Living up to Our Theory: Inviting Children to Family Sessions

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This paper was a response to an invitation to present a plenary address to the 2002 Family Therapy Conference with its theme of 'Transitions and Traditions'. It reflects on the recurrent pattern of failure to embrace children as clients and explores the basis of this. The paper aims to identify possible solutions and raises the challenge of whether this field is prepared for such a transition.

I am ill prepared for the sense of relief that fills me as I replace the phone. The family I am due to see this evening has cancelled, as Ella, the second of the three children, has a 'nasty tummy bug'. Ann, her mother, suggested that she would appreciate an opportunity to meet without husband and children 'if that is all right with you'. Clearly it is more than all right, and it is not simply that I do not want to introduce another unpleasant illness into my own family. I sit with my response, hoping to make sense of it. It is not that I do not like them, individually at least. Ann is attractive and intelligent, witty and considerate. Her husband Tim is equally pleasant, a seemingly gentle and thoughtful man who regularly rearranges his own commitments to attend our sessions. The children too are polite and responsive and are warm in their interactions with me.

Yet, it is different when we are all together. Liam is only four and any session that includes him is noisy and distracting. He doesn't always appreciate his older sisters' bossiness and will physically attack if they fail to respond to his protests. The room rapidly deteriorates into chaos and more than one session has felt useless. That's not a feeling I enjoy.

I worry about Ann too. She says and does the right things yet her humorous quips at her children's expense disturb me and I have seen Tim wince when her wit has been directed at him and his family. At times she feels brittle and sad and seems to be even thinner than she was when we first met, yet denies she has any concerns beyond those she has for Rachel, her eldest and most difficult child.

I have experienced Rachel's difficultness, but not in the same way as her mother. Rachel almost guaranteed therapy would conclude at the first meeting when she blurted out "Mummy cries when Daddy drinks wine". The session froze and then both parents moved quickly and seamlessly to discount their daughter's remark. 'That was only once darling, and it was not about the wine, Mummy was sad because Grandpa had died. Funny little thing.' Yet the remark stays with me, niggling and disturbing.

It has not been easy with the school either. Rachel's teacher and her mother are critical of each other's management of the child, and bringing her to therapy has been against the teacher's recommendation. As I ponder, it is clear what fuels my relief and for just a moment I seriously consider avoiding the whole family forever and in my role as family therapist, working individually with each one!

Yet it appears I am not alone with this struggle. Within our field there is a repetitive pattern of exclusion of children from active participation in family therapy. This practice is itself embedded in another, the repeated recognition that such exclusion regularly occurs, a determination to 'do better' and a failure to effect change.

There is little doubt that this is an important issue to consider, especially as it runs directly counter to the UN Convention on the Rights of the Child. This states that

> Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child (Article 12).

Nathan Ackerman wrote

> A strange paradox marks the question of the participation of children in the family therapeutic interview. The central importance of the question is self-evident: without engaging the children in a meaningful interchange across the generations, there can be no family therapy (1970: 403).

He went on to note that at the time of writing, there was not a single publication devoted to this special theme. He spoke of this matter as both a personal and professional challenge.

While there has been some response to Ackerman's urgings it could hardly be described as a ground swell. This question of the field's response formed the basis for a study

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by Ruble (1999) who reviewed all articles, dissertations and theses that addressed the question of the inclusion of children in the family therapy process. This study aimed to answer two questions, firstly: what are the current practices and beliefs of family therapists with regard to including children in family therapy? And secondly what are the experiences of children in the family therapy process? In reviewing the literature published over a thirty-year period she found only thirty-two pieces of work that addressed these specific questions, an astoundingly small number given the obvious importance of the subject. Admittedly this does not include books which discuss this issue, most notably the works of Combrinck-Graham (1986), Zilback (1986) Gil (1994), Schaeffer & Carey (1994) and most recently Wilson (1998). Ruble's review reveals that most family therapists do not include children in family sessions on a regular basis and that this is directly correlated with a lack of training in and knowledge of child development. On the other side of the ledger, studies that address the child as client reveal that the young believe children should be routinely included in the therapy process.

This wisdom is reinforced by the work of Weston, Boxer & Heatherington (1998) who researched children's perceptions of family arguments. Weston's results showed that in the unemotional context of the laboratory, children endorsed 'systemic-type attributions more strongly than might be expected, or than would be predicted from the developmental literature' (42). Such an outcome would imply that children are ideal candidates for inclusion in the therapy process where such matters can be jointly examined and resolution sought.

A study by Stith, Rosen, McCollum, Coleman & Herman (1996) adds additional weight to the suggestion that children should be routinely included in family matters that directly involve them. These authors interviewed children who had been clients, in an effort to understand their experience of therapy. They report that the children argued that they should be part of family therapy, given they are family members. These authors maintain that there is an ethical imperative to include children in therapy on the grounds that seeing only parents inevitably gives a skewed view of the system. At its worst such a limited view may result in a failure to detect child abuse. Another issue Stith (1996) identified is that of inviting children to attend sessions but failing to adequately involve them in the therapeutic activity. This, she maintains, raises the question of whether children are receiving the services they deserve in therapy. This points to the issue of when it is reasonable to exclude the younger members from adult conversations. The paper concludes with the recognition that the field of marriage and family therapy needs to develop guidelines that can aid therapists in making clear decisions about all these matters.

The second part of the pattern is the repeated recognition of the issue coupled with a failure to effectively address it. In 1991, the headline of *The Family Therapy Networker* blazes out 'Family Therapy Rediscovers its Youngest Clients', yet ten years later Wark, Thomas & Peterson, in proposing a model of practice that is developmentally accessible to children, state that 'therapeutic strategies that are oriented towards children have a minor place in the family therapy literature' (2001: 189). Weston similarly notes that while the presence of children brings both opportunities and challenges, there has been 'a lack of attention to children in family therapy theory and practice' (1998: 35).

A number of authors have taken tentative steps towards explaining why this may be so (Benson, Schindler-Zimmerman & Martin, 1991; Ruble, 1999; Scott, 1999; Wark et al., 2001). Scott in her paper 'Are the Children Playing Quietly' addresses this question from the perspective of a family therapist who originally trained as a child psychotherapist. She offers eight possible reasons for the failure to include children and suggests other practitioners may be able to add to her list.

However a sustained analysis of this subject has not been undertaken and it seems timely to respond to Scott's invitation. This paper will aim to dissect some of a complex array of issues at each level of system, from that of the child as an individual to the level of the profession of family therapy itself. In doing so, I recognise that there are many talented and capable therapists who do routinely invite the participation of children, but draw attention to the continuing tendency to ignore them. In exploring this matter in a more detailed fashion, I hope to point to some of the questions which we as a field may need to address, if the issue is to be more actively resolved.

The Individual Child

There is no question that children are not the easiest clients. Without much difficulty one can readily recall moments in therapy where the smell of a dirty nappy or the persistent complaints and grizzles of a young client has made the hardiest therapist doubt the wisdom of the invitation!

The decision to attend therapy is almost always made by some adult in the child's world whose own resources seem for the moment to have been depleted, and as an involuntary client, a child can be deeply obstructive. Often there has been considerable angst associated with the decision and both parents and children seem angry, frustrated, humiliated and defeated. At times the therapist has been represented to the child as the next 'big stick' who will 'sort them out'. This hardly provides a propitious basis for an open and trusting relationship. Alternatively, the parents may have explained to the child that the therapist is a doctor who will cure them of the emotional or behavioural ills they suffer. In this case the child may be anxiously awaiting the first painful injection.

Children are usually left in little doubt that the therapist is an authority figure and in their experience at home, school and with the medical system, this usually means you speak when spoken to in what is a very serious interchange. Alternatively such an expectation may elicit surly,

unresponsive and dismissive behaviour from the children, giving the therapist little opportunity to credential them as different. Whatever the initial presentation, the therapist is left with the task of teaching children the rules of therapy in order to maximise its benefits for all concerned.

Even when the child is relaxed and cooperative, difficulties may be presented by the child's language development, speed of speech and clarity of articulation. It is hard to form a warm connection when every second utterance must be repeated. Equally many children are restless, even when relaxed, and it is never easy to interview clients who stand on their head in the chair while sucking their toes.

The provision of toys and drawing materials creates a more welcoming environment for children and it also guarantees more noise, disruption and distraction in the session. Thoughtful parents often provide snacks, which may allow children to attend and cooperate for a longer period. However it is a challenge to even the most benign therapist to watch peanut butter being smeared over the furniture or to concentrate on the next insightful circular question when confronted with a stomach-turning tuna fish snack.

Yet as the research and our own wisdom tell us, children have a right to be included in a process that can reshape and reform the family's life in ways that will be deeply important to them, and children have the insight to appreciate the systemic nature of the difficulties they face.

The Child and the Family

The next level of system is that of the child within the family, where a new set of challenges appear. The therapist is faced with the task of juggling multiple, apparently contradictory and often opposing views of a situation while maintaining an alliance with all parties. This not only requires 'eyes in the back of your head' but also the ability to genuinely remain neutral and be seen to do so. There is often a tense moment at the beginning of a first visit, when the frequently negative parental views of the child are expressed. At this point, the therapist must turn to the child and, without alienating the parent, seek their perspective in such a way that the child feels safe to respond. This in itself raises another challenging issue. How does one speak with a child about painful and difficult family matters and not expose the child to the heightened risk of abuse once the family leaves the session?

Also difficult is the situation where one family member, usually an adult, launches a destructive attack on another, often a child. It is painful to bear witness to the wholesale destruction of another's character. However at times it is necessary to allow this to proceed in the certain knowledge that this is probably a modified version of the family interaction at home and in private. It takes a degree of wisdom to ascertain when and how to act to deflect, reframe or challenge in a positive fashion.

Seeing the whole family together may reveal more than we wish to see. Children are renowned for 'spilling the beans' and may lay bare a family's troubles much more rapidly and frankly than any of the adults (including the therapist) are prepared for. At best the therapist is given entrée to the most important issues in the family's life and work begins rapidly, at worst a fragile and emerging relationship is instantly fractured. In some cases this may commit the therapist to a child abuse notification and possibly the end to therapy.

As family therapists, we are well aware of the importance of boundaries and another set of decisions confronting the therapist is how, when, and if, one should exclude either parents or children from a conversation. Most of us would agree that discussion of the parents' sexual relationship is best conducted without the presence of children. However the line becomes blurred when one moves to the marital relationship. Children live within and beside their parents' relationship and there is no doubt that in some circumstances their experience of this is central to the presenting problems. Equally, while providing the opening for children to express their views, there are matters between parents of a non-sexual nature that are best explored alone. In fact such a session may well be interventive in its own right. The therapist is called upon to make the decision about when this line is most appropriately drawn and then whether and how to reconvene the whole family.

Once one accepts the value of excluding parts of the family from the therapeutic conversation, it is inevitable that decisions about seeing other family members or subsystems must be considered. When is it wise to see a child alone? Should this be a routine part of family therapy as a way of screening for abuse and allowing the articulation of matters too difficult to express publicly? Should adults be afforded the same privilege? In their early days, some schools of family therapy maintained that the only conversations to be had were to include all family members, to the point where sessions would be cancelled if one person was absent and their non-attendance viewed as undermining of the therapy process (Napier & Whitaker, 1978). In recent years a more realistic and accepting view allows for greater flexibility, which brings another set of issues.

These involve the child's right to privacy. Children seen alone may reveal much more than was possible in the context of the whole family. The therapist is then confronted with the dilemma of how to manage this information in a way that respects the child's rights yet allows the information to become part of the process of change. Once information has been shared it is impossible for therapists not to know and in knowing, their perspective on the situation is inevitably changed. To keep the secret is to compromise neutrality, yet to lay it bare may compromise trust and the possibility of any effective future work.

Another constraint is the level of tension and anxiety that may be generated for all parties. Lobatto interviewed a group of 8–12 year old children who had been seen in a child and adolescent mental health service as part of a qualitative research study. He concluded that:

> Children are constantly monitoring the alliances in the room, and attempting to maintain a comfortable position of inclusion and working alliances with all parties. If they are ignored or judged as inadequate or failing in front of their family, then their working alliance with the therapist is failing ... These complex demands are exacerbated by their sense of themselves as problem carriers within their families (2002: 341).

Clearly effective family therapy asks much of the therapist's skill.

The Therapeutic System

Broadening the lens a little further includes the person of the therapist. Relating well to children requires a degree of warmth and openness that allows for the freedom to play. However such openness comes at a price. It is not easy to bear the pain of children and anger at the injustices that may be perpetrated upon them. The very skills and personal qualities that allow one to remember how it is to be a child also leaves one open to the sense of impotence, fear and despair that can also be a feature of childhood.

It is well recognised that the choice to become a therapist is often motivated by a desire to resolve one's own personal difficulties, many of which may emanate from childhood. Failure to have adequately addressed these can render the clinician frightened and overwhelmed when confronted with a child and a family who produce echoes of their own past. Under such circumstances it is not always easy to ascertain the boundary between the experience of the self and the client, making the successful management of the therapy process extremely difficult if not impossible.

Even when one has not personally had a difficult childhood, successful work with children requires a degree of levity, humour and irreverence that is not possible to manufacture. Children are astute observers and an adult who either is uncomfortable or actively dislikes the child is easy to detect. Children are not prone to dissemble and it can be a chastening experience to fail to make any connection under the watchful eye of the parent.

The Child and Society

Moving beyond the therapy room, one can identify other factors in the wider society that mediate against the inclusion of children. One of the most troubling for most therapists is the detection and (in some states) the mandatory notification of suspected child abuse. Most family therapists have encountered the situation where sickening evidence of abuse unfolds in front of them, in the full knowledge that they have no choice but to notify the relevant authorities. While this is difficult enough, it is exacerbated by the certainty that in most states, child protection agencies are poorly resourced and overburdened and the child may not be seen for weeks. The workers find themselves in a position where rupture of the therapeutic relationship is likely once the family is informed of the obligation to report their suspicions, with no guarantee that a child protection worker will be immediately available to investigate and continue the work. The child leaves the session having exposed the family's shame, but with no protection against the consequences of such disloyalty. Little wonder that therapists would rather not 'see', and one way to remain blind is never to experience the whole family together.

A second factor, at this level, is our society's highly contradictory view of childhood. Much is made of children's rights and for many children, there are enormous privileges and advantages, to the point where they become self absorbed and unpleasant. Yet at the same time we continue to cleave to the notions of 'good' and 'bad' children and are quick to label the overindulged child and reject him or her, unwilling to accept that adult folly may be more instrumental in producing such a child. Another contradiction is in the question of discipline where most people publicly eschew the use of physical punishments yet in private admit to hitting their children 'when they need it', for at some level we still adhere to the old adage of 'Spare the rod and spoil the child'.

We are unclear too, about how quickly children should grow up. We offer role models to little girls that encourage them to look like young, sexually mature women, yet move to prolong childhood and sanctify innocence. Children are urged to be responsible, yet often denied meaningful family obligations that teach them these skills. If our society at large is having difficulty sorting out these contradictions, it is little wonder therapists struggle in the clinical setting where these are the very matters brought for their counsel.

The System of Family Therapy

Finally let us consider the elements in our own field of family therapy that militate against the inclusion of children. The inception of family therapy can be traced to a number of points, but one of the key ones was the research activities of the 1950s, which studied first the relationship of mothers and their children and then expanded this to include the whole family group. From this grew the notion of systems, the concept that the presenting symptom was embedded in the pattern of relationships in which it occurred and that its resolution lay in the alteration of these relationship patterns. This formed the basis for much family therapy practice, which aimed to uncover the objective 'truth' of the family and its pathology.

However a radical departure occurred in the 1970s with the advent of postmodern approaches based on social constructionism. These eschewed the notion of an ultimate truth and recognised that theories evolve within a particular social and historical context. Language as the mediator or even creator of reality was given primacy. While much interesting and creative work emerged from this shift, it too developed a hegemony to the extent that to even consider the notion of the system became 'modernist' and the best work was done purely through the lens

of language. A review of the literature reveals an increasing trend towards work with the individual through the medium of the story. Such approaches tend to disadvantage children, in whom language is not fully matured. In turn this exclusive focus on language and meaning has meant the neglect of 'techniques for fully incorporating children in family work' which Benson et al. (1991) quotes as a key reason for the exclusion of the young from family therapy sessions.

This issue is well explored by Salvador Minuchin in a paper 'Where is the Family in Narrative Family therapy?' Having explicated his concern about the individual focus of narrative therapy sessions he concludes by saying:

> Narrative therapy has moved away from systemic principles in order to highlight context and culture .... In the process the theorists seem to have misplaced the family … and practitioners have returned to an emphasis on individual human psychology that not only is traditional but does not fit the parts of post-modern theory that emphasise social relatedness … narrative therapists have thickened a singular voice that does not fully reflect the reality of human experience (1998: 403).

To this one could add that the 'thickened voice' is often that of an adult privileging personal experience over that of the children in the family.

A second trend in our own field, which has removed the focus from children, is our enchantment with esoteric theory. Traditionally the most successful in our field have made their names by drawing on difficult and fascinating concepts from cybernetics, biology and philosophy. Names are made by working with the 'difficult' clients suffering from dramatic, tragic disorders like schizophrenia and anorexia. Adulation and recognition do not seem likely for those who work at the practical edge of how best to engage a reluctant child in the therapy process. A notable exception is Salvador Minuchin, whose theory is accessible and who writes coherently and helpfully about all aspects of the therapy process. Cloe Madanes (1981), a creative strategic family therapist, should also be included in this regard.

However these practitioners are the exceptions, and while we are distracted by the glamour of erudite theory and practice, less work is done at the more mundane and practical face. Perhaps we are also dogged by the fact that children are traditionally 'women's work' and as such attract little interest or value in a world that places parents, kindergarten teachers and childcare workers lower in the hierarchy.

The Challenge

This then is our tradition: family therapists who actively choose to practise without children. Family therapists acknowledge this is so, yet seem unable to change effectively. Are we then ready for a real transition, one where we do more than bewail the fact of children's exclusion, and also actively move to change the situation? What would such a change require?

What is clear from the present and previous authors' reports is the need for an emphasis on work with children in the training of family therapists. As Korner and Brown's (1990) research shows, the exclusion of children is directly correlated with a lack of knowledge and supervision in this area.

However it is also clear that it is not merely a lack of skill that contributes, but also a marked discomfort with experiencing the pain of the young in the family. While it seems extreme to insist that all therapists should undergo their own therapy before embarking on a career in the area, it does appear to be crucial that a practitioner has confronted their own childhood ghosts. A failure to do so must compromise the important relationship between client and therapist and seriously challenge our neutrality.

Even with good training and clarity about one's own childhood, this terrain in family therapy is treacherous. It should be recognised that those who work here require the active support of peers and supervisors as they manoeuvre between protection, confidentiality and understanding towards a positive outcome.

Finally, there seems little likelihood of enduring change until we can once again embrace some notion of the family as system. This is not to reify it as 'true' but to seek to integrate the wisdom of postmodernism which recognises that reality is not a stable fact, with the metaphor of the family as an interacting social group, embedded in a wider, influential social world. Such an approach would accept the importance of language in both the construction and deconstruction of problems and place this beside other elements of pattern. To do so would promise a richness of view that once again locates the young in the center of the frame.

It seems like a big task and not perhaps one that will guarantee fame, but the question must be asked: can we afford not to?

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Entering the Wound

Dearest Jordie
When you read
We are clearly
But not necessarily cleanly
Entering the wound

Memory is like a sea
In which we swim further out each day
Until inevitably we drown.
Death is waving cheerfully from shore.

When I hear the sound
Of entering the wound
I am praying for healing
I am hoping for healing
I am looking and listening
And blistering for healing

Memory is like a film
We keep going back to
Our bodies this old arm chair
We sink into
With increasing familiarity
Comfortable
But what is that twinge
That ache and pain?

This film is of an operation
In close up we only see the surgeon's hand
His fingers holding needle
And black thread
Each stitch brings close together
The two sides of the wound
Like naughty children at kindergarten
Forced to stand in the same corner
With their backs to each other.
We feel each stitch as it goes in
And brings the flaps together
Who would have thought they had anything in common?
Blood on his fingers in close up.
This one is for Jennifer
And this one for Kathy and for Judith
And this one for you Jordie and for me

But there is no guarantee
Just the paraphernalia of the operating theatre
Where we have spent so much time
And the sound
Of entering the wound.

Lyndon Walker
August 15, 2000, from 'Letters to Poets'