience of being in family therapy. The researchers interviewed the children and asked them for their comments and suggestions. One of the most prominent findings of the research was that children wanted to be involved in family therapy in a meaningful way. Although at first they often did not want to come to the therapy, most children saw value in
family sessions over time. Even if they were not the focus of the therapy, they wanted to be there in the session with their parents. Another interesting finding was that children told the researchers that they are more comfortable with therapy, the more they know what is going on in the family and what the parents’ motives are for initiating therapy. Furthermore, the research showed that children want to participate in therapy in their own way: they don’t only want to talk. They want to do something too. This finding can be an encouragement for family therapists to use action-oriented techniques in their work with children.

**Feeling comfortable with children**

Of course children don’t have to be involved in family therapy all the time. There are sometimes good reasons to work with parents alone, or to work with couples (Sori and Sprenkle, 2004). For instance, it is often better to talk about intimacy and sexuality between the parents without the children being present. On the other hand, it seems that sometimes family therapists have personal, experiential reasons for excluding children (e.g. Andolfi, 1982; Zilbach, 1986; Chasin and White, 1989; Wachtel, 1994). Thus Johnson and Thomas (1999) found in a study in which they surveyed 143 clinical members of the AAMFT that 49.7 per cent of family therapists excluded children on the basis of their personal comfort level with children. Family therapists who felt comfortable with children were more likely to include children in their therapies. The study also showed that therapists are more likely to exclude children with externalizing problems (e.g. hyperactivity or conduct disorder), than children with internalizing problems (e.g. depression). As Johnson and Thomas (1999) remark: ‘Externalizing, aggressive children can be very challenging in family session. It is easier to ask the parents to leave these children with a baby-sitter than to struggle through the session with such a child’ (p.121).

**A challenge**

Working with any child in family therapy can be challenging. Some children can be noisy and chaotic, making it hard for the grownups to have an ordinary conversation. Other children are so silent that the therapist may feel lost, frustrated and impotent because her main therapeutic tool (words) proves to be useless. Furthermore, not only
the children themselves, but also the parents can make the therapy more tense for the therapist. Parents (not children) usually take the initiative to go to therapy and they have high expectations because they are often exhausted and at their wits’ end with worries for their child’s future. Sometimes therapists may feel that parents are looking over their shoulder at the way they handle the situation. For the parents it may be a relief if the therapist fails to get the child to talk, because in the therapist’s failure they find proof that they themselves are not to blame: ‘Even this professional could not handle my child.’ On the other hand, a therapist who is very skilful in talking and playing with children, and who succeeds in making contact with the child in ways that the parents have never succeeded, often raises sensitive issues of blame or competition in the parents. A good contact between the therapist and the child may, for instance, increase the parents’ admiration for the skills and the charm of the therapist, while at the same time it may confirm them in their fear that they themselves have limited parental skills.

The complexity of working with children in family therapy highlights the importance of addressing these issues in the training of young therapists. Sori and Sprenkle (2004) found that it is important that specific content areas like child development and child psychopathology would be included in family therapy training. Furthermore, family therapists in training should be encouraged to think systemically and need to learn that children are affected by parents’ problems, just as parents are affected by children’s problems. Family therapy training programmes have to train young trainees in practical skills such as how to talk to children, how to structure a session in such a way that children feel safe, how to use non-verbal art techniques (e.g. drawings, puppets, sand play) and so on. Sori and Sprenkle (2004) propose that therapist playfulness and creativity should be emphasized in family therapy training.

In order to avoid the exclusion of children in family therapy it is important that family therapy training increases the trainee’s comfort with children and family work. Sori and Sprenkle (2004) recommend that training programmes should offer opportunities for trainees to gain a lot of practical experience with families with children from different developmental stages and with a wide range of child and adult problems: ‘Comfort is gained only through experience and good supervision’, the authors write (Sori and Sprenkle, 2004, p. 493). While without any doubt this is a wise recommendation, the issue of the comfort of the therapist with children may be more complex than it appears.

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Comfort and discomfort

It may not be such a good idea for training programmes to simply aim at maximizing the comfort level of the therapist. For several reasons, the issue of the comfort of family therapists in working with children is a complex one.

First of all, talking about discomfort, without specifying exactly what kind of discomfort one is referring to, is overly generalizing, as there are many different kinds of discomfort which therapists can experience in their work with families and children. In training young family therapists, for instance, it might be valuable to explore with the trainees exactly in what ways they feel discomfort in working with children: is it self-doubt, fear of losing control, not succeeding in making a connection, and so on? Second, feeling discomfort in working with families with children comes with the territory (Wilson, 2005) and, rather than trying to avoid discomfort at all costs, family therapists also have to learn to tolerate some level of discomfort. Third, while some level of comfort is necessary for a family therapist to work with children, too much comfort is probably not useful, as it may lead to a safe but sterile kind of therapy. Probably, in order to be an effective family therapist, what a therapist needs is to feel comfortable enough to take risks. Wilson (2005, 2007) recommends that in order to help the family, it is sometimes necessary for therapists to leave their zone of comfort and improvise. Wilson (2007) describes the therapeutic encounter as a *theatre of possibilities*, and the family therapist as an *improvisational therapist* who has to venture into the ‘zone of discomfort’ in order to engage effectively with the family.

Finally, it pays if family therapists attend to their feelings of comfort and discomfort. This helps them to notice the feelings of comfort and discomfort of the family members, making it possible to engage with them in a way that – in Tom Andersen’s words (1987, 1991) – is different, but not too unusual (Wilson, 2005). Furthermore, it is useful for family therapists to attend to their own experiences in the session, because a lot can be learned from listening carefully to one’s own feelings of comfort and discomfort: what exactly makes me feel comfortable in the session? And what makes me feel uncomfortable? Cautious reflection on one’s own experiences of comfort or discomfort may open space for using these feelings in the session as an empathic bridge with the family members, making new connections, and creating room for surprising dialogical possibilities and stories untold. While this important point in fact deserves a more detailed
treatment, in the context of this article the discussion of the next case example will have to suffice to illustrate how the therapist’s experiencing can be a tool in family therapy with children.

Elly and her mother: The therapist’s experiencing as a bridge

The mother contacted me because she was concerned about the behavioural problems of her 8-year-old daughter Elly. In the first session with the mother, Elly and her brother, 2-year-old Art, we talked about all sorts of things, while the children explored the room and played with the toys on the table. Mother told me that she worried about Elly’s behaviour at home. Elly was not nice, mother said, she didn’t obey her when asked to help in the house, she bullied her brother and she used profane language. Mother also told me that she herself had been hospitalized for depression some months ago. At the end of that first session, I had asked them to bring something to the next session that would help me to get to know them better (for more information about this task, see Rober, 1998).

When they entered the consultation room at the start of the second session I noticed that the children had each brought a teddy bear. I did not see what mother had brought to the session.

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1 This case story is based on the analysis of videotaped sessions with Elly, Art (not their real names) and their mother. Changes to the story have been made to protect the family’s anonymity. An earlier analysis of this therapy from a slightly different angle was published in Rober (2002) and Rober (2004).
I asked who wanted to start to introduce themselves using what they had brought to the session. Mother immediately turned to Elly and summoned her to start. Elly protested, but mother insisted, so Elly began to talk about her teddy bear. This interaction between mother and Elly, brief as it was, struck me. Usually mothers don’t push their children like that into talking. Rather, most parents accept some hesitancy from their child, because, after all, therapy is unknown territory for the child too. Often, when children are reluctant to talk, mothers even volunteer to go first and in that way they take the first risk, offering their child some time and space to observe what happens in the session.

However, this mother pushed her daughter to talk first. I felt a tinge of irritation for this mother, but I focused on Elly who said that she liked to play with her bear, and talked about how important the bear was for her. While Elly talked, I noticed that mother did not pay attention to what she was saying. Mother was conversing with Elly’s brother Art, who was moving around the room, not interested at all in taking a chair and sitting down. I noticed that not once did mother look at Elly while she was talking about her bear. My irritation with mother was growing. At the same time, my compassion for Elly was mounting, and I felt the urge to compensate for the lack of mother’s attention by showing special interest in what Elly was saying. I really did my best to listen carefully while Elly was telling how she cuddled her bear, and I asked her all kinds of trivial questions about her bear, just to let her know that I was listening. Elly said that her bear was very important to her and that she took the bear with her to bed when she went to sleep. ‘Except when my brother can’t find his teddy bear’, Elly added.

‘What do you mean?’ I asked her.

‘Well, if he does not have a bear, he refuses to go to sleep. So when he cannot find his bear, I give him mine, so he can sleep,’ she explained.

This made me reflect in my inner conversation that this girl seemed to be very caring towards her brother and very helpful. I made a mental note of that because it seemed so out of character with the picture mother had painted in the previous session of Elly as a problem child. I wondered if this mother really knew her child. After all, how could she really know her child, I reflected, if she didn’t care to listen to her child when she was talking about what was important to her?

Then something strange happened. The boy Art took his bear and put him in an empty chair. This surprised me all the more as I saw him moving to another chair, opposite to his bear. Speechless, I observed him as, for the first time in the session, he sat down comfortably in his chair. Then, Elly stood up from her chair and put her own bear, which...
was bigger than Art’s, with Art’s bear in the same chair. She took her bear’s arm, and laid it over the shoulders of the little bear. It struck me that it looked like a very loving embrace and again I reflected how helpful and concerned Elly was. When Elly sat down in her chair again, Art stood up and went back to the chair where the bears sat. Without a word, he took Elly’s bear and dropped it on the floor and put his own bear on the chair again. Elly playfully protested and yelled ‘hey’. Smiling, she stood up and took Art’s bear and, in turn, dropped it on the floor and put her own bear on the chair. At that moment mother busted in and said, ‘Elly, don’t bully your brother.’

All this time I was sitting there observing the interactions of the children, and I was especially struck by mother’s remark ‘don’t bully your brother’. This remark made me feel uncomfortable and irritated. In my inner conversation I reconstructed the scene: Elly did something warm and caring first by putting her bear comfortably with Art’s bear on the chair. This was not noticed, it seemed, not by her brother, nor by her mother. Then when Elly and her brother were playfully competing, mother gave her a reprimand. It seemed that mother only commented on Elly when she did something that was – at least in mother’s eyes – wrong. I felt very uncomfortable with the way the session was going, and in my inner conversation I found myself protesting, and criticizing mother, saying to myself that this is not what a good mother would do: ‘Why can’t she just acknowledge the constructive things Elly is doing in the family? Why does she only focus on what is wrong?’ I was really irritated now, and I wanted to protect Elly against her mother who was so unfair.

I don’t know why, but for some reason at that moment I became aware of my experiencing in the session: I realized that I was not exactly being an empathic therapist towards the mother. I had very negative thoughts about her, while at the same time I had a lot of admiration for the kindness of Elly. In fact, I had to admit to myself, I felt compassion for the girl. I realized that if I did not watch out I would start to make comments and ask questions, the answers to which would only confirm the simplistic image I had somehow developed about the family, with, on the one hand a bad mother, and on the other hand an innocent child needing a caring parent. After some reflection\(^2\) I also realized that this image of Elly needing a caring parent had somehow appealed to me and had invited me to take up the role of the good

\(^2\) All these reflections, as they are spelled out here, may give the impression that it took me minutes to reflect on this, but in fact it was a question of a few seconds.
parent in the relational scenario that was played out in the session. Yes indeed, I had already taken up the role of good parent when I had tried to compensate for the attention that I thought Elly was lacking. I had felt comfortable in my role as a good parent, feeling justified to interfere in the family, trying to mend what was wrong, not realizing that my taking this position was at the expense of Elly’s mother, who became positioned as the bad parent. In fact, I realized, I stood between Elly and her mother, alienating them from each other, and possibly perpetuating what was already going wrong between them.

I was surprised by my own negative reflections and, to be honest, I was also disappointed in myself – I so often pride myself in being a constructive therapist focused on dialogical exchange with clients. I decided to change my tune, and to ask more constructive questions in order to get into contact with mother’s competency and resourcefulness. I wanted to correct the unfair and simplistic image I had of this mother, and to get in touch with the loving mother that she undoubtedly was.

So I started to invite mother to talk about moments in which there was a good relationship between her and her daughter, and about moments in which she appreciated her daughter. At first, mother persevered in showing irritation at Elly, and telling stories about Elly’s behavioural problems. But then, gradually, more positive stories developed in the session; about how helpful Elly was towards her mother; how she took care of her brother and how mother and Elly, at times, could enjoy each other’s company. These stories confirmed that mother, although concerned and irritated about some of the things Elly did, really cared for Elly, and that they loved each other very much.

Interestingly, in a later session (the fourth session, in which I spoke with the mother alone) I was struck by other things mother told me about her history that seemed to resonate with some of what I had experienced in the second session. For instance, mother told me that there were a lot of communalities between her own childhood and Elly’s. Like Elly, when mother herself was 8 years old, she took care of her mother who was depressed: ‘However, my mother has never realized how much she was loved by me. Neither did she ever acknowledge that she knew how much I have done for her.’

We talked about her concern for her mother, and about how she – after all she was still a child – had cared for her mother. Then she said, ‘I now understand Elly has been going through some of the same things as I went through as a child.’

Later in the session, to my surprise, mother started to cry and she told me that her mother had committed suicide when she was 8. She
told me the story. As a child, she had lived alone with her mother and one day when she came home from school she found her mother in the bedroom. She had killed herself with a shotgun.

‘All these months I had taken care of my mother, trying to keep her alive, but clearly I had failed,’ she added.

After she told me this story, mother said that she didn’t want Elly to have the same miserable childhood as she herself had had. My image of the unloving and unfair mother was a vague and distant memory now, and instead of talking about Elly’s behavioural problems, we talked about how mother could help her daughter to have a happier childhood than she herself has had.

Discussion

The case story about Elly and her mother, as it is told in this article, is focused on the therapist’s experiencing, the destructive scenario he risks becoming caught up in, and the opportunity he takes to invite new and more constructive stories in the session (see Figure 1).

1 The experience of the therapist: the therapist is increasingly irritated by mother, and has compassion for Elly, trying to give her what her mother does not give her.

2 The danger of getting caught up in a destructive scenario: the therapist’s experiencing invites him to be protective towards Elly and critical towards mother. He feels inclined to take up the role of the good parent, initially without realizing how destructive this would be. If the therapist would have proceeded with playing a part in such a scenario of protecting, blaming and rejecting, that might perpetuate the negative patterns in which the family seems to be caught.

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<thead>
<tr>
<th>Experience of the therapist</th>
<th>Irritation/compassion</th>
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<tbody>
<tr>
<td>Danger: Scenario he feels invited into</td>
<td>Blaming and labelling the one who irritates me. Protecting ‘victim’, comforting, trying to compensate for whatever is missing, ...</td>
</tr>
<tr>
<td>Opportunity: Space to create in the dialogue</td>
<td>Talking about good moments between both family members, trying to understand and to see the &quot;good&quot; in the one who irritates me, ...</td>
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Figure 1 Experience–Danger–Opportunity model, applied to the case of Elly and her mother.
3 The opportunity: the therapist realizes the danger and makes a correction: he seizes the opportunity to start to ask questions about good mothering, and about good moments between mother and Elly. This opens up space for new stories about the love and care in the family that cast a completely different light on mother, as well as on the relationship between mother and daughter. Furthermore, these stories lead to mother’s surprising story of the similarity of her relationship with her mother in her family of origin, and Elly’s relationship with her.

This way of analysing the therapist’s experiencing and positioning in the family session is based on the Experience–Danger–Opportunity model or the EDO model (Rober, unpublished). The EDO model is meant to bridge the gap between my academic work on the therapist’s inner conversation (Rober, 1999, 2002, 2004, 2005; Rober et al., 2008) and family therapy practice (therapy, supervision and training). The model proposes that the therapist be sensitive to her own experiencing during the session, be careful to monitor the implicit invitations to join the family members in potentially destructive relational scenarios and, finally, to explore opportunities to proceed with the session in new and more constructive ways. While the EDO model is a general model focused on the therapist experiencing in therapy practice, it is especially useful in working with children in families. The role the therapist is invited to play in the family’s relational scenario often reflects a lot of what – as yet – is difficult to talk about in the family. As the case of Elly and her mother illustrates, the therapist’s experience of discomfort in this role can offer him a firsthand experience of some of the things the family members went through. Clinical experience has taught me that strong emotional experiences of the therapist in the family session that urge him to take an active part in the family’s relational scenario often connect the therapist with some of the unspoken, deeper layers of what the problem child is experiencing in the family. So, if the therapist takes the risk of tolerating his experiences in the session and succeeds in reflecting on them (rather than being activated by them), then they can function as an empathic bridge towards a better understanding of what is going on in the family. Furthermore, these experiences can inspire him to ask questions that open up space for fresh and surprising dialogues with the family members, as well as between the family members, and even between family members and their social context.
Summary and conclusion

While most authors agree that it is important to mobilize the active participation of children in the family therapy session, a lot of family therapists exclude children from participating because they do not feel comfortable with children. Teaching family therapists to feel more comfortable around children is a good idea, but perhaps it is not enough.

In this article, I have reflected on the complexity of the issue of the comfort of the therapist in the session. I have also reminded practitioners that the way we feel comfortable or uncomfortable in the session can help us to understand something of what goes on in the families we are working with. In the discussion of the case story of Elly and her mother, I have briefly introduced the Experience–Danger–Opportunity model as a simple practical tool for therapists to facilitate the use of their own experiencing in their work with children in families.

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References


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