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Beginnings: On being and becoming a family therapist

Marianne Le Coyte Grinney, Paula Edgington & Sam Wild



What does this article consider?

This article considers personal reflections on 'beginnings' as a tri-lensed experience amongst three systemic family therapy colleagues based in a CAMHS team: Paula, a lead family therapist; Marianne, a more recently qualified family therapist in the first year of a professional systemic doctorate and Sam, a foundation-level systemic trainee.

We hope to bring forth experiences of 'beginnings' across the lifecycle of family therapy, holding in mind individual and shared narratives from personal, professional and training contexts.

Our service context

Bath and North East Somerset CAMHS is based in Keynsham: a town of almost 17,000 people located in the South West of England between Bristol and Bath. The service is part of Oxford Health NHS Foundation Trust's mental health directorate. The team consists of practitioners from a plethora of

disciplines and includes pre-qualifying systemic and psychotherapy trainees. Members of the family therapy teams across regional bases meet regularly for supervision and consultation.

And so each venture

*Is a new beginning, a raid on the inarticulate
With shabby equipment always deteriorating
In the general mess of imprecision of feeling,
Undisciplined squads of emotion.*

T.S. Eliot, 1944, *Four Quartets*

What is a beginning?

This article began when Paula suggested that the three of us write something about beginnings, as we are each at a *beginning*. For the first part of this article, I (Marianne) am wondering how to make it interesting and readable, to indeed convey a kaleidoscopic lens and tell a good enough story given we come to beginnings from our own narratives and from our own contexts.

The experience of 'beginning' is universal – for the beginner and more

experienced therapist alike. Indeed, there are many accounts of beginnings in family therapy that offer a different creation story. One might postulate that the 'beginning' of family therapy itself started at the Macy Foundation Conferences of the 1940s. We might attend to small beginnings within the field; a group of female family therapists meeting in Cardiff to expand the work of Marianne Walters and 'begin' feminist family therapy in the UK. Beginnings could also be thought of in the context of the therapeutic process.

I am writing this introduction from my lens as a recently qualified therapist and as a woman, thus my own biases colour this narrative. In my 'beginning', I held an assumption that, as family therapists, we want to begin well, with 'deliberate procedures' (Hoffman, 1988). I now offer to families, as my own mentor offers to me; "*How would you like to use the time today*". It interests me that the more I learn the less 'expert' I become and I think about 'Zen' reframes; a 'beginner's mind' enabling a multitude of possibilities in contrast to a lack of possibilities in the mind of the expert (Suzuki, 1970).

If we consider a beginning to be, in its most basic sense '*the way in which something starts*', then to me the ultimate starting point as a family therapist is that of being an 'observer' (Maturana & Varela, 1987). When we observe, we create a distinction: situating the observer (in this case family therapist) and identifying that which is to be observed (in practice; families, for this article; beginnings), thus organising and beginning an enquiry (Rabinow, 2008). Observations may be first order, directed at one context; or second order, directed toward multiple contexts. Thus, are we in fact '*observing, observers, observing*'? In the hope of stepping aside from individual preferences and biases, the narrative of each of our beginnings in this article is positioned from both a first person observer lens of our individual experience and a second order lens of reflexively turning back on our beginnings in the context of difference.

Paula

My route into working with people was quite fortuitous; I went to a school where we did voluntary work aged 15-16 years.

I discovered I liked talking with people. After a degree, I worked as a nursing assistant just as the large psychiatric units were closing down. My first job as a social worker was in adult mental health services before moving to childcare work where I worked with an inspiring family therapist.

At the time of writing, we have been forming different relationships and beginnings to the ones I hoped or planned for, as staff started working from home and CAMHS clinical work is now mostly digital. Given that change was forced upon us, it was opportune to each to contribute some thoughts. In particular, I'd like to think about what I've learnt about beginnings and what, after this change, I can take into the future with colleagues, trainees, supervisees, and how this can relate to our work with families.

I think of a starting position as having conversations and setting up contracts using social graces (Burnham, 2011) – these are usually listed using the initialisation GRRRAACCEESS. This allows us to talk about our contexts, our history, areas of similarity and difference; it is always interesting to hear about people's other experiences of beginnings. To me, the word beginning implies newness but I've learned that, for some people, being regarded as 'new' can be rather invalidating or diminish their efforts; a new job or embarking on training might be the culmination of years of hopes, plans and hard graft.

I use the common factors model to think further about the wealth of experience a colleague brings (Blow *et al.*, 2007). Family therapists often have other professional qualifications and established ways of working before they undertake training and I like to suggest that they are adding-to and not replacing their existing skills and qualities. Times when I have had the most difficult relationships with trainees or supervisees have been when we've perceived their experience differently.

Whatever level of newness or beginning or continuation one is at, be it in a task or relationship, creating a sense of safety and trust, to me, is vital. I once experienced a horrible beginning – I arrived at a team where the new manager wasn't expecting me, on top of (or because of) my unexpected arrival

they were having a very bad day, they cried, the team didn't see themselves as having any role in my induction and left early. I didn't feel safe or valued. Later, I spoke of this experience with them; they had also experienced shame, each being neglected on their first days but had not shared their feelings. Having a planned beginning, in which you are thought about before you arrive, doesn't always occur.

Because we spend so many hours at work, because we work with our own feelings and those of others, having a sense of being thought about and feeling safe, that your colleagues have your back, is very important to me. In effect, when we work as a team in family therapy we are creating a microcosm; we are creating a thinking safe space to help the therapist help the family.

I'm not sure of the semantics – what is the difference between a beginning, a transition and engagement? Each seems to have different rituals. After we've developed a therapeutic relationship, we plan a good ending with families. Significantly, there is a narrative within my family of origin of early deaths and chronic illness that makes me think about the cycle of endings influencing beginnings. We give thought to how we say goodbye to colleagues. We let people know in both these scenarios that they are important to us, they have influenced us and they will be held in mind. How we end something denotes the value of the relationship and the person and is taken into the next beginning.

Marianne

Paula's account of beginning as a nursing assistant reverberates with me: my systemic 'beginning' started when, as a support worker, a consultant psychiatrist I was working with handed me a copy of Minuchin *et al.*'s (1978) "*Psychosomatic Families*" and recommended an intermediate training course. That was five years ago. Since then, I have moved between three NHS trusts, trained, qualified, returned to the trust I left as a support worker and started a systemic doctorate. There are many contexts and indeed many beginnings.

I do not have a first degree in mental health so I entered into foundation systemic training through the accredited prior experiential learning (APEL) route.

This beginning set me apart from my peers within my supervision group, which included three social workers and a nurse. Yet we shared great commonalities of striving to become family therapists, sharing each other's joy and success and supporting each other through grief and loss. We embraced a dialogue of graces, which led to a 'bringing forth-ism' when working with families of 'who we are' as therapists. Within this article, I reflect that I chose to begin with a professional rather than personal context, thus to offer four of my twelve graces: I am a woman, white British, 33, and raised within a middle-class family. Collectively, these privileges have contextualised my 'beginning'.

Qualifying-level systemic training left a legacy of questioning my self-identity: I felt anxious during initial clinical training and, like Hoffman (1988), participated in a reflecting team jockeying amongst ourselves to "find the bomb that would blow the family system out of the water" (p. 121). There was pressure to 'get it right'. I can reflect now that aspects of my 'self' were suspended in training, and early experiences of feedback in supervision were a catalyst to feeling silenced. I know now that the aforementioned is not an undocumented experience: Kitajima (cited in Suzuki, 2012) describes how beginners can find it destabilising to accrue new knowledge and skills while also developing their own identity as a therapist.

Beginning as a nascent doctoral student has transformed my view of myself as an evolving therapist. This learning context has enabled a healing platform away from being the only trainee without a core profession, toward feeling that I can interject myself into a professional space and receive valued feedback for my contributions, thus creating a context within which I can express doubt and uncertainty (Wilson, 2017). My experience of these beginnings has brought forth an appreciation of the complexities of cultural competence (Krause, 2014) and I now attend to my social graces more carefully. Sometimes, when we conceptualise our differences we risk evoking 'othering' (Krause, 2012). I now always begin with 'difference', perhaps due to my own craniofacial syndrome (which brought forth an ugly introduction as a child to being 'othered') but more than this, to maintain a



mutuality of perspectives. I have revisited the beginnings of systemic practice from a biological and social sciences lens. Most noticeably, I am moving from my becoming as a social constructionist to a beginner constructivist with perhaps a hint of irreverence. It's exciting.

As a family therapist in my first year post-qualifying, returning to the trust I left as a mental health support worker, I initially felt like an imposter, looking over my shoulder for the family therapist my colleagues were referring to and remembering, with a start, 'it's me'. I am now able to challenge this unhelpful narrative from a lens of social and cultural discourses, including on myself as a woman, on power and on feminist systemic therapy. But for me, the most powerful vehicle for change has been the multidisciplinary team and my new family therapy colleagues who make me feel so valued; Paula champions my professional experience.

My starting point with families is, "Hope: not the conviction that something will turn out well, but the certainty that something makes sense regardless of how it turns out" (Havel, 1991, p. 181). I hope to enable 'who' families are and 'where' they come from to be brought forth: we are certainly not all the same, we may at times have trouble understanding one another and thus holding in mind the differences between us is crucial (Krause, 2014).

Working with Sam enables me to reflect on the beginnings of my own foundation

training and ask myself how I can invite him to not have to suspend aspects of himself? How can those valid challenges of a trainee be navigated in a way that promotes continual development? Indeed, how can his experience of beginning be different to mine? I offer that 'certainty is the enemy of change' and we teach best what we have learnt from ourselves.

Sam

Marianne's reflection on navigating many beginnings resonates with me; both personally and professionally. I am a 33-year-old white British male from a middle-class background. I am conscious of various privileges I have been afforded by my social happenstance and seek to empower those who may be in less privileged positions through my work and personal life. I spent my childhood in Shropshire and my wider family are from the north of England. I feel an affinity with 'northern' organising principles (as I perceive them) around speaking loud and clear, and valuing the working class. I qualified as a social worker in the South West and 'cut my teeth' in preventative children-and-families social work, which was the beginning of the inevitable end in child protection.

Looking for a new beginning, I joined CAMHS and felt passionate about the opportunity to access systemic training. I believed this would help me integrate what I had learned about working with

children and their parents in a statutory role, with a therapeutic model that simply makes sense to me. At that time, I did not fully appreciate the richness that systemic thinking offers practitioners, families and services in terms of how we conceive of change. I always understood the concept that no part of any system exists in isolation; and that everything is in relationship to everything else.

It took two years for a training post to come my way and I was successful in securing a position on a CYP IAPT systemic family practice course. At this point, I had learned a way of doing things in CAMHS that felt very linear. Assessment writing was a core function of my role and risk management was in my social work DNA. I have been blessed to work in a creative and supportive team where young people's wider social systems and resources are always considered; nonetheless my experience of CAMHS has been that a medical model of mental illness predominates.

Starting out on my systemic training in the same service has been liberating in terms of the license I feel I have been given to reframe my clinical work with a wide-angle lens. The plot twist has been that, instead of feeling like I'm trying on an item of clothing that was tailored for me, I have felt like an imposter – trying to make an ill-fitted suit look sharp – and throwing out my whole wardrobe in the process. For some reason, all my prior skills feel irrelevant despite the fact I know it is these which brought me here. I am learning to add more complex systemic skills to my repertoire rather than replace everything I know. I wonder if systemic thinking still remains counter-cultural in statutory health and care work, that to embrace it properly, it causes a necessary breakdown in confidence of perspective.

Becoming a student again after grounding myself in a career is daunting, especially so when navigating this change within the same service as a supernumerary member of staff. I used to feel part of the core fabric of the team, whereas I am now a 'learner' again. Having superiors think about pacing my clinical work and providing additional supervision to protect my learning is both rewarding in terms of time and study space, yet unnerving in communicating I am suddenly not competent enough to hold cases autonomously.

The challenge has been to integrate my professional identities. In doing so, I have had to acknowledge that I have always considered myself a social worker at heart, which is a profession that has become intimately linked to my personal identity and value base. I have perhaps never felt more like a social worker since starting out in my systemic training. This has taught me that changing the context around me has highlighted the shape of my practice. It reminds me of recently moving a plant in my house that had grown used to one sunspot – its leaves were perfectly positioned to absorb optimum energy, while having to use the least amount of energy to grow. The stems and leaves had to shift and adapt to its new location, this did not happen immediately - it took time. I am certainly putting vast amounts of energy into this new beginning, but as I feel more grounded in this environment – and with time, I am aware that my systemic mind is kicking into gear.

Stepping into new territory is exciting but alienating. Cullin's (2014) compelling insight into the epistemological shifts in the systemic learning process has offered me a helpful starting point. I am reminded to embrace uncertainty with excitement, while letting the process transport me to a new "way of thinking". Indeed, thinking systemically changes you – there is no going back.

Conclusion

So, how does one end an article about beginnings? We are mindful that there may be a tendency to contextually reappraise past experiences with our knowledge accumulated since then: the lens through which we re-view our 'beginnings' characterises our memories of it; much like a film or a book, it cannot be watched, read or 'began' again for the first time.

Through our shared themes of safety, identity and uncertainty we reflect now on the transience of beginnings, we are not 'with' them for long and yet they represent a unique opportunity to be present and value the authenticity of a new process navigating us toward something untold. We thought about the metaphor of a ship: our collective positions forming the hull, keel and sails; keeping the water out and the boat upright, each beginning enabling us to navigate the sometimes stormy sea of CAMHS.

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