A troubled family therapist undercover: *Some reflections on working with 'troubled families' in a statutory agency*

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After working with children and their families in social care for ten years, whilst training as a systemic and family therapist and supervisor, I now work as an independent systemic psychotherapist, undertaking post-adoption support work for the local authority. Whilst working in a statutory setting, I progressively felt like I was working under cover as a systemic thinker and family therapist; my therapeutic skills were never fully acknowledged and formalised into a proper therapeutic role within the organisation. There were too many dilemmas for a statutory organisation to handle whilst striving for certainty in professional judgments in courts and safeguarding practices; too few resources to meet the huge amount of needs; the fit (or lack of it) between therapy and statutory services; the tension between parents' empowerment and social control; and the imbalance of power between families and workers.

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I used to like the challenge of using my skills in this context; I felt valued by some managers, who gave me 'the cases' where they felt there was some hope and potential for change. However, in an environment of defensive rather than reflective practices, my dilemmas and ethical questions were not welcome and I felt silenced as an uncomfortable voice. This led me to disengage further from my organisation and explore dilemmas in external clinical-supervision rather than sharing them with my colleagues and managers. This is why I describe this experience as a 'family therapist under cover', which eventually led me to leaving this post. In this article I will share some of these dilemmas and reflections with a wider systemic audience.

The ethics of therapy for undeserving clients: Is it cost effective? Is therapy a political act?

Reflecting on my experience, with a small dose of irreverence towards organisations (Cecchin *et al.*, 1992), can be useful here, although I have to acknowledge my own bias toward this possibly typically Italian stance wherever politics is involved! At times of particular pressures and lack of positive outcomes in the therapeutic work, I was irreverent in simply wrestling with the uncomfortable questions/dilemmas that may be underlying policies and organisational choices about the best use of resources. Is it worth investing in 'hopeless clients', 'troubled families' where change is difficult to achieve, often making us feel 'hopeless workers', possibly 'troubled workers', unable to create change? No doubt good outcomes make us feel like good therapists.

I have sometimes wondered whether a hidden yet powerful professional discourse about the usefulness, or effectiveness of therapy in statutory agencies is influenced by the belief (or prejudice?) that the most disadvantaged people in our society *"have to sort themselves out"* and use the support available to them, possibly to make professionals feel good about themselves as helpers. Interestingly, when working collaboratively with clients by trying to identify their own therapeutic goals, I often heard: *"I need to sort myself out"*. The use of language here seems a reflection of these dominant professional-discourses that, in turn, reflect the wider socio-political discourse and social expectations, which may have been internalised by clients.

At its worst, any suggestion that 'troubled families' deserve political action, hence the need for a specific funding to support them, without recognising our part in perpetuating the myth of personal/individual as opposed to social and collective failure to care for the most vulnerable people in society, may reinforce the discourse that they are to blame due to being unable to *"sort themselves out"* even when supported. The boundaries between *"personal troubles"* and *"public issues"* (Wright Mills, 1959) can become blurred. Based on the principle of mutual influence, systemic thinkers believe that personal troubles and public issues are intertwined and therefore personal troubles *are* public issues, and vice versa. I would argue that the Government initiative for 'troubled families' may further reinforce the process of 'othering' by creating the sense of 'us and them' in the society, increasing the families' sense of exclusion from social benefits that they deserve and interfering with their sense of belonging to a society by defining them in this derogatory way. It could also reinforce and convey the idea that families 'deserve troubles' more than they deserve support.

During my experience as a leader and supervisor of the Family Therapy Service, I realised the importance of keeping alive a political dimension in the clinical practice by trying to challenge some of the most hidden and shameful prejudices which are mirrored in the room (Hare-Mustin, 1994), particularly, the idea of *"undeserving clients"*. I hypothesised that some clients' missed appointments were a reflection of the internalised discourse of

wasting professionals' time whilst they were expected to expose personal troubles. Clients in this context are often implicitly blamed for not taking responsibility for addressing their personal problems embedded in their disadvantaged position in society, a combination of poverty, poor housing, poor education, disrupted upbringings, many losses and separations and poor mental health. If clients' personal troubles were also regarded as *"public issues"*, we would all be able to acknowledge a shared social and political responsibility for improving their positions and psychological wellbeing.

I strongly believe that statutory clients deserve a space and a place where they can receive intensive support and respect, whatever their class, culture, gender, sexuality, religion, educational and economic background, whilst being subject to often dehumanising and oppressive safeguarding practices. Nobody would disagree with this in principle. However, I found myself in the position of running a service without full departmental support when I was told by the senior management that the service was under review without the possibility of a dialogue, yet another process of exclusion of uncomfortable voices. It was perhaps too challenging for the organisation to consider offering the possibility of a therapeutic and collaborative space alongside a high level of scrutiny and social control over people's lives. I wonder if this was felt to be an uncomfortable both/and approach to risk management and safeguarding procedures, which demanded concrete outcomes within tight timescales leading to a certain and linear approach.

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Power and control

Due to the power embedded in the safeguarding agency, clients' engagement with family therapy was often inconsistent. This posed ethical dilemmas about balancing social control to protect children at risk of harm and parents' rights to be respected in their choice whether or not to engage with the services and, more specifically, with therapy. I continue to grapple with the question of whether therapy is viable, or indeed ethical, when the therapeutic context is organised by the higher context marker of safeguarding. I also question whether a therapeutic contract can be agreed with clients when the agenda is the pre-set by the referrer, for example, social workers. I also experienced dilemmas about confidentiality within wider professional legal systems, e.g. what information and when to share information elicited in a therapeutic context. The line between support and abuse of power can be blurred and was sometimes difficult to navigate.

I often wonder how I could have challenged more effectively the organisational drive for endless assessments and professional judgments by a variety of court "experts", to emphasise more the opposite belief i.e. *"people being the experts of their own lives and parents as experts of their own children"*. Communicating this to social workers who had a more powerful role in decision-making as agents of social control was at times perceived as *"colluding"* with clients and dismissing the outstanding concerns. When social workers believed in clients' potential for change, and the family could take a risk and open up yet again to another professional, positive outcomes were achieved by helping the family develop a different story about themselves, their children's needs and their family history.

I was mindful of the need to acknowledge my own power in my professional role, e.g. my position as a therapist, a job, an income, knowledge and skills which confers social, professional and economic status, the mandate to be involved in people's lives, the ability to ask questions, to manage personal information, the intimacy in conversations, the distress we witness to name a few. On a more personal level, I was overwhelmingly privileged in many respects compared to all my clients, for example, financial rewards and a family I can rely on. Furthermore, in a climate of cuts and redundancies, a job can be regarded as a privilege in itself. I often felt that managers were keen to convey the message that I should be grateful for having one rather than being *"difficult"* by raising concerns about safe practices.

I am also aware that my own childhood experience of being part of *"a troubled family"* (although not in the current political sense) and my experience of being silenced in professional contexts (e.g. due to my foreign accent or being an *"unqualified social worker"*) have made me sensitive to power imbalance and marginalised and dominant/voices. Having worked in this statutory setting without a recognised role as a family therapist, I often felt like a marginalised systemic voice within the dominant social work culture. My difference seemed to represent a reminder of the marginalised lives of the client group we, as a service, were supposed to empower and help find a voice. I felt like an outsider within my own organisation to the point that I had to resign to gain a voice and stand up for more ethical and anti-oppressive practices which would emphasise concerns as well as personal and family strengths. In my view, some assessments in such an organisational context run the risk of becoming abusive, unless they are not balanced with a therapeutic and ethical stance of respect and co-constructed hope for change.

Anti-oppressive and collaborative practices

In my clinical work, I value engagement skills with this client group who often lead chaotic lives, fail to prioritise appointments, can unconsciously put up barriers around their scrutinised lives, make choices about what to disclose and what to *"hide"* to protect their sense of privacy in a context where confidentiality cannot be ensured.

In the statutory setting, some clients have no control over their lives and the decisions about their children are in the hands of professionals whom the parents have to work with and prove themselves to. Such dynamics further disempower them into the inevitable belief that change is not possible. I found it useful to reframe clients' apparent *"reluctance"* to engage as *"acts of resistance"* (White, 2002) against the power imbalance and their attempt to maintain a sense of control in their lives. I used to ask

them what they still had control over, e.g. coming to sessions and talk about difficult issues. This seemed to help them identify their strengths and counter the powerlessness. By giving them another chance despite many missed appointments, I attempted to maintain and honour the tenuous link with the possibility of change and keep a sense of balance between safeguarding concerns and family strengths.

In order to facilitate families' engagement, I tried to make the teamwork and the reflecting team processes as family friendly as possible. Having no screen meant a less visible barrier and more transparency. We introduced the idea of 'talking chairs' in the middle of the room and 'listening chairs' for the reflecting team in the corner. In order to make reflections more accessible and simple for clients with low self-esteem and often poor educational backgrounds, we used small pieces of paper with a key word or message, which was explained in the reflecting conversation and left on the table for the family to take or leave. This was designed to give them a sense of agency and choice over what they regarded as potentially useful.

I found it useful to imagine my therapeutic position as walking alongside clients as opposed to walking ahead, helping clients to see, notice and amplify any small changes, and giving them credit whilst standing behind them. White & Epston (1990) suggest: *"The therapist can achieve this standing-behind position posture by taking up a position at the 'base line', against which all of the changes in the person's life can thrown in to sharp relief"* (p. 149).

Case example (the details have been changed to preserve the anonymity).

When we started working with a mother of four children, mostly teenagers, who were referred for extreme aggression and violence between them, the trainee therapist felt overwhelmed due to the level of chaos and conflict in the room. We reflected that it was difficult to have any conversation and that laughter was used to avoid talking about more uncomfortable topics e.g. how to get along better. In one of my interventions as a supervisor, I asked the oldest children to be part of the reflecting team and make notes about what was being said or write any other comment. One of the children wrote, *"Mum loves her kids"*, and, *"laughter can sometimes hurt"*. Another wrote, *"My sister was sad when they were calling her fat and made her feel bad about herself"*, showing empathy with her sister who was blamed for causing arguments in the family. Another note read, *"Everybody needs to stop talking so people can talk one at a time"*. By empowering them to write and to notice each other's behaviour rather than imposing 'order', which could have been perceived as abuse of our power as therapists, we enabled them to find a voice and start communicating in a different way. The trainee therapist managed to achieve some level of *"controlled chaos"* where some profound words could be uttered in precarious moments of silence, and a listening mode – a different experience from their daily arguments.

When I was asked to write a report for a child protection conference, I had to take the position of assessor of risk and explain what changes were necessary to reduce the conflict and aggression. I shared the report with the mother, being open an honest with her about my concerns whilst trying to reframe her family situation as *"having lost hope that things could be different"*. She agreed that this was the case. This could be seen as an example of *"walking ahead"*, required by the statutory role in attending to safeguarding concerns, whilst trying to walk alongside the family by being transparent and acknowledging their stuck position.

Keeping flexible positioning was at the heart of our therapeutic work; trying to move between different positions to maximise therapeutic potential and navigate the fine line between therapy and a statutory role. We invited the mother on her own to view a five-minute clip of a session to help her see the family interactions from a different perspective. After the initial reluctance and embarrassment, she became reflective and noticed how she was behaving like *"a teenager"* or *"older sister"* herself, expecting the therapist to be *"in charge of the kids"* and giving up her authority. This meeting enabled this mother to imagine and wish a different role she could take within the family, which we started witnessing in subsequent sessions e.g. when she was firmer and taking a leading role in family conversations. This could be seen as an example of *"walking behind"*, when clients become more reflective and hopeful for the possibility of change.

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Powerlessness and reasonable hope in the interrelated systems

I noticed in my work how typical emotions such as hopelessness, helplessness and disappointment with the lack of change were isomorphic processes (Liddle & Saba, 1983) i.e. reflecting emotions present in the various systems. Families who were experiencing powerlessness in their lives in relation to a powerful legal system, and therefore not attending sessions, seemed to create disappointment and hopelessness not only in their social worker but also in other professionals including us therapists: we were working so hard to *"give them hope"* but often failing to engage them in the process of change.

I wondered if this is an example of internalised hopelessness in professional systems, which reflects clients' vulnerability and hopelessness. It was helpful for us as professionals to reframe *"hopeless clients"* as *"clients who lost hope"*, who could not believe things could be different in their lives. Like in the clinical example above, it became our aim to help families to shift this entrenched belief and explore with them exceptions, more positive, yet realistic scenarios of *"reasonable hope"*, i.e. co-construct hope together by identifying resources, strengths and signs of resilience (Weingarten, 2010).

Equally, as professionals, it was crucially important to promote *"critical hope"* (Freire, 1992, p. 2) as a way to cultivate

hope in clients as well as taking a political and ethical stance by being a critical voice against oppression and injustice.

Conclusion

Being irreverent to myself (and my story) leads me to conclude that perhaps I have written this article for myself hoping for a catharsis. Furthermore, this is only one side of the story, my own biased story. Systemic and non-systemic colleagues, managers and clients will all have different stories to tell.

My story would not be my lived story if it did not incorporate personal feelings of hopelessness and painful dilemmas about the use or misuse of power in organisations, particularly statutory services, and my place in it. In a context where defensive rather than reflective practices prevailed, it has been hard not to carry a sense of personal failure i.e. failing to make a difference in public services and to contribute to changing its defensive, potentially unsafe and abusive practices involving vulnerable clients.

I would like to express my gratitude to all my clients who have taught me so much about the mystery of suffering, various forms of oppression as well as strengths and resilience hidden in every human being. For me as a therapist under cover, this shared experience of resistance in the face of perceived oppression became a source of renewed commitment to therapy as a social and political act. Freire (1992) states *"My hope is necessary, but is not enough. Alone, it does not win. But without it, my struggle will be weak and wobbly. We need critical hope the way the fish needs unpolluted water"* (p.2).

A troubled family therapist still smiling!

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