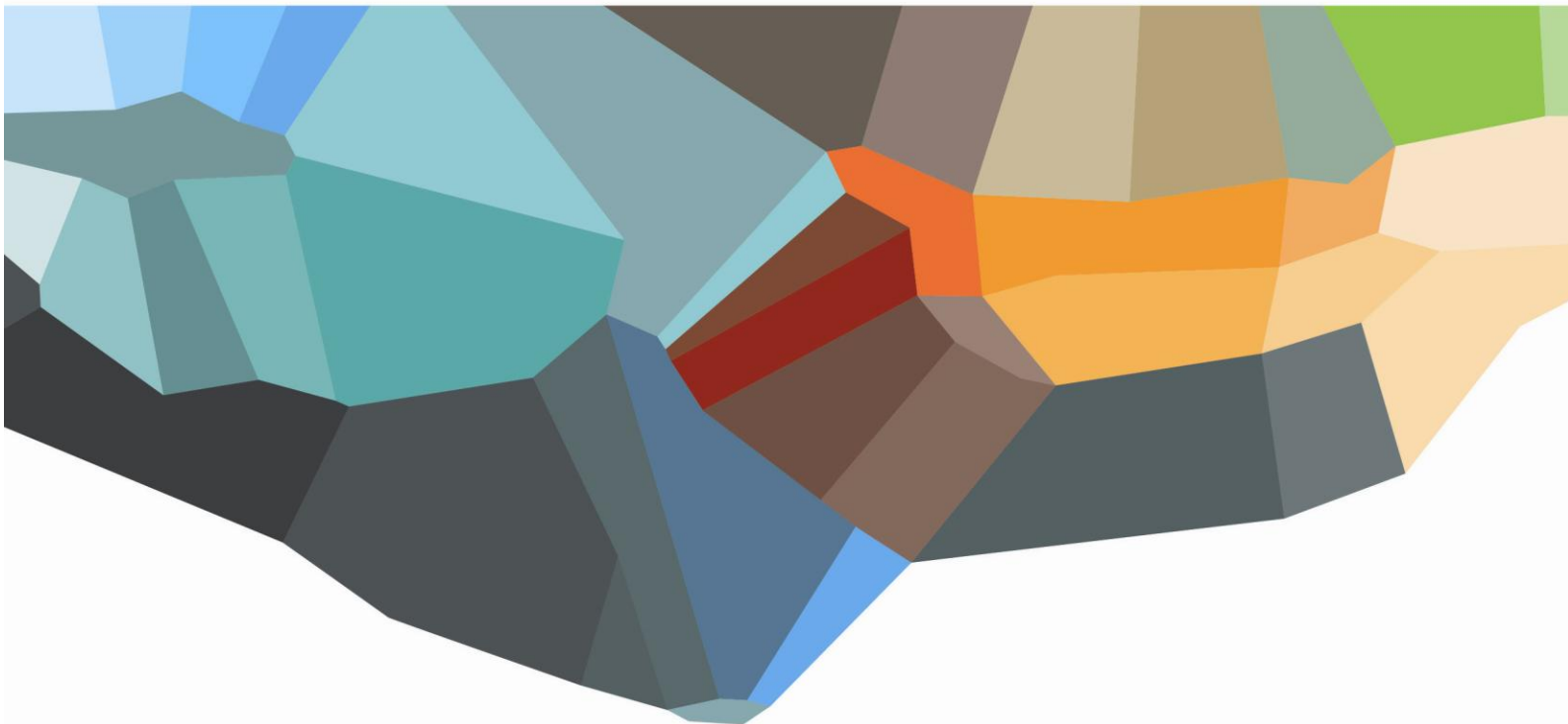# MASTEROPPGAVE

Directing playfully:
Towards an understanding of the practical
knowledge involved in leading multi-family groups
for adults with severe eating disorders

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Summary

This essay is about an investigation into the practical knowledge involved in leading multi-family groups for adults with severe eating disorders. My colleagues Mildrid and Siri and I are writing a manuscript about what to do to run these groups and if we are also going to train others to do the same we will also have to help them to learn how to do so. These groups are complicated to lead and there is much emotion around the subject of eating disorders. They are enjoyable but demanding to lead. In the essay I introduce the reader to how family life is changed when a member develops an eating disorder. I go into the background for multi-family groups and the groups that we run and I comment briefly on the content of the groups that we run at our centre.

I tell how I interview two of my colleagues about their thoughts and experiences on leading the groups and how I analyze their narratives of occurrences in the group that they have found moving, challenging and thought provoking. I have used a variation of a phenomenological hermeneutic method to try to bring out aspects of the expertise Mildrid and Siri bring to the groups, particularly in situations where they act in a spontaneous way, not just according to the book. Through analyzing the texts in a way that considers different perspectives, four main themes emerge and each of these has four or five subthemes. I go back to the narratives of the interviews and attempt to illustrate the themes with examples of group leadership to try to understand them in greater depth.

Unfortunately this attempt proves to be unsuccessful as the narratives have lost their contexts and my view of them remains 'from the outside'. I compare my situation with an incident from one of the narrative and decide to begin again. I consider a selection of the narratives one at a time, trying to engage in a dialogue with the texts. This proves to be more fruitful and a pervasive aspect of a to-and-fro movement emerges as a central issue. I then return to the themes and considered these in the light of the dialogues and according to Gadamer's ideas of play in the ontology of works of art. This play of movement seems to characterise the dialogical nature of the way the leaders engage in conversations and activities with group members, how they relate to each other, and how they develop the process of the group. I am, unfortunately, only able consider a few of the themes in any depth. In considering the themes it seems apparent that group leadership falls into two basic aspects of practical knowledge, individually orientated and socially orientated. In my concluding comments I have considered how these insights into practical knowledge can be integrated into a training program for running these groups.

Oppsummering

Min essay, skrevet på mitt morsmål engelsk, handler om en undersøkelse om de praktiske kunnskaper som er involvert i ledelsen av multifamilie grupper for voksne med alvorlige spiseforstyrrelser. Mine kolleger, Mildrid og Siri og jeg holder på å skrive et manus til ei bok om hva vi gjøre når vi leder våre grupper, men dersom vi også skal være med og lære opp andre til å gjøre det samme, så må vi hjelpe dem også til å forstå hvordan de skal gjøre det. Det er ganske komplisert å lede disse grupper og det er mye sterke følelse knyttet til en spiseforstyrrelse, og vi har opplevde det å lede gruppene som morsom og lærerik men krevende. I essayet forsøker jeg å vise leseren et bilde av hvordan familielivet kan endres når en familiemedlem utvikler en spiseforstyrrelse. Jeg går kort inn i bakgrunn for multifamilie arbeid og våre grupper også sier jeg litt om hva disse innholder. Siden mitt tema her handler om å lede gruppene går jeg ikke i detaljer om gruppeprogrammet, hva vi gjøre og hvilke utbytte familier har av det.

Jeg forteller hvordan jeg har intervjuet Mildrid og Siri om deres erfaringer med å lede gruppa og hvordan jeg har analysert innholdet av deres fortellinger om konkrete situasjoner som de har opplevd som særlig rørende, utfordrene eller tankevekkende. Jeg har benyttet en variasjon av en fenomenologisk hermeneutisk metode i et forsøk å hente frem forskjellige aspekter av ekspertisen i gruppeledelse hos Mildrid og Siri, særlig i situasjoner de må handle uventet og spontan, ikke bare etter boka. Ved å analysere teksten med denne metoden som innebære å betrakte dem fra forskjellige perspektiver har jeg fått frem fire hovedtemaer, og hver av disse har fire eller fem undertemaer. Jeg gikk tilbake til fortellingene og forsøkte å illustrere temaene med eksemplarer av gruppeledelse i et forsøk å komme mer i dybden.

Forsøket visste seg, dessverre, å være mislykket. Eksemplarer ble kontekstløse, og jeg klarte ikke å få til en "innenfor" perspektiv på dem. I essayet sammenligner jeg min situasjon med en situasjon i en av fortellinger. Jeg ombestemmer meg og begynne på nytt ved å velge ut enkelte fortellinger og forsøker å gå i dialog med dem. Dette er mer fruktbar og en gjennomgripende til-og-fra bevegelse viser seg som en sentral tema. Jeg går tilbake til temaene fra analysen og betrakte disse i lyse av dialogene og Gadamer's tanker om spill i ontologien av kunstverk. Spillets bevegelse ser ut til å karakterisere den dialogiske naturen av måten gruppelederne engasjere seg i samtaler og aktiviteter med gruppemedlemmene, med hverandre, programmets struktur og utvikling av gruppeprosessen. Jeg betrakter bare noen av temaene i detaljer, dessverre, men det ser ut som gruppeledelsen fallen i to hovedområder, individuelle og sosiale orientert. I mine konkluderende kommentarer jeg betrakte hvordan disse innsikter kan integreres i en opplæringsprogram for ledelse av disse grupper.

Introduction

It is the second day of the first gathering of a multi-family group for eight young adult women suffering from severe eating disorders and their families. We are a team running the program and it is Mildrid's task to present our thoughts about how to understand eating disorders. She has a PowerPoint slide show with 23 slides carefully prepared to explain the complexities of both anorexia and bulimia.

A protest grew up already with the first PowerPoint slide. I can't remember exactly what was on the slide, but it was something about 'What is an eating disorder' and I was just introducing it when I heard "It is not like that" from Leslie, one of the young women with anorexia, and then another, Barbara, added "I hope this is not just going to be about diagnoses". They wanted to put forward their points of view; they wanted to be experts on eating disorders; that is how I interpreted it. They wanted to own their expertise. Leslie said that she wanted to be understood as a whole person, not just in terms of an eating disorder, and she led the way in explaining how she experienced her ailment. It went well to let her have space as another young woman and one of the parents joined in.

After they had talked for a while I said I wanted to show them a role-play demonstration that we had prepared in our team. I placed a chair in the middle of the room and asked Kenneth to sit in it, as a person with an eating disorder who is about to eat a meal. I placed one chair just behind him on his left side and another just behind him to his right. I turned to our team, and asked Gro to sit in one chair, representing his rational and healthy thoughts, and Eva to sit in the other representing his eating disordered thoughts. I asked Gro to begin encouraging Kenneth to eat, reminding him of how much he needed his food. Soon after I asked Eva to begin to interrupt and start criticising. Eva criticised the food, Kenneth's shape and weight, telling him how greedy and undeserving he was. They talked close to his ears at the same time. I asked them to pause the role-play and asked the group for comments on these 'inner voices'. Leslie protested that the healthy voice was not very good as it was just repeating the same things over again. I asked her if she would come and take over the role herself, to give us a better idea. She said she would and she took Gro's place. When I started the role-play again, Barbara protested about the eating disorder voice, saying "It is much louder than that!" So I paused and invited her up to take over that role, and she obliged. When we started up again it was much more

intense. Leslie was very encouraging and had plenty of good reasons for eating but
Barbara was condemning and quite vicious in her criticism. I asked them to pause
again and enquired whether of the family members would come and take over
Kenneth's chair, to experience listening to these voices. When Jean, one of the
mothers, came forward, I placed a fourth chair facing hers and asked Steven to sit
there as an outside voice to tell her to pull herself together and eat, and I started
again. When I paused after letting them play for a little while, Jean said that it was
overwhelming for her and that she had had enough. One of the fathers also gave it a
try but he jumped out of the chair after a few seconds, saying he could not stand it. I
asked some of the other young women if they thought this was what it was like to have
an eating disorder, and they agreed that it was, only that it was thoughts, not voices,
that they heard,.

Everyone returned to their seats and we continued to discuss the experience of having
an eating disorder. The 22 remaining PowerPoint slides were forgotten.

Mildrid, Siri and I have been running multi-family groups for young adults for eight years
now, together with our colleagues at the Regional Centre for Eating Disorders at Nordland
Hospital. Multi-family therapy groups for eating disorders are becoming increasing common
in work with children and adolescents (1), but we have broken new ground at our centre in
running groups for adults. We have presented our work at international conferences and we
are writing a guidebook (2) presenting the program we have developed. If all goes well, we
will be asked to train and supervise other groups of professionals to run groups like ours.
When our guidebook is finished, half the job of preparation for training will be done. We
believe that our program is comprehensive and well structured, having been tried out and
adapted over several years. However, it is the other half of the preparation that is concerning
me and that I want to look into and write about here. This other half is not about what you
should do, but how you should do what you do, when leading a group like this. Between us,
Mildrid, Siri and I have about one hundred years of work experience in the field of mental
health, and we are approaching the end of our careers – only a few years left, if we are lucky.
We need to be thinking about how we pass on some of the learning we have gained from our
years of experience. Siri and I are both psychiatric nurses and we have trained as systemic
family therapists. Mildrid is a senior clinical psychologist and psychotherapist. We have all
three trained for several years in psychodrama, and it is many years since Mildrid reached the
highest grade of Trainer, Educator and Practitioner (TEP). All three of us find working with

these multi-family groups very interesting and enjoyable; sometimes they are even quite exciting. While we have agreed that this is probably the work that we have appreciated most in our careers in mental health, we have also agreed that it can also be the most demanding. These are very big groups we are leading and there is always a lot that is going on, a lot to be aware of. They can be quite unpredictable, and we often have to be adaptable and creative. So, what can we do to meet the other half of the preparation, what do we need to try to pass on? It is clearly not something that potential group leaders can read up in a book, not even ours. I think it must be about how our professional experience comes to expression in our work with these groups that we need to try and pass on when we train others. The people we will be training will certainly not be new to the mental health field. You have to be a well qualified and experienced professional to take on the responsibility of running a multi-family group like this. We believe that the team running it has to include one or more experienced family therapists and group therapists, and they need to have a thorough knowledge of the working with severe eating disorders as well. This is an area that a lot of professionals unfortunately tend to veer away from, probably because it is complex, always on the boundary of mental health and somatic medicine. Anorexia nervosa is life threatening, the most lethal of all psychiatric illnesses (3), it often becomes chronic, taking a long time and a great deal of struggle to be more or less free of it and some people do not get well despite receiving very good help.

I believe that there is much that can be learned about the other half of the preparation from the above narrative about one hour's work in the group and I will come back to it later in this essay. I am sure that Siri and Mildrid will be able to give me many clues of what we need to impart about the other half, and then we can think about what kinds of ways we can do this. It seems to me that looking carefully into the attitudes, the choices and the styles of their leadership will help us to consider the kind of way we need to set up a training program for running multi-family groups. I have interviewed both Siri and Mildrid twice to enable me to look into these aspects, and they have provided me with descriptions of sixteen different episodes that they have experienced in the groups. They have also shared their thoughts about the challenges that were involved in these and other situations, about the possibilities that they see can open up for families through this kind of work, and about how we, as a team, can attempt to bring these possibilities out. Through the interview I want to consider the situations to see what kind of spontaneous practical knowledge has been involved, and I have decided to try and do this in two ways. In the first, I will try to analyse the contents of the texts to find

out what kinds of themes there are within the narratives. Having done that, I intend to use these themes to structure reflections around the contents of the narratives to gain a deeper understanding of the themes that are brought out. Then I want to end by considering the themes and understandings can be used in the development of a training program. I will not be planning the program itself. This will have to come later, through discussions with my colleagues, but I hope that the finding from this investigation will represent a useful contribution.

Practical knowledge

The theory of practical knowledge stretches back to the time of the ancient Greeks and to Aristotle in particular. Aristotle addressed the question of what is knowledge. He pointed to three basic forms, and called these *epistemé, techné and phronesis. Epistmé* is theoretical knowledge, techné is art or skill and phronesis, translated into English variously as prudence, practical wisdom, practical judgement and practical knowledge. In his work the Nicomacheian Ethics (4) Book VI is dedicated to Phronesis. Aristotle defines practical knowledge as "a state conjoined with reason, true, having human good for its object, and apt to do". So while it is a form of reason, it is not the same as reasoning as a purely cognitive activity. Aristotle says that it is true, which indicates correctness, genuineness, an accordance with context, and that it is well intended, not just for the person themselves, but for the general good, and it is about the way an action is performed, ethics in practice, ethics in interaction with circumstances.   Aristotle points out that practical knowledge is not just a matter skill and cleverness, as these are forms of practice without necessarily an orientation toward the good of humanity. Indeed cleverness and skill are often used in a manner that profits the strong and powerful while holding the unfortunate in their suffering. They are related to a particular work, but phronesis is connected to the way a practitioner orientates their entire practice. Aristotle points to intuition as the bearer of practical wisdom. Phronesis has the capacity for taking the initiative and commanding,, as its end is 'what one should do or not do'. He refers to "the right judgement of the equitable man" and says that the practically wise gain their power of moral vision from experience. Not "knowing what is good", but "becoming good through practice".

When Aristotle also writes of the virtues (5) courage, temperance, justice, mildness and friendliness, in he points out that there is a golden middle way for all of these and too much or too little will constitute a vice. Too little courage, for example is cowardice and too much is

foolhardiness and both will be damaging to the human good. However, this middle way is not fixed, but pertains to any particular situation. Practical knowledge can said to be a matter of doing the "right thing in the right way at the right time". The question is then, 'How can we know what is the right thing to do, and the right way to do it at any particular time and circumstance?' This is where continued practice and judgement gained through the trial and error of long experience, comes in. Returning to the multi-family groups, good leadership requires practical knowledge, and the questions that arise are how does prudent action come to expression in the leadership of these groups, to what extent can this be imparted to others, and if it can in what kind of way?

Dewey, Polyani, Ricoeur,

Dreyfus and Dreyfus (6) followed the tradition of practical knowledge when they commented on the limitations of artificial intelligence. They argued that human intelligence and expertise depend primarily on unconscious instincts skills rather than conscious symbolic manipulation. It would not be possible a symbol processing machine to represent all knowledge, since so much of human knowledge is not symbolic. They rejected the ontological assumption that any phenomenon can be described by symbols or scientific theories and can be understood as objects, properties of objects, classes of objects, relations of objects, and so on. Human problem solving and expertise depend on our sense of the context and what is important in a given situation. There is a difference between "knowing-that" and "knowing-how", where 'knowing-that' is conscious, step-by-step problem solving skill and 'knowing-how' is the way we deal with things, taking actions without conscious symbolic reasoning - the essence of expertise. Our sense of the situation is based on our goals, our bodies and our culture—all of our unconscious intuitions, attitudes and knowledge about the world. This is not stored in our brains symbolically, but intuitively. It affects what we notice, expect and how we discriminate between what is essential and inessential.

In the book "The reflective practitioner" (7) the American educator Donald Schön takes the concept of practical knowledge further when he writes about 'reflection-in-action' as a concept for *"the artistry that good teachers in their everyday work often display" (8)*. I would understand this as practical knowledge. In teaching, this involves 'giving reason' for children to learn. He writes *"it is tacit and spontaneous, and often delivered without taking thought, and it is not a particularly intellectual activity. And yet it involves making new sense of surprises, turning back thought onto itself to think in new ways about phenomena and how we think about those phenomena"(8)*

Exhibiting the more that we know in what we do by the way in which we do it he calls 'knowing in action' and this would seem to correspond to techné or skill, which is also tacit knowledge, where as "to respond to surprise through improvisation" is reflection-in-action, an integration of the practice for Schön. He likes this to playing jazz music "within a framework of beat and rhythm and melody that is understood, one person plays and another responds on the spot to the way he hears the tune, making it different to correspond to the difference he hears". Schön contrasts this with epistemology "which construes professional knowledge to consist in the application of science to the adjustment of ends to means, which leaves no room for artistry". His way to a deeper understanding of practice is through reflection on reflection-in-action, and he points to "the ability to give a name" to experience as "extraordinarily important. Schön's perspective is much in line with what I want to attempt to do here.

Background

Practical knowledge is about action or performance that is well related to its context. For this reason it is important to have a reasonable understanding of the context that the actions occur in. Considering multi-family groups, there are several aspects to the context and I will try to present an introduction the ones that I believe are most important. To begin with I will write about my understanding of how a severe eating disorder can enter into the life of a person and their family and give a picture of how they are affected. I will then provide some background concerning the professional areas of systemic family therapy, group psychotherapy, multi-family therapy, and the program of the multi-family group that we have developed for adults with eating disorders.

Eating disorders

According to the ICD diagnostic system (9) there are several forms of eating disorders but the two that are generally considered to be the most severe are anorexia nervosa and bulimia nervosa. Put very briefly, anorexia nervosa is a matter of self-induced starvation and bulimia nervosa is a matter over over-eating followed by vomiting. These two conditions are, of course, much more complicated than this description of behaviour would suggest. The starvation and vomiting often occur with the same person and other forms of purging and burning calories through over-exercise is often an element of both. Most importantly this is, as I understand it, primarily a mental health problem related to invasive self-critical thought

processes and intensely unpleasant emotional and bodily reactions. This is a view of the situation seen from the outside, however, a professional perspective. What is more relevant to the issue of leading multi-family groups is an understanding of what it is like for a family to have a member with a severe eating disorder, for the person themselves, and for the people who care most for them.

As well as invading a person's thoughts, feelings and bodily experience, and seriously threatening their physical health (10), a severe eating disorder also causes serious problems and anxieties for anyone who cares about them. To give some idea of this I will draw a picture of Helen Olsen and her family. This is an illustration. To be true to my professional practice it would not be right for me to risk exposing the lives of a patient and their family in this essay. Even if I did change the names their situation would be too transparent. Instead I will present a picture of a non-existent family, one that has many of the characteristics of various families I have come to know. Importantly, while none of the characteristics have belonged to just one family I have met, I believe that this will give an overall realistic general picture that is true to the situation that many families find themselves in.

This is a story about a period in the life of Helen Olsen and her family. When we met her, Helen has had an eating disorder for a little over three years and it has gradually turned all their lives upside down. She used to be one of the best pupils at her school, but last spring she failed one of her exams and was not able to complete the final year of high school and matriculate. Helen has always set her standards very high and all through school she was used to getting top marks. Failing an exam has been quite traumatic for her and it has seriously damaged the belief she has in herself, it has spoilt her plans for the future and she is now overwhelmed by self-criticism and self-distain.

Looking back, when she was a young teenager, Helen and her family had moved to a small town from another part of the country and when she had started at the local comprehensive school the other girls did not let her into their social circle. Whatever she tried to do to win friends was rejected and she was left very much on her own. Her father had a senior position at the local factory and their family lived in a large house on the best side of town. Helen was clever, diligent and pretty, but perhaps a little naive, and it never occurred to her that the other girls might be envious of her. Though the boys were nice enough, the girls mocked her accent, her clothes, her interests, her looks and her family. She did not know what she had done

wrong and could not understand why they treated her in this way. Helen started to believe that there must be something fundamentally wrong with her, and since she did not know what it was, she assumed it must be everything. As she grew older she became increasingly unhappy and self-critical and her thoughts began to centre on her appearance. She was convinced that she was weird and ugly and she decided that she needed to be thinner. Helen was a strong willed and determined girl and when she put her mind to a task she usually managed to carry it out. When she decided that she needed to be thinner she found out that it was not so difficult to tolerate hunger, and it gave her a great sense of achievement to see the results. She believed that she could start eating normally at any time if she had to and thought it ridiculous that anyone should make a fuss about it. She felt in better control over her life than ever before, and most of her difficult thoughts and feelings about her situation at school just seemed to fade into the background. Time passed and she became severely anorexic.

Catching up with her, she now feels that she does not deserve food, nor the pleasure of eating, and she had strong attacks of guilt and self criticism if she does. She experiences that her body swells up after a meal and becomes obese and disgusting. Her thoughts go round in circles concerning her appearance and how she is worthless and she feels a mixture of anxiety, guilt and shame. To gain some relief when she does eat she either vomits afterwards or she exercises to excess to compensate. She has even tried taking pills to make sure food passes quickly through her. It is much easier not to eat and she can gain a sense of achievement and even elation from managing to starve herself. Throwing up gives her feelings of relief from tension and of being cleansed.

Being anorexic is not for Helen about vanity, as many people seem to think, it is now about being in a seemingly unbreakable grip of extreme negative thoughts and emotions. She eventually agrees to seek help, even though she doubts that she needs it and is sure that does not deserve it. She is admitted for treatment at an in-patient unit for eating disorders just in time to prevent organ collapse. She could easily have died.

To begin with at the unit she is anxious, depressed, obsessive, and suspicious. When she is asked about her family she becomes very irritated and deals with ordinary questions as if she is being interrogated. The subject is put to one side for a while.
Now that she is a patient her situation is in a way easier because other people are telling her she has to eat and minding that she does not vomit. They also prevent her from exercising.

Part of her thinks that it not really her fault that she is putting on weight and she tells herself that she is doing so because she has to. It is for the sake of others, not for herself. But Helen still has strong negative reactions. If anyone comments that she is looking better she interprets this as meaning that she has become fat and horrible and she has a constant fear that her weight will continue to increase without ever stopping. She cannot abide praise or soft talk, she can say that she is useless and worth nothing and that she hates herself, but she is kind and supportive to the other patients and she sees that they need help.

Eventually Helen eats more or less normally, stops throwing up and goes for walks instead of runs. It takes a long time, but she does put on weight and her physical condition improves with her eating. Her mental functioning also improves now that her brain is receiving the nourishment it requires. Her thinking is less rigid, she can see alternative solutions to difficulties, her perspectives are broadening and she can better appreciate other peoples point of view. Her humour has lifted and she is friendlier towards the ward staff. She can now even talk about her family, and she is concerned that she has caused them a lot of trouble. Helen is eventually discharged from the in-patient treatment unit and she and her family are invited to join the next multi-family group that is starting at the end of January.

Meantime; what has happened in Helen's family?
When the severity of Helen's eating disorder comes to the surface, the Olsen family also go into crisis. Helen's parents, Jill and Robert, both seek information and they encourage Helen to seek professional help. They are surprised and very frustrated when she refuses. They try everything they know, empathy and understanding, complying with Helen's wishes about food, they encourage and nag her about her eating, and they demand that she pulls herself together. In their own way, Helen's family have also become obsessed with food and weight. They feel compelled to make continual adjustments in their daily life. Jill and Robert eventually find it too stressful and risky to argue with Helen and to hold onto their normal mealtime routines. They feel they have to accept her rules about what, when and how food should be prepared and eaten. Though they notice calorie counting, body-checking, vomiting, and fasting they have become too anxious to make an issues out of them. This is not just for the sake of peace and quiet but also because they have become afraid that Helen either will stop eating altogether or perhaps harm herself if the eating disorder rules are not obeyed. They all feel controlled and manipulated and their frustration and helplessness mounts up. Jill tries to cover up the negative consequences of the eating disorder in various ways like

frequently cleaning the bathroom and using air freshener but it becomes difficult for the family to maintain a feeling of normality.

The day-to-day worries and frustrations are more than enough to cope with and they do not manage to plan outings and holidays. There seems to be nothing to look forward to, and their anxiety for what the future will bring leaves them stuck in the present, living one day at a time. They do not dare to take risks and they avoid anything new. Many decisions seem impossible to make and are put off indefinitely. Jill and Robert have put much of their own needs and activities to one side. With their focus locked onto the here-and-now, their time perspective has shrunk. Each mealtime has become a major event and in consequence of this minor conflicts are experienced as almost catastrophic and leave everyone was feeling a mixture of guilt, shame, remorse and resentment. Even the way Jill and Robert care for Helen has changed, and instead of supporting her to sort things out and do things for herself, they now try to take over and do things for her. Helen resents this, feeling that they are treating her like a child and taking away her responsibility for her own life. At the same time she relies on them heavily and has lost belief in herself as someone who can cope.

Jill and Helen have always been close, but now their mother-daughter relationship has become very intense and Robert begins to feel excluded. Jill and Robert sometimes disagree on how to manage Helen's difficulties, and feelings between them run so high that they cannot discuss their differences in a constructive way. As their communication deteriorates, they become less intimate, distant from each other.

Helens brother and sister, Tom and Mary, feel angry because it seems to them that Helen is responsible for splitting their parents. They want to help her but they do not know how. Frustrations continue to build in the Olsen family and this leads to more criticism, anger and controlling behaviour. In this tense environment, Helen is using her symptoms as a kind of protective shield and a regulator for her feelings, but this only serves to increase the level of tension in the family. There is a polarising of opinions about what is necessary and this also contributes to an increased level of conflict and feelings of resentment guilt and self-criticism.

Remarks from people around the Olsens only go to show how little people understand of their situation and all they all withdraw from social situations as they try to hide the fact that they are not coping. This need for isolation is built on feelings of shame and it enhances the

shame. Everyone is having difficulty in sleeping. Robert's work has started to suffer and because of this he is under pressure from upper management. Jill has been to the doctor and has she has started taking medication for insomnia and depression. She is so stressed about Helen that she cannot cope with dealing with other children, and is on sick leave from her work as a school teacher. Mary has decided that she cannot leave the family in the situation it is in and she has put off her plans of leaving home to go to college. She has got a job working in a local supermarket but she does not like it there and she is becoming increasingly apathetic. Tom never brings his friends home anymore. He spends a lot of time in his room by himself and keeps his difficulties to himself to avoid causing more problems for his parents. His school work is suffering.

The Olsen family now see themselves in a new light; their sense of identity has changed. From being a family that was secure and managing well they have become overwhelmed by a sense of helplessness. They are no longer able to access the recourses and strengths to resolve difficulties as they did before and do not see themselves as a normal family any more. They feel they have little control over their situation as their previous ways of coping are not helping them. Both Jill and Robert feel guilty because they think that in some way it is their fault that Helen has an eating disorder, especially after reading that it is usually caused by problems with communication in the family. They had noticed that Helen became unhappy after they moved, and they blame themselves for not taking this seriously enough. They are sure that they could have done something to prevent things turning out so badly and they feel that they have failed as parents.   Mary and Tom also feel guilty for not doing enough to help Helen and Helen feels guilty for spoiling things for all her family.

It is a relief for the family when Helen enters treatment, but there are still a whole lot of questions and feelings that have not been dealt with. When she returns home again from the hospital they realise that though she has put on weight and wants to lead a normal life, she is far from finished with her difficulties. She is receiving out-patient treatment but has some very bad days and is very vulnerable for a relapse. They are told about a group for families of people with eating disorders, and it seem to be a good idea to them as it means meeting other families in the same situation. It is clearly a big commitment, but the whole family agree to attend a meeting at the out-patient clinic with Helen's therapist and a member of the team who will be running the group. At the meeting they are told about the program that runs for

almost a year, and as it sounds very positive they decide to take part for Helen's sake. Helen agrees to the group, not so much for herself, but for the sake of her family.

The background of multi-family therapy

Before presenting multi-family therapy, I will give a brief picture of the two forms of therapy that it is based on: systemic family therapy and group psychotherapy.

Systemic family therapy

Systemic family therapy is built on the principle that mental health problems are best understood in the context of their relationships and understandings, not just in terms of an individual person's psychopathology.

I once heard it said that family therapy grew out of the rubbish dump of psychotherapy. That may sound somewhat damning, but the point being made was that it began in the early 1950's in areas where the psychoanalytic therapies had had very little success: in work with psychosis and unruly youths. Initially various theoretical models were tried out, and one team invited families to try out a variety of different interventions in a project they called multiple impact therapy. The early family therapists eventually drew much inspiration from communication theory and the science of control systems – cybernetics. A revolutionary idea emerged that human emotional problems could be understood as an expression of anomalies in a system rather than in terms of individual psychopathology In the functioning of a system of inter-related parts, a visible problem in one area can be the product of difficulties in other parts of the system that are not immediately apparent. A problem with one person in a family could be having the function of compensating for problems in other family relationships. The task of the therapist was to observe the system in order to understand what was the central problem within it, to prescribe a suitable remedy for the central problem and follow up to see whether their analysis of the system had been correct and the proscribed remedy carried out to good effect. Different schools of practice emerged that favoured different forms of analysis of the system in terms of structure, stability, separation, escalation, and each of these led to the development of different kinds of therapeutic methods or interventions (11). A therapist was a repairer of a system, of a social structure. It was noticed that many families with a member with an eating disorder were often having great difficulties with free and open communication. It was presumed that the poor communication had led to family members expressing their difficulties though bodily symptoms. They were called psychosomatic

families (12) and it was assumed that their poor communication had caused the eating disorder. Research later failed to give substance to this hypothesis (13). It seems that the presence of an eating disorder tends to lead to the partial breakdown of communication within a family.

This way of understanding systemic therapy was turned on its head by a group of practitioners and theorists who became known as social constructivists. A prominent member of the group was an American psychology professor from Galveston in Texas, Harry Goolishian. I was fortunate enough to be taught and supervised by Goolishian during the last years of his life, and with his colleague Harlene Anderson who continued his work after his death in 1991. Goolishian and Anderson (14) proposed that systems do not make problems, but that problems make systems. This may sounds a little strange, but the point they were making was that when there is something that one or more people do not like and are having difficulty in dealing with, they enter into a communicative exchange with each other and through this exchange they define the nature of the problem. That is not to say that they agree on it, the nature of a particular problem may be characterised by a total lack of agreement and the communicative exchanges largely concerned about whose understanding has most relevance. The nature of a problem is defined by who is involved in the communicative exchange and the way they talk to each other and this will determine what kind of attempts will be made to deal with it. From this perspective, a normative approach, such as saying that women who have been sexually abused develop a particular group of symptoms and require a particular kind of treatment, is an unhelpful over-simplification, as the affects of sexual abuse (and some people might not even agree that this is a correct definition of the occurrence) will not only be dependent on contextual factors (like who were involved, when, where, how) but also on the conversations around it. A woman being met by "Of course I believe what you are telling me" will lead to a very different kind of problem than "Why are you telling such wicked lies?" One of these threads will probably lead to opening the situation up, the other to shutting it down and each will lead to different ways of reacting. From this perspective, as problems exist as phenomena of language, and how we communicate about them will determine what kind of problem they are, two problems will never be exactly the same. The role of the therapist in this approach is to enter into an active dialogue with the various parties involved in a conflicted situation, in such a way as will allow the people involved to listen to and take in each other's perspectives and through this process bring about movement in retracted perspectives; moving from monologues to a dialogue. Changes in perspectives will

bring new understandings and these will necessarily lead to changes ways of dealing with the problem, and it will no longer remain stuck. The process of therapy becomes a hermeneutic circle where situations are met with pre-understanding that are tried and adapted through dialogue.

The idea that human systems are language systems also developed to be concerned with narratives, the stories we tell ourselves and each other about our lives and the lives of those around us. When a narrative like "He is the black sheep in the family" arises, this can catch attention in such a way that the positive things a person does pass unnoticed, while any negative episodes capture attention, are long remembered and are taken as evidence as to the basic nature of the person, supporting a dominant narrative of them being the black sheep. Michael White and David Epston (15) saw that children easily identified with the emotional and behavioural difficulties they were having. A boy who does some 'bad' things can begin to see himself as a 'bad boy'. To counteract this internalising of problems they proposed that these problems be externalised. In a ground breaking article (16) Michel White described how a boy with encopresis (faecal incontinence) became a boy who was being bothered by 'Stinky Poo' who pretended to be his friend, but in fact landed him in a lot of difficulties. The task facing the therapist was then to form an alliance with the boy and those close to him to identify all the nasty tricks played by Stinky Pooh, to notice the times when it did not get the upper-hand and to join in a concerted struggle to defeat it. This principle of externalising the problem has made its way into the treatment of eating disorders, where a therapist might talk to their client about the rules that anorexia makes for them.

 In recent years the traditions of psychoanalytic and systemic therapies have been brought closer together around the understanding of attachment in emotional development (17). This has led to an approach known as mentalization-based therapy (18). This approach is concerned with how the ability to see another person's perspective is developed through stable relationships in childhood. If childhood relationships were unstable this ability can break down easily, but in times of stress and other emotional pressure it can also break down, even when it has been well developed.   Dialogues and narratives around concrete situation of comforting and misunderstanding can improve a family's general ability to mentalize each other well.

Group psychotherapy

A group is not just an assembly of people, it takes on characteristics of its own and the whole becomes more than a sum of the parts. Group formation starts with a psychological bond between individuals. The early psychologist William McDougall believed that the group developed a 'group mind' that came into existence through the interactions of the group members. The gestalt psychologist, Max Wertheimer wrote in 1924 'There are entities where the behaviour of the whole cannot be derived from its individual elements nor from the way these elements fit together; rather the opposite is true: the properties of any of the parts are determined by the intrinsic structural laws of the whole' (19). Group psychology is a discipline in its own right and there is a body of literature on group formation, intra-group dynamics, group cohesion and other aspects. The term 'the process of the group' is used to refer to the way a group develops and changes in its mood, cohesion, loyalty, focus, activity level and so on.

Group psychotherapy was developed by JL Moreno (20) after be spent much time watching children at play in the parks of Venice. He admired the spontaneity and creativity he saw in the way they played out various aspects of their lives, hopes and fantasies. Moreno collected a group of players who acted out a living newspaper of the events of the day and then experimented with a Theatre of Spontaneity where the audience could decide what the players acted (21). The great actor Peter Laurie was a member of the group. Moreno was particularly interested in the attractions and repulsions that occurred in groups of people. He worked with refugees and prostitutes, trying to help them join together to improve their situations and through this developed the social science of Sociometry (22). He was also among the first to work with couples to help them improve their relationships. Moreno moved to the USA in 1925 and, with the help of his wife Zerka, he structured his ideas into a form of group psychotherapy he called Psychodrama. In these groups, participants were directed to play through important and difficult episodes and issues in their lives with the other group members as actors and audience. The method was highly structured in form but also very versatile with a variety of well developed techniques available to the group leader, who took on the role of the director of the psychodrama. The person presenting their situation was defined as the protagonist and they were instructed to swap roles with the antagonist and others in that situation. In this way they developed a deeper understanding of various perspectives present. Having played through experiences as they were perceived, alternative perspectives could be brought in and enacted. After the enactment ended the whole group

reflected on how they empathized with the characters in the enactment, the relevance they saw in the role-playing for their own lives and relationships (23).

Moreno described the process of working with groups, through building safety and spontaneity, warming-up, choosing a protagonist to present their situation, the enactment, de-roling and processing the experience. Among Moreno's techniques were taking the pulse of the group, role-reversal, spectograms, externalizing problems, social atoms and family sculpting, (24, 25, 26) all of which are used in multi-family therapy groups.

Multi-family therapy

Multi-family therapy is group therapy where a team of therapists gather members of several families together to address a problem of mental health or welfare. These groups are varied in form. They can be open or closed groups, arranged in the form of whole day gatherings or as regular 2 to 3 hour sessions (1).

Therapists run multi-family therapy groups to create a setting where several families can work together to find better ways of managing a shared problem that is having negative consequences for the lives of the whole family. The idea is that when the members of the group see that others are in the 'same boat' as themselves they can find relief from their isolation and the feeling of being stigmatized. When several families talk together they can gain new perspectives on their difficulties and learn different ways of managing and coping from each other. A piece of advice about daily living coming from one participant to another can be more to the point and carry more weight than one coming from a health professional. Sharing experiences and advice can enhance a sense of competence that may have been eroded over a long period of time, and this can promote hope for positive change. Families can gain a meta-perspective over their own situation by seeing another family working on their difficulties. Multi-family therapy is a powerful intervention that can help a family out of unhelpful patterns of communication that have arisen through tension, anxiety and other strong emotional reactions that living with the condition has brought with it.

The first multi-family therapy groups are believed to have been started in New York in the 1950's by Peter Laqueur, for families of patients diagnosed with schizophrenia (1). William McFarlane (28) developed a program for families of young adults with psychosis that has been adopted in many countries, including Norway. It is based on a two day psycho-

educational course, followed by regular evening meetings using a highly structure cognitive problem solving model.

Staff at the Marlborough Family Service, in London noticed how parents of multi-problem families in their waiting room talked to each other about their difficulties in a very constructive way. They took the initiative to developed multi-family therapy groups for different kinds of problems and for children with certain diagnostic categories, (1). These groups were further developed for families of children and adolescents with eating disorders at the Maudsley Hospital in London and at the University of Dresden in Germany. Manuals for running groups with children and adolescents with eating disorders have been written by Michael and Katja Scholz and their co-workers in Dresden, Germany, (29) and by Ulf Wallin in Lund, Sweden (30)

Multi-family therapy groups aim to help families to find coping strategies for dealing with severe problems and illnesses that cause them much worry and anxiety and that they may experience as a matter of life and death. Gathering several families together creates an opportunity for group members to learn from each other and find solutions and strategies together. Multi-family therapy groups also aim to meet family member's need for information and knowledge about their situation, such as an eating disorder. Recent studies have shown that family therapy alone and in combination with an individual therapy can be effective in the treatment of eating disorders with children and adolescents (31, 32, 33). Multi-family therapy for eating disorders was introduced to Norway in 2004 by Ivan Eisler and Pennie Fairbairn of the Maudsley Hospital through a training program run for four specialist units.

The service for patients with eating disorders in Norway was underdeveloped, so the department of health decided to establish a regional competence centre in each of the health regions. In northern Norway a centre for children and adolescents was established in Tromsø and then the Regional Centre for Eating Disorders (RESSP) for adults was established at Nordland Hospital in Bodø. Mildrid Valvik and Siri Lyngmo were employed to start an out-patient clinic and run an in-patient service on one of the general psychiatry wards. In their initial clinical experience they saw that when an adult family member had an eating disorder their whole family seemed to be suffering and in need of support. They found that patients and their families were often very frustrated and angry over a lack of professional competence, information and follow-up from their local health services. In many areas of the

region it had proved difficult to build a high level of competence in the treatment of eating disorders both at the local mental health clinics and primary health-care services because there were just too few patients with these conditions to provide professionals with a depth and range of clinical experience. It was difficult for administrators to prioritise the development professional competence in this area where there were relatively few patients and where demands in other areas were more pressing. The young adult patients and their parents wanted qualified knowledge about the eating disorder, a treatment program that they could rely on, and help in tackling the intense day-to-day problems of getting along with each other.

They decided to explore the possibilities that multi-family groups might provide and they joined the training program together run by Fairbairn and Eisler together with colleagues at the eating disorders centre for children and adolescents with in Tromsø. As a part of their training they led a multi-family group for youngsters. A central part of the program involved getting parents to support each other at meal times to help their children to eat, but once this was managed they worked with relationships within the families. In these groups, the parents decided whether the family would participate and, to begin with at least, they met a lot of reluctance and resistance from the youngsters.

Mildrid and Siri often saw that their adult patients had not yet left their childhood homes, even when they were well into their 20's. They seemed to be dependent on forms of caring that would otherwise be considered inappropriate to their age: in many ways they were still being treated like children by their families. Even when they had left home, they seemed to be strongly dependent on their parents and they often related to them and other family members in a child-like fashion. Fear and anxiety appeared to be keeping families locked into patterns of caring which made it difficult for the young person with an eating disorder to make a break and create an adult life. Relationships with close friends and partners were also strongly marked by dependency and control. It seemed to them that eating disorders were detrimental to age-related progression regarding organisation, emotional climate and role development in family life. Because they are concerned about their son's or daughter's health, parents had difficulty in encouraging them move on to an independent life, and their children have difficulty in making their own decisions that would allow them to move out.

Many of the parents of these young adults found it particularly difficult when their son or daughter reached 18 years old and they no longer had the same legal authority and decide,

participate in, and be informed about, their health care. They often felt marginalized and helpless in their wish to help a son or daughter, who held them at a distance in matters related to their eating disorder whilst continually turning to them for help in most other areas. For this reason, therapeutic methods for families with children, such as multi-family therapy, seemed to be very relevant, but not in the form developed for children and adolescents.

Having completed their training with child and adolescent multi-family groups, Mildrid and Siri decided that they wanted to establish a group for adults and their families. They did not know of any else running such groups, so they gathered a team of colleagues with experience in family and group therapy and discussed how to run a program. I was a member of this team. It was clear for us that it would be inappropriate to ask the parents to ensure that their adult sons and daughters ate. Even if it were possible, it would only serve to enhance their experience of 'not being in control over my own life' and increase dependency and resentment. It would push families in the wrong direction regarding the life-cycle tasks they would otherwise be facing. Unlike the children's groups, it is not the parents, it is the young adults who have the right to decide what kind of treatment they will participate in. If their families were to try to pressure them to eat they would just drop out of the treatment.

The RESSP model for multi-family groups

The framework needed to be clear. It appeared obvious to the team that the business of eating was a matter between the young adults and the health service professionals who were following them up, not a matter to involve the family directly in. Meal times were taken out of the active program, and the focus was placed on the relationship issues. This meant that the group members with an eating disorder (from here I will refer to them as the ED group members) had to have adequate support outside of the group and the team decided that the multi-family group could only function as a supplement to individual treatment. Participating with your family in the group would entail agreeing to remain in an appropriate level of individual treatment as long as the group lasted. The group was for patients and their families, so the team decided to make it clear that the ED group members could not drop out themselves and still let their families continue in the group.

The group took and adapted several of the methods that had been used in the child and adolescent group, and when they showed themselves to be appropriate they were kept in the

program. The first day of building the group and introducing the way the problem affected family life remained almost unchanged, but other themes and issues were introduced by the team members, tried out and incorporated or rejected. The order and timing of what themes and issues were dealt with when and how was also adjusted in accord with our experience of the first groups and after the fourth a structure was developed that seemed appropriate on a general basis. The team then decided to write a guidebook to running these groups so that we could share our program with others interesting in doing the same. This helped the team to move between structure and process and have an increasing awareness of the way we were working. They formulated their aims for the group:

The primary aim for these multi-family therapy groups with adults is to enhance the quality of support that parents and other family members provide to a young adult with an eating disorder, without trying to take away their independence in decision making and choice of life style. Participating in multi-family therapy groups can help family members to repair misunderstandings, improve the quality of their communication, increase their ability to mentalize in stressful situations and empower their coping skills.

The aims of the program are:
- to reduce the impact of relational factors that serve to maintain eating disorders and cause difficulties and suffering to other family members
- to increase positive relational factors that will support the ED member in their struggle with their eating disorder
- to generally improve communication and relationships within the family
- to improve mentalizing in the family
- to create a support network for each family with the other families in the group.

The groups encourage parental involvement as active supporters of their adult children as an alternative to the helpless position they often find themselves in.

In their book Multi-Family Therapy, Asen and Schultz (1) are sceptical to mixing patients with bulimia and anorexia in the same group. Here, in the far north of Europe, the patient population is not been large enough for us to be selective about diagnosis, and so all our groups have included patients with both severe anorexia and bulimia. Our experience with this has been very good. This is perhaps because the groups we run do not include therapy at mealtimes and much more relationship orientated than symptom orientated. The families we

meet recognise many of the same problems and dilemmas, independent of the particular symptoms. Group members with anorexia are usually very restrictive and controlled and they can benefit from contact with the more spontaneous and impulsive expressions coming from group members with bulimia, and vice versa.

The program that we have developed is highly structured and described in a guide book we have written and hope soon to publish (2). It comprises six gatherings spread over one year. The first gathering is three days, the remainder are two days. Each day of group work lasts for 6 ½ hours including lunch and short breaks. Each day of every gathering is divided into four sessions and during each session the team introduce one or two central issues that are worked on in a variety of ways. As mentioned previously, the program has been developed over several years and as the team have been actively receiving feedback from the group members and adjusted it accordingly, we believe that it is generally well suited to deal with the central issues of family life with an eating disorder in an appropriate tempo and order. At the same time, our experience has taught us that while the program may be generally suitable, that it may not be quite suitable for any particular group we are working with, and that putting it into practice requires constant evaluation and flexibility. The first principle we have for running the group is that the process of the group has primacy over the structure of the program. We believe we must always be aware of the group process and be prepared to leave the program to one side and deal with what we see are the needs of the group, here and now.

The issues I am dealing with in this essay here is the practical knowledge involved in leading these groups, rather than describing the groups themselves. The way the program has been developed by our team up is the result of our practical knowledge built up over a number of years and could itself be a subject for this kind of investigation and discussion. This is, however, outside the scope of this paper and the structure of the program will only be alluded to briefly to set the context of the issue of group leadership.

The multi-family group program comprises a number of different ways of meeting, reflecting and talking together. There are short presentations by the team on certain relevant topics, family sessions, experiential, meditative and creative exercises, role-plays, plenary, small group and pair discussions and we play some games. Families each lunch together in the canteen, but this is not a direct part of the work of the group.

In the program there is a constant movement between the different ways of considering and discussing the issues at hand. We bring up issues that we believe are important and relevant, but we begin every day by enquiring whether there is anything group members are concerned about and would like the group to deal with. When we take up an issue we begin with either a meditative reflection, hearing thoughts from the group, an exercise or by making a formal presentation on a particular subject. In our presentations we use a mixture of talks with slides, demonstrations and prepared exercises. The subjects we usually cover include the effects on the body of starvation and poor nourishment, an eating disorder as an uninvited guest in the family, understanding an eating disorders, what is systemic family thinking, understanding the process of motivation for change, your rights in the health and welfare systems, communication under stress, mentalization and how it breaks down, a collaborative problem-solving approach to conflicts, caring for and supporting to, ways of belonging, minding the gap when changing levels of professional support, changing and getting better from an eating disorder.

The group exercise that we run include a series of exercises to establish the group, making collages of life with and without an eating disorder, short meditations, taking the pulse of the group, ways we communicate under stress, brainstorming a problem, setting personal boundaries, exploring guilt feelings, a panel debate about eating disorders, looking 5 years forward in time, thinking more positively, taking leave and saying goodbye. We also encourage cultural contributions to the group, like songs, poems, films etc. There are set-piece role-plays such as 'the two voices of an eating disorder', and 'breakfast in Hell' (about chaos at mealtimes), and we run spontaneous role-playing vignettes of concrete situations families have experienced. We sometimes play group games to lift the positive energy in the group, and these include 'the wind is blowing on...', 'Simon says', 'Heads shoulders knees and toes', 'Statues', 'Mr. Wolf', or anything else that someone suggests.

Tasks and discussions with individual families include: drawing a family genogram, drawing tree of aims for this year, discussing care support and belonging in our family, saying positive things to each other, sculpting our family with figures, agreeing on helping-hand plans, and being aware of our resources for each other.

There are plenary, small group and pair discussions follow most of the above presentations and exercises. Pair discussions are usually between group members who do not know each

other outside of the group. This means that they get fresh impulses and that everybody gets to talk to everybody else and this helps with the cohesion of the group. Some of the small groups are formed more or less randomly, some are peer groups that consist of mothers together, fathers together and so on, and some are 'new families' where a mother, father, ED member and sibling from different families are joined together.

An investigation of themes of group leadership

It seems to me now that the following is best understood as a narrative about an investigation I carried out into aspects of group leadership, rather than a scientific report of that investigation. This is not to say that I believe that the investigation was flawed, but as you will see later, the results of the investigation did not quite lead me along the path I thought I would be following.

The aims and method

Hermeneutics is the art of interpreting, understanding and creating meaning. The word has its origins from the Greek hermeneuein which means to express explain translate or interpret and is connected to the Greek god Hermes who was the messenger between the gods and men. Hermeneutics has its roots in practice method of interpretation of the Bible, the antique classics and the law.   In the last century the method was developed to the interpretation of any text, experience or activity by theoreticians Schleiermacher, Dilthey, Heidegger, Gadamer and Ricoeur (34). I will take Gadamer's perspective as my basis here. Hermeneutics represents a contrast to positivism, the objective science where empiricism is the only recognised knowledge. Hermeneutics is rather a theory concerning the understanding of text, understanding it within a given context or situation. The interpretation cannot be objective as the person who interprets the text has a pre-understanding, which is to say that they bring in their own experience and understanding to create meaning in the text. A central concept based on Heidegger's and Gadamer's (34) theories is the hermeneutic circle, which comprises pre-understanding and understanding and where the reader of the text is an integral part of the circle. Pre-understanding is what the reader brings into the interpretation, and understanding is what the reader take out of the text. The reader's awareness of their own role in process of interpretation is a central element of hermeneutics. The hermeneutic interpretation is a circular movement between the parts and the whole of the text that brings awareness and creates a basis for a deeper understanding. Gadamer (35) considered the interpretation as necessarily connected to the existing cultural context, that we understand ourselves according

to other people and the culture that we live in. The concept of prejudice is not necessarily negative as pre-judgements cannot be avoided and they can always be taken up for re-evaluation through experience. Our prejudices are a result of the time and place we live in. Some prejudices will be irrelevant as they have no meaning for the interpretation of a text while others are legitimate and are tried out and tested in their meeting with the text. In this circle, past understanding is seen in the light of present judgement. Gadamer introduces the concepts of the horizon and dialogue. The horizons consist of our experience and context and the experience and context of the text, and the dialogue is the play of movement between the horizons of the reader and the text. It is through the play of dialogue that that we can deepen or expand our understanding. We are within our horizon and we can develop freely in our meeting with the horizon of the text. The horizons can be seen as fusing together through the dialogue between the reader and the text and this will results in a hermeneutic circle.

In Truth and method he attempts to bring out the play understanding and what just happens, what we just do. Understanding is an event rather than a method. The world can be said to reveal itself through our understanding of it.

Importantly, the concept of text it broadened from what is written to what is experienced. Hermeneutics is a way of understanding all the aspects of our experiences in life, our work, our leisure, our achievements and our difficulties. It provides us with knowledge of how we do what we do and can provide us with insight into why we do things when we just do them. In consideration of the other half of the preparation for running multi-family groups, it is only through a hermeneutic process that we can gain insight into how we run the groups, and give us ideas of what aspects of this we should try to pass on to others. This is the basis of the method I will be using in this inquiry.

As Mildrid, Siri and I want to be able to develop a training program for group leaders, I want to look into the interview texts to be able to draw out the central themes of leadership that are contained within them. I believe that these will be able to provide some interesting insights into the way the groups are led and that we will be able to use these as a basis for a training program. I expect that these themes can bring out interesting aspects to the preparation of how to run these groups rather than learning about the contents of the group program. To explore what themes can be drawn from the interview texts I employ a phenomenological hermeneutical approach, described by Lindseth and Norberg (36) and based on Paul Ricoeur's theory of interpretation (37). In their paper, Lindseth and Norberg look at the practices of nursing and medicine to explore how ethical thinking is acted out through internalized norms,

values and attitudes. Their method comprised of asking practitioners to retell and discussion concrete situations that they have found morally challenging and then analysing the texts. The analysis was hermeneutic in as much as it is was based on a reflective interpretation of text and phenomenological as it focuses on the understandable meaning of the experiences described in an attempt to 'elucidate central meaning as it is lived in human experience' (36). 'Going beyond the taken for granted and expose the essential traits of the meaning structure through a phenomenological attitude to the subject at hand'. So, in consideration of my interview texts, when we talk of leading a group, what does that actually consist of it terms of the attitudes and preconceptions that steer the choices the leaders take about what to be concerned about and which way to act? How is the group leadership lived out? This way of analysing texts requires that I endeavour to refraining from judging or concluding, but rather focus on bringing out important themes implied in the texts "in order to become open to our own (my) experience and to the understandable meaning implicit in this meaning" (36).

According to Ricoeur, we have a pre-understanding of life which finds expression in the shapes of stories (38), so that it is the story as a whole which gives meaning to particular events. Retelling brings the past into the present in order to shape the future. He writes that text is a proposed world in which the reader can inhabit and project their 'ownmost

The interviews

In 2012 I interviewed the two most experienced leaders of the RESSP multi-family groups, Mildrid Valvik and Siri Lyngmo, and I asked them to describe some situations that they had experienced as leaders of multi-family groups that they had found particularly challenging, where their ability to lead the group had been tested and where they felt they had learnt something about leading the groups. I wanted to look into these situations to see what kind of spontaneous practical knowledge they had employed in dealing with the situations and what reflections they had about the ways they had acted. The interviews were not just monologues. The questions I asked often led to a certain degree of spontaneous discussion about the situations they described. I was also a member of the team running these groups and I had been present during many these situations. While I focussed on bring out Mildrid's and Siri's perspectives, so I could not remove myself from the conversation without it becoming unnatural and false. Had this analysis been an attempt to bring out objective truths from these interviews, my position as an interviewer and researcher would have untenable, but as this

investigation is focussed on experience, reflection and understanding I believe there were some advantages in my position, as I was sometimes able to bring out more from Mildrid and Siri through the questions because of my presence at the time.

A year later I interviewed Mildrid and Siri again, and asked them to describe any other situations where they thought they had understood something more about group leadership and where they thought the team had managed to bring out the potential that multi-family groups represent to the participants.

Each interview lasted about an hour. The responses included narrative descriptions of the way the groups were run and of specific occurrences in the group. These were supplemented with reflections over the way these situations were dealt with, what they thought they had learnt from them, what had gone well and what could have been improved.

The interviews were carried out in the Norwegian language, digitally recorded, transcribed and translated by myself into English. Siri and Mildrid read the transcriptions and my translations into English, and they approved them as being accurate representations of what they said. I had made some adjustments in translation to preserve the flow of language and meaning, but they these were accepted by them both.

When I began to analyse the interviews I realised that there was a lot more text than I could manage to deal with. I decided to use only the descriptions and reflections of concrete situations for analysis. I believe that this is in accordance with the method developed by Lindseth and Norberg (36). There were also many reflections about running the groups they had on a more general basis I and I thought that I would be able to include these, where relevant, in my discussions of the texts.

Through my analysis of the texts I aimed to bring out a manageable number of salient themes concerning group leadership and that these could use as a framework for further discussions of the texts. I hoped that some of the themes would emerge as more central than others and that this process in itself would provide an interesting insight which could be enhanced by a deeper reflection over the texts within the framework of the themes.

Although the process of bringing out only a few thematic categories reduces the information in the texts to a minimum, that is to say that it is in itself reductionist, I trusted that the discussion of the texts that would this would enable me to open up the leadership aspects of

the texts in a new and interesting way and would provide me with fresh insights into group leadership and indications for themes for the development of a training program.

The analysis of the descriptions of concrete situations

The first step was to read through the texts a number of times to get an overall picture of what was going on in each situation. By an overall picture, I do not mean attempting to gain an objective perspective, I mean trying to view the situations from the different sides of the people involved, trying to see different perspectives of what had happened. This reading provided me with a more comprehensive perspective to the events that were being described. Some of the descriptions seemed to overlap, some emerged as richer in subject matter than others. Based on these readings I wrote first a very short summary that focussed on the choices that the group leader had made in the situation. Secondly I focussed on how it seemed to me the group leader experienced the situation, and thirdly I wrote, where relevant how it seemed to me any active group member was experiencing the situation. The following is an example of the summaries of the first part of the introductory text concerning Mildrid and her PowerPoints.

> M has prepared a theoretically based presentation. A group member complains about how she believes this will negatively affect the way she is understood in the group. M leaves the presentation of theory and moves an open discussion on experience.
>
> M has carefully planned a presentation to a group that brings out the various aspects of an eating disorder. When the content is quickly challenged she does not want to go into a confrontation and she decides it is better to be flexible and open up for a dialogue with the group than to continue her presentation.
>
> M is somewhat put out when she is interrupted so early in her presentation, especially when her ability to present something balanced and interesting are cast into doubt. She sees it as a challenge, but also as an opportunity to get the group involved in a dialogue and so she is very willing to open up for discussion. It appeals to her belief in spontaneity and she is anyway ambivalent about the PowerPoint presentation.
>
> When L listens to the beginning of M's presentation she fears that her situation is going to be misrepresented and she plucks up courage and says so to the leader. The

leader encourages her to say more, and L decides to share her experiences and understandings with the rest of the group. Others join in and an open discussion develops.

In this way I attempted to build a richer picture of the experience of the situation that I believed would be particularly useful when I entered into a dialogue with the texts after the analysis of themes in the discussion section of the paper. I also worked with these notes in my attempt to bring out a small number of main themes and subthemes from the texts. To carry out the analysis I followed the following procedure:

I opened a text document and set up a table with four columns and sixteen rows, one row for each of the sixteen concrete situations described by Siri and Mildrid.
In the first column I wrote a code to indicate where in the original transcriptions the texts were taken from.
In the second column I copied in the text from the description of one concrete situation.
In the third column I wrote in key words relevant to group leadership from the text and the notes that I had made from my impressions of the texts. To illustrate; from the above text I wrote Challenge, Flexibility, Dialogue, Experience, Courage, Understanding, Sharing, Spontaneity, and Misrepresent

I opened a new text document and copied in to it all the key words from the third column. In this document I grouped the words together in various ways according to their similarity of their overall theme. Some of these emerged as stronger and richer thematic groupings than others. I looked further into the similarities of these to find phrases or sentences that would identify the themes they had in common.
After I had identified the four overall themes I considered each one of them separately, grouping the words to find a small number of subthemes that would cover the all the issues involved. Four or five subthemes emerged from each main theme.

Having identified the main themes and subthemes I went back to the table of texts in my first document, and in the fourth column I wrote in which themes and subthemes seemed most relevant to that text. In this way I had identified which texts would be relevant when I discussed the themes that I had brought out from the analysis.

The result of the analysis

There were four main themes that emerged from my analysis. These were 'Being in charge', 'Managing the group process', 'Awareness' and 'Working as a team'. Each of these main theme had four or five subthemes.

On looking at how often a theme and subtheme appeared to be relevant to the description of a concrete situation some of them occurred very often which would appear to be an indication that they were more central issues to the experience of leading these multi-family groups, if not group leadership in general.

The following table shows the main themes and the subthemes that were brought out by the analysis, as well as the different key words that were grouped to form the themes.

Main theme	Subtheme	Key words
Being in charge	Directing the group	directing, in charge, responsibility, clarity, tempo, strategy,
	Creating a good atmosphere	humility, self irony, humour, transparency, tolerance, self respect, including
	Flexibility	spontaneity, flexibility, untried, uncertainty, daring, balance
	Meeting challenges	challenge, hostility, confrontation, setting limits, boundaries, framing, undermine, misrepresent
Managing the group process	Creating openness	warming up, openness, safety, trust it, alliance, atmosphere,
	Enhancing dialogue	dialogue, swap perspective, understanding, communication, showing bodily, illustrating, sharing
	Regulating intensity	tolerance, intensity, involvement
	Maintaining boundaries	boundaries, limits, exposure

		Timing	Timing, tempo
Awareness		Energy	engagement, energy, tension,
		Sensing limits	exposure, boundaries, limits,
		Resources	Resourceful, ability, courage
		Timing	Readiness
		Focus	details, room, body, senses
Working as a team		Preparation	preparation, security, experience
		Familiarity	familiarity, knowing strengths, background, recourses
		Interplay and support	interplay, collaboration, giving time, stepping in, support,
		Engagement	Energy, engagement, enthusiasm

A change of mind

For the next part of my inquiry I took each theme with its subthemes one at a time and I fetched in sections of the interview texts that my analysis had shown to be relevant. I worked through the themes trying to elucidate each one in a somewhat formal manner, using various short examples from the descriptions concrete situations and the reflections Siri and Mildrid had made about group leadership. After much work I presented some of these discussions, as far as they had come, to my supervisor. To set the context for what happened next I want to return to the beginning of this essay and the first part of Mildrid's description of her situation with her 23 PowerPoint slides.

> *A protest grew up already with the first PowerPoint slide. I can't remember exactly what was on the slide, but it was something about 'What is an eating disorder' and I was just introducing it when I heard "It is not like that" from Leslie, one of the young women with anorexia, and then another, Barbara, added "I hope this is not just going to be about diagnoses". They wanted to put forward their points of view; they wanted to be experts on eating disorders; that is how I interpreted it. They wanted to own*

their expertise. Leslie said that she wanted to be understood as a whole person, not just in terms of an eating disorder, and she led the way in explaining how she experienced her ailment. It went well to let her have space as another young woman and one of the parents joined in.

So, there was Mildrid with 23 carefully prepared slides about eating disorders to present to 30 people, and here am I with about 43 written pages of discussion for my masters dissertation that, as it has turned out, do not fit the bill. It looks like neither of us are going to be able to use much of what we prepared. Mildrid has been challenged for the likelihood that she is about to launch into a monologue that will in some way mystify the lived reality of having an eating disorder. The young women seem to have developed a pre-understanding that they will be misrepresented and have entered an alliance to not allow this to happen without protest. I think that Mildrid sees that there is a certain amount of truth in what they are protesting about. Many of the 23 slides concern eating disorders viewed from the outside. Some are about diagnoses, a give statistics of prevalence and so on, but there is also an attempt to demonstrate the dilemmas, ambivalences and struggle that are involved in leaving this way of living behind. But the young women protesting do not know this and when they chose to use their voice they give Mildrid a choice as a leader.

My plan of using the themes from my analysis of the interview texts to gain some newer and deeper understanding of group leadership that can be incorporate in the planning of a training program has hit a wall. It sounded like a good idea to me at the time, and I have worked away at it for a couple of weeks, but now I have heard from my supervisor and he has told me that it reads like a practice diary, commenting on the texts, but not actually getting into a meaningful dialogue with them. Our professor, Ruth Olsen, told us many times that we need to engage in an exchange between a 'from the inside' and a 'from the outside' perspective, and now I can see that I have been keeping 'on the outside' all the time. I have had a few useful thoughts doing this, but the chances that I will stumble over any significant insight about the group leadership issue through this kind of discussion are pretty slim. I see that my supervisor is right. It has been a long time since I last attended classes and most of the writing I have been doing has been writing reports and the guide book. It seems that I have lost the knack (temporarily I hope) of writing 'from the inside'. Hopefully this knack is actually a form of practical knowledge that has remained with me, and when that I have put myself back on the right track, it will come back to me.

What were Mildrid's options in her situation and what did she do? Well, when I try to put myself in her place, in front of the group, it seems to me that she began by moving her attention away from her presentation and over to the young women who were making a protest. I do not mean by this that she viewed them 'from the outside' but that she was moved by curiosity about what they were saying, and asked them to elaborate on it to make their perspective understandable for the whole group. There is no more information about this in the interview text, but I was present at the time and I remember how she seemed moved and interested, as if what they were saying was the most important thing for all of us to hear. She drew out their perspectives and worked with them to make them justified and understandable and a source of information for the group. Then she asked if anyone else would comment and a mother joined in to ask about what they meant by what they said and in the following exchange the slides were forgotten. Seen 'from the outside' it seems to me that Mildrid moved from an apparently monological form to a primarily dialogical form and in this group on this day, there was no room for her slides.

So what are my options, with my plans, methods and unhelpful writings, and time running out? I could just plough on with the structure I have been presenting until now, add some 'from the inside' comments and try to scrape through on that. It would be similar to Mildrid changing a few words and carrying on with her slides in a slightly more dialogical way than she had planned. Another option I have is to do like Mildrid and incorporate this situation into my writing process. I can give up my attempt to make the text fit the structure I have devised (even though the structure was gained from the texts). My supervisor said, "The situations you are writing about are all removed from their contexts" (39) and it is true. When I read the way I have written them, the interviews could have been taken from a dictionary of quotations rather than being narratives from interviews. It seems to me that actually I do not have a chance of doing something halfway respectable like this, so I will have to make the change. But it is a change into the unknown.

I think I am going to have to go through the interview texts in a different way than planned, to prioritize differently. Instead of looking to see which situations seem to say something about a theme, I will rather try to see which of the narratives seem to have something important to say to me about practical knowledge, to try to enter a discourse with them about what it is about them that appeals to my interest and what is it in me as a group leader that is appealed

to. The themes I have bought out may help me in this, but just now I do not know what to do about them. I can come back to them later.

Discourses on the narratives

In this part I will take a selection of the narratives of concrete situations one at a time and try to enter a discourse based on my comprehension of the experience of person leading and the group members, the thoughts that come to me about situation and theoretical perspectives that seem to me can shed some light on aspects of the practical knowledge that are involved. I have given each of these discourses a title based on the subject of the narrative.

A challenge and an appeal

I will begin by returning once again to the text about Mildrid and her 23 PowerPoint slides. How do I see how Mildrid sees young Leslie who protests about her presentation? Leslie said that she did not want to be misrepresented, seen only in part, not as a whole person. Mildrid knows that she has been in in-patient treatment for anorexia for a while, and that this necessarily means being under press from herself and others to eat and retain her food it spite of a strong felt need to do the opposite. Her existence has for some time been marked by an invasive dichotomy. For a relatively long period of her life she has followed certain thoughts and desires and starved herself to the extent that her physical health was in danger and where she could no longer cope with the demands of her everyday living. But it has not been her intention to cause herself damage and she wants to live a life free from the restrictions that a starved body places upon her. In this respect Mildrid understands that she is deeply divided in a most unpleasant way, and that she yearns for integration. In this respect a presentation that Leslie believes will emphasise one aspect of her painfully divided mind will cause her discomfort and frustration. And so she protests. But Mildrid does not experience the protest as an intrusion, it draws her attention and it wakes her curiosity. I understand this as a reaction to an appeal that Mildrid hears from Leslie. Her protest, and it is Mildrid who calls it that, is both a reaction to being represented from one side of a divide and an appeal to be related to as an integrated person, and that appeal is so strong, especially as it is reinforced by Barbara, that it moves Mildrid away from her plans and preparations and into an open dialogue. These young women dare to show their vulnerability and Mildrid responds to this by listening to them and then opening the perspectives that emerge for comment and discussion with the whole group. This is a choice that Mildrid makes and as I see it, it must

reflect a preference that Mildrid has for this form of communication; it suits her better to enter into a spontaneous discussion with the group than present a series of slides and let their pre-arranged structure dictate the premise for discussion. Perhaps young Leslie has rescued Mildrid from the slide show and helped into a form of discourse she prefers.

So what does this say about the way Mildrid leads the group? I think that she shows a high degree of flexibility, sensitivity to the needs of the group members and a basic wish to enter into dialogue. Mildrid shows humility in putting to one side her prepared presentation, which I know was actually both relevant and interesting, and prioritizing what she understands as the needs of others.

A role-play

Mildrid has led the group into an open dialogue, but when it seems fit, she introduces a new element, a role-play demonstration. Like the slides, it has been prepared in advance, but its intention is to give the group an impression of the unseen reality of an eating disorder. I think she must understand that the role-play is unlikely to be seen as a one-sided presentation by the ED group members and that it will pass on some important information to the other group members.

When Mildrid places a chair in the middle of the group she draws everyone's attention and establishes herself as in charge of this part of the group's activity. Then she asks members of the team to come and take the roles, and the role-play is introduced.

> *I asked Gro to begin encouraging Kenneth to eat, reminding him of how much he needs his food. Then I asked Eva to begin to interrupt and to start criticising Kenneth. Eva criticised the food, Kenneth's shape and weight, telling him how greedy and undeserving he was. They sat close and talked to him at the same time. I asked them to pause the role-play and asked for comments from the group on these 'inner voices'. One of the Leslie protested that the healthy voice was not very good, as it was just repeating the same things over again. I asked her if she would mind coming and taking over the role herself so as to give us a better picture. She said she would and she took over Gro's place. When I started the role-play again Barbara protested about the eating disorder voice, saying "It is much louder than that!" I paused immediately and invited her to come and take over that role from Eva, and she obliged. When we started up again the role-play was much more intense. Leslie was*

very encouraging and had plenty of good reasons for eating but Barbara was
condemning and quite vicious in her criticism. After a while I asked them to pause
again and enquired whether of the family members would come and take over
Kenneth's chair to experience listening to these voices. When Jean, one of the
mothers, came forward, I also placed a fourth chair facing hers and asked Steven to
sit there to represent an outside voice to tell her to pull herself together and eat, and
then I asked them to start again. After a little while I paused and asked Jean what it
had been like for her to sit in the chair. Jean said that it was overwhelming and that
she had had enough. I asked who else would like to try sitting in the chair and one of
the fathers came up but when we started again he jumped out of it after a few seconds,
saying he could not stand any more.

I asked some of the other ED group members if they thought the role-play was a
reasonable demonstration of what it was like to be in the grip of an eating disorder,
and they agreed that it was similar, only that they did not hear voices, it was their
thoughts and feelings that they experienced. Everyone returned to their seats and we
continued to discuss the experience of having an eating disorder. The 22 remaining
PowerPoint slides were forgotten.

I am sure that Mildrid knows that role-play demonstration by the team will seem a little weak to the ED members of the group and that when she pauses for the first time she is hoping to engage them. It will not only strengthen the role-play, it will also engage the group in it and move from a demonstration to an activity. The basic form will move from a monologue to a dialogue (40) (41). Mildrid has directed the role-play as an introduction and is waiting for a response. It comes from Leslie.

It is fortunate that Gro and Eva have been a little weak in the way they have presented their roles. It was not planned that way, but it was very appropriate to the situation. As I see it, Leslie wants her family, and the others, to understand more about the struggle she is having with her eating disorder and how hard she is fighting against it. That means that it is important for her that the supportive voice comes across very clearly. Mildrid is waiting for this (though not necessarily from Leslie) and is happy to invite her to join in. She also wants one of the other ED group members to take the other chair, but instead of asking for that she continues the role-play with Leslie until Barbara volunteers to join in. Barbara hears that the supportive voice is now much stronger and for her there is a need for stronger critical voice to correct the balance of her experience. The young women have now both joined in on their

own initiative in order to show the others the intensity of their inner experience, and not because they have been asked to help out. They are engaged, they are not just helping out.

Mildrid invites another member of the group to swap their role as a carer to become the subject of an eating disorder thought experience. She also directs a team member (me) to provide an outside voice that could well be that of a mother, father or anyone else who is trying to help in an unhelpful way. All the other family members are watching and can see the intensity of the experience, not least when they see the reactions of the mother and father in the 'hot seat', but Mildrid cannot be sure that they will accept this role-play as valid representation. The only people who can validate this role-play are the other ED group members who have also been watching, and so she invites them to evaluate and comment on it

It is very hard to understand the behaviour of a person with an eating disorder, not least when they are very close to you. As we saw with Helen Olsen and her family, eating disorders cut across many issues of love and caring. For a family to be able to function and relate in a more normal way, the behaviours of starving and vomiting have to be understandable to their close ones, and the intention of this exercise is to help with this. So, while Mildrid could allow the other aspects of the PowerPoint presentation to be dropped, she saw the role-play as essential to the development of mutual understanding in the group.

I spoke to her about the way she had led this session and she told me that:

> *I wanted to make sure that everyone heard both the voices, so a certain amount of directing was necessary to start with. When everyone was in their chairs and talking I stopped instructing and just let it go. I directed all the time, pausing, letting go, asking and listening to how it was experienced. It had to be a strictly directed process because it is so intense. It was first role-play in this group. Later on I prefer to invite group members to take on roles in a role-play, but as I ran this exercise very early in the group the level of spontaneity was still being up built and was not yet very high. It was best to start by using team members who already knew what to do. The general spontaneity of the group had increased notably after we had role-played the inner voices of an eating disorder.*

Mildrid sees herself as the director of this role-play. It is a role she is highly trained and experienced in taking. Her job as director is to bring out the potential of the situation and

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make it plain to the group, in order to get the kind of response she wants. In the same way as a Greek tragedy, her aim is to move the audience emotionally so that any understands they gain also have the power of influence. She is directing to that means, building up a dramatic curve.

I asked her about where she had had her focus during the role-play.

> *I am not so very aware of why I do what I do, but, when I think about it now, I was very aware of the two girls who sat in the two chairs and presented the voices. I could not let the role-play go on too long for them. I just sense that 'now this is enough'. I sensed how long they could last, whether they still had energy. This kind of exercise was something new for them and I thought that they should not be pressed too far. Stop while the going is still good.*
>
> *It is hard to say how it feels to direct, you have to let go in yourself. Nothing is guaranteed when you start such a process. You have to let it develop and you are also very much part of the role-play as the director. I ask myself "What kind of effect is this going to have on the group as a whole?" It is a little shock; it can shake the group with its intensity. It can't last too long for the group's sake, either, as it will continue to vibrate in the group after we have stopped and moved on to something else.*

Mildrid has not been aware of her awareness until I ask her about it, and then she is able to identify it.   Again, it has focussed primarily on the young women, then with the rest of the group in the background. Her leadership is total, but unstrained, not there for itself (the satisfaction of exercising power) but there for the common good.

A similar kind of group leader to a director is the conductor of an orchestra. An orchestra is an assembly of a large number of musicians, each of whom has developed their skills independently, but they have all elected to join together to create a unity with different parts and responsibilities. The role of the conductor is not to play but to guide the orchestra to play a set piece of music together in a way that expresses the piece played and its composer's intentions, the characteristics of the orchestra and the interpretation of the conductor. In directing, Mildrid is less concerned that the tone of the piece will match her own interpretation, but there are aspects of rhythm and harmony present in the way she does it. The Finnish psychologist Jaakko Seikkula (42) and his colleagues developed a way of

working with the families, friends and professional helpers of people with psychosis, known as the Open Dialogue Approach. This approach also involves gathering a large assembly of involved people and opening a process of dialogue. Dialogue "is a particular kind of conversation in which group members engage with each other in a process of understanding, a process of learning how the other makes sense of something and the meaning it has to them" (43). "Therapists invite the client to into a mutual inquiry or joint deliberation that has a back and forth nature and which is inherently generative." (43). In a conversation I had with Seikkula, he likened being in dialogue to improvised music. It may be disjointed, disharmonious to begin with, but the various voices tend to find a form of rhythm and harmony, where some are dominant but increasingly in accord with each other. Seikkula's research has indicated that when dialogue is achieved, the symptoms of psychosis lessen and become more manageable for the person experiencing them. There seem to me to be clear parallels to Mildrid's way of leading the group and Seikkula's Open Dialogues. A clear attention to the person bearing symptoms is one thing, but the idea of movement and musicality is another. In both theatre and music the notion of play is central.

Building the group

Families can be considered as a system of interrelated parts that function together in a communicative entity. On the first day of the first gathering the team have brought together six to eight families who do not know each other, each of which is in struggling with their relationships to each other in the face of a mental illness. The question arises for the team "What is necessary to form a group like this, once the participants have been assembled?" I asked Siri about this and she described how the team work on the first day to form a group out of the constituent parts.

> On the first day, the group began with everyone sitting in a large circle. There were
> about thirty people present. Mildrid and I shared the task of wishing the group
> welcome and hearing if there were any practical issues that needed to be dealt with.
> All the group members were given a folder with information about the group. I took
> up the issue of confidentiality, saying that the basic principle is "What happens within
> the group stays within the group". I explained that, while everyone was free to talk
> about themselves and their own experiences to people outside of the group, it was
> important that they did not to talk about anyone else. This included not taking photos

and films and not writing about the group in blogs or other social media. I said that the reason for this was that for the group to function properly everyone needed to feel safe about talking openly in the group without the risk of what they are saying being repeated outside of the group, being made public. I asked if anyone had a problem in agreeing to the confidentiality of the group (no one has ever objected), then I asked everyone to say "I promise" and they did.

In the folder we gave out there was also a list of 'rules of thumb' for good communication in a large group. I asked the group to look at these guidelines. The first one is that everyone has the right not to talk about a subject if they feel it is not right for them to do so, or that they do not feel ready. Another is that that if you want to talk about a situation that also concerns another member of the group in the plenum, you should first ask for their agreement about talking about it. Others concern things like interrupting and sharing time.

After we had dealt with these practical issues Mildrid started the group work with an exercise where the families were asked to sit together and agree on a new family name, one that would say something about them and that could be used to refer to them for the rest of the group The team were treated as a family and were also asked agree on a joint name for themselves. Each family told the rest of the group about their new name and why they had chosen it and then we took a coffee break.

After the break, Mildrid asked everyone (the team included) to mingle and to find themselves a partner, someone they did not know, to sit together and talk to each other about their forenames: If they knew what their names meant, why they were chosen for them, how they have feel about them, if they would prefer another name, and so on. She asked each pair at a time, to present each other to the rest of the group, re-telling what they have been told about their partner's name.

When everyone had finished Mildrid then asked the group to stand up and imagine that there was a line running from one end of the room to the other. At one end is the letter A, and at the opposite end is the letter Z. She asked everyone to find their place on the line according to the first letter of their forenames. When the line was formed, everyone called out their name, from the first to the last and back again. Mildrid asked

if there was anyone who is brave enough to try and repeat all the names, and one of the mothers tried and got most of them right to the applause and admiration of the others.

I took over from Mildrid and asked the group to mingle in the room and then form a new spectogram line with the eldest at one end and the youngest at the other. There was some friendly discussion in the group about who should be in front of whom, and when the line was finished I asked everyone to tell their age, from the youngest to the eldest. Then I divided the line up into four groups according to their age bracket, and I asked them to sit together in small circles. Each group talked together about the advantages there were in being in the age bracket they were in. After they had talked for a while I asked each group to tell the others about the advantages they have discussed. Then, when we had heard from all the groups, I said that everyone now had the opportunity to change to the age group they preferred. Most stayed where they were but some moved, and I asked a few of them to tell group why they have made their choice. One of the young women moved to the oldest group and she that she wished she had wisdom and experience instead of so much doubt and uncertainty. Next I asked the group to form three new spectogram lines based on where everyone was born (from north to south), where they lived now and where they would like to live. After each spectogram we ask some or of the group members to talk about where they were standing on the line.

After that we put out seven tables and Mildrid asked all of the families, including the team 'family' to sit together around a table. We gave them a large sheet of paper and drawing materials and asked them to make a large picture advertising their home town or village. When they were finished, she asked the families to take turns in holding up their picture and telling the others about the good things about where they come from. Then we took a lunch break. There had been a friendly light hearted tone all morning, with plenty of amusing comments and laughter and everyone had spoken in the group.

Siri's description of the start of the group begins with dealing with the issue of confidentiality. Why begin there? There is much talk of openness in the world today, and during the last few years the private lives of ordinary people have been made available to the public across the

world in a completely new way. Intimacy is also an important part of human relationships and in some situations people need to be reassured that they can act and speak openly in a way that will remain within the context they are in and not taken out of it. When we have invited people, families, to come and join a group we are setting up, there is a question of what responsibility we have regarding the openness of information that they bring into the group. One aspect of this is what is ethically demanded of us in terms of creating a framework that is protective of the group members; another is about a framework that will allow the group to function as a forum for honest and open discussions about personal experiences and relationships. This group will involve asking the group members to bring out and reflecting over their thoughts, feelings and experiences, so it is a fundamental necessity that they trust that the group will be safe forum for open expression. Without an assurance of confidentiality this group can only be run as a form of educational course about eating disorders where information is passed from us to the group members, but this will be of limited value. Siri is very clear about this and her request for a verbal contract she sets the standard for the team's understanding of their responsibility for the structure of the group.

Whereas an agreement on confidentiality has always a part of the beginning of the group, the rules of thumb for communication in a large group were brought in later. Multi-family groups for psychosis use a version of these guidelines (44), but we were reluctant to introduce something that could restrict free communication within the group. This group is, however, a social situation without any clear premises for etiquette. It is unusual to be encouraged to tell about personal and relational difficulties to thirty other people. We saw that group members sometimes did not judge this well and made what could be considered social blunders. These could be understood as resulting from confusion about where to draw the line concerning the way of talking in a large group. Things like telling tales about each other, interrupting, judging or characterising others can be difficult enough in ordinary conversation but they take on a larger dimension in a group. It seemed unfair not to give some indication about what tends to be appropriate and inappropriate in this setting, just letting people make basic mistakes and then suffer the disapproval of the group. We called the guidelines 'rules of thumb' to indicate that they are advice on what is prudent than the rules of behaviour. They are aimed at promote the feeling of safety in the group, particularly through the right to have control over information concerning oneself. Like with a car being driven around a circuit, if the driver feels uncertain, she will probably drive slowly, but if she feels that she has good control over her vehicle she will dare to increase her speed. We have found that being clear

about this, giving direction, has led to more openness in the group and not less. On reflection, I think that our initial reluctance was not only about restricting dialogue but could also have been about our uncertainty in firmly grasping the responsibility of the leading of the group. I think it is easier for us to be clearer because we understand better how and why it benefits the process of the group.

Why in the first exercise do we start with the families together? We help the whole group to begin to talk in the room in their familiar context before we ask them to move on to the unknown. There is something about getting used to hearing one's own voice being used in the room that can take away some of the tension. The task is to agree on a new name. I think that we encourage families to think about what they have in common and emphasise their sense of identity, of being an 'us'. As my supervisor James McGuirk pointed out to me, in ordinary family therapy, the participants focus on their individual relationships. It is about 'you and me and Dad', rather than 'us, the Smiths'. In these multi-family groups the element of 'us' becomes apparent as 'me and my Mum' is being constantly contrasted with 'you and your Mum' and 'her and her Mum'. In this respect our multi-family groups bring in a new element to working with families and this brings with it the potential for fresh perspectives and insights. The families in the group are very varied in their size and form, and may include divorced parents, partners, aunts, cousins and others who do not share a surname. When we ask them to talk together to agree on something this encourages a sense of 'being together'. As they choose their name, it will identify them in some way and can serve to bind them more closely together for the purposes of the group, even if the name is something like 'Family Not-Agreed' or 'Family Here There and Everywhere'. Families often choose names with an element of humour and irony, which would indicate that they are looking in on themselves from 'the outside', a movement in perspective. Sometimes, families announced later on in the group that they have become dissatisfied with the name they had given themselves and that they have now agreed on changing to another name instead. It seems to me to shows how the exercise has helped them to think about 'who we are' and that they have entered a process of redefining themselves for each other. When the team also sit together and agree on a new name (the last one was 'Old recipe with new ingredients') they emphasise that they are a part of the community that is the group rather than another separate unit.

Why so much focus on names? In names there is the issue of identity, and there is also familiarity. Building a sense of familiarity would seem to be an important task at the

beginning of the group, and everybody needs to learn each other's forenames if they are to be familiar. During the exercise where everyone is talking about their forenames everyone has been talking and listening to someone else about something personal about themselves, but it is something that is known to the world, not something too intimate. This should be a gentle start in building familiarity and a sense of safety in the group. When Mildrid has asked everyone to present their partner and their name, then she has helped them to break through a barrier and speak to the whole plenary group. It is probably easier to begin by telling about what someone else has said, than talking about oneself, as there is a kind of shared focus with 'me talking about you'. Difficulties in remembering what your partner has said can be dealt with in a light, informal and humorous tone.

Mildrid leads the group in forming a spectogram line, a method taken from Sociometry, the science of social measurement developed by J L Moreno (45). Lining up the group from A to Z is a very simple form of a spectogram, and while the information the group members gain about each other may seem limited, Mildrid has introduced a method that can be used throughout the group to help open up many different issues in a direct but safe way. Everyone has had to talk to others to find their place in the line, and they end up standing closer together than is usual in the social norm. I think this physical proximity might enhance, in a subtle way, a feeling of being close to each other and promote the ability to speak openly to each other. Since the team members join in the exercise, everyone is on an even footing and the team are not aloof from the group members.

The next spectogram line Siri talks about is about everybody's age. Some people are quite reticent to talk about their age, and I have been surprised that no one has ever protested, but this is perhaps because we are all doing the task together so no one gets to feel exposed. The tone of the group stays very light hearted and there is plenty of joking. The subject of age seems to allow for many ironic reflections. Surprising few people do choose change age groups, though some in the older groups move down so that they can live longer, and some would like to be free from their responsibilities. Most choose to stay put which I think might mean that the exercise brings out an awareness of 'I can accept where I am in my life'.

Siri ends the first morning by rejoining the families, taking them back to base, and giving them a drawing exercise that seems to be based on an expression of pride in where you come from and of seeing the best in one's situation. Some of the drawings are like small works of

art where as others are quite chaotic, and the families get to see some of ways they are alike and ways they differ.

By lunch time the group has gone through a well tried series of exercises many of which could have been used to start any kind of group. In Siri's description there has been no mention of any kind of problem and all the self-disclosure has been kept at a very safe level. So the question is; what have Siri and Mildrid been trying to achieve through this and in which way? The matter of how the tone is set for the group does come out, however. The families will be going for lunch, and seeing as some of the group are suffering from an eating disorder this may be a major challenge for some of them. When we inform families about the groups we say that everyone is expected to eat something at lunch time, but the team do not attempt to direct or supervise eating.

J L Moreno used the concept of '*tele*' as a fundamental principle of being a group rather than an assembly of individuals (24). It is a concept that has not really caught on outside of the field of psychodrama, but it sounds familiar to most people through words like telephone and television. Moreno's *tele* has close links to empathy and mentalizing and concerns the ability to tune into one another on an emotional level. "The fundamental process of tele is reciprocity." "the process which attracts individuals to one another or which repels them". (23) Wilkins calls it simply "mutual appreciation and understanding" (24). Moreno's concept of *tele* was not so much concerned with people liking each other or agreeing, the sort of associations that we usually have with the concept of empathy. For him, it was more important that group members were tuned in to where they stood in relation to each other. So if two people in a group felt repelled from each other, it was important that they and the group recognised that 'this is the way things are' and were aware of how this was influencing them as a group. To enter into therapeutic process, however, there has to be an adequate degree of safety in the group and Blatner points out that "spontaneity grows in a context of positive tele" (25).

Building negative tele could be done by exploring and focussing in on all the aspects that divide and differentiate the group members and creating an atmosphere where they compete against each other. Building positive tele in contrast would need to focus on the aspects that the group members have in common and can work together on despite their differences, and so it is a leadership task of the team to bring out the similarity in difference within group min

a group. The group members also have to trust that the team have a degree of competence equal to the task of running the group. Interestingly, there has been research into family therapy which has indicated that the first 10 minutes of the first session is of decisive importance to the family's experience of the entire therapy (46). It seems reasonable to expect that the way the team begin the group will have much to say for its progress, and that a poor start will be difficult to put right again. For this reason the group has always been opened by the most experienced team members.

Siri also describes the session after lunch.

> *After the lunch break, we approach the subject of how people's lives have been*
> *affected by the eating disorder in their family. We break the group up into peer*
> *groups (mothers together, fathers together etc.), and the ED group is given a creative*
> *task, making a collage about life with and without an eating disorder.*
> *The other peer groups meet with one or two team members and are asked to talk about*
> *how their lives have been affected by having a family member with an eating disorder.*
> *We use the metaphor of an uninvited guest that has invaded the life of the family for*
> *the eating disorder to avoid focussing blame on the ED family member and to show*
> *that we see that all the family are suffering as a consequence of them having a severe*
> *mental illness.*

The team want to give family members an opportunity to express their frustrations and worries and help them to 'let off steam'. We are aiming to build an alliance between members of the peer group so that they see that they are, in many ways, 'in the same boat'. Differences between the families also come across quite clearly and there is usually much interest to hear about different ways of coping. There are one or two team members with each group and their task is primarily to help group members to hold focus on their own thoughts and feelings rather than talking about their ED family member. During the first peer group it is not unusual that some of the parents try to put pressure on us in the team to explain the disorder, their ED family member's behaviour and give to give advice about what to do, rather than talking about themselves. They often express a high level of worry and frustration and it is tempting to respond to the strength of their feelings and try to alleviate them by attempting to explain to them. I have given way before and have found out that the general answers I can give are not experienced as helpful and can lead to further frustration. They just use up the

precious time the group needs to spend on talking about how they are affected. Not giving advice requires skill in setting limits in an understanding, pleasant but firm manner. "That is a very relevant issue. Can you hold on to it because we will certainly be dealing with it later, but just now we'd like to hear how you are experiencing your present situation" Some questions can be usefully given back to the group for discussion "That is a very good point, are there others here who are thinking the same thing". The practical wisdom involved here is about how the person and the group are left feeling after the limits have been set. Do they experience being put off or shut down or do they feel taken seriously and well led? Much of the difference will not only be in the choice of words, as above, but in how it is said, tone of voice, tempo, eye contact and so on. These will usually reflect the attitude of the speaker, so if we feel that we are having to deal with a slightly irritating intrusion, we will sound differently than if we see ourselves as supporting a group member to sort out their issues one thing at a time and contribute well to a constructive discussion. This is again about how we see ourselves in relation to the people in the group, as someone dealing with the group or as an active conversational partner. If the group have already experienced me as interested, warm and understanding they will be more likely to see my limit setting as well-intentioned and constructive rather than as a put-down.

Facing anger

The following narrative concerns a situation from one of our earliest groups. At this time the service for eating disorders comprised an out-patient clinic and 4 beds on a general psychiatric ward. A new unit was under construction, but the service was still far from adequate for the patient population. In this situation Mildrid and Siri are employed to lead the development of the new department and Mildrid is very interested to hear the opinions of the families when the issue that comes up is follow-up from local health and social services after admission.

> *There was the occasion when I had to ask Bjørnar to take over running an exercise from me. It was the second group we ran, and we encountered some extreme anger with other helping agencies. The mothers and fathers joined together and took up how badly let down they felt. Their anger was cooking over, I felt the criticism strongly and they almost started verbally attacking me. I realised that I had become a representative for all the help that they had not received. The resentment about the*

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neglect they felt was being aimed at me. They were angry and frustrated and felt very
alone with their problems.

I felt a need to defend what our centre was doing to create a good service because
almost all the anger actually concerned other agencies than ours. They complained at
we were not more active, that we not making sure that people were being followed-up
properly. I began to feel that I was in a kind of stalemate saying "yes, but, yes, but...".
I was arguing to defend, rather than giving them the opportunity to air their
experiences and frustrations.

I turned to Bjørnar and asked him to take over from me as leader of the group so that I
could take on the role of a representative for all the helping agencies and they could
really vent their criticism at me.

Bjørnar took control of the session. He sat me on a chair in the middle of the room
and went round the group members one at a time and let them air their frustrations.
He asked me to reply to each one in an orderly fashion.

The group has become angry and hostile towards Mildrid who is leading it. This is not
because an occurrence within the group, but because of the situation outside of it. Mildrid is
the professional who is working hardest to set up the best service possible for adults with
eating disorders, and while she must be aware that there is a lot of frustration about the way
things are, she probably expects the parents to see her as an ally and she is taken by surprise.
What is happening with Mildrid? She feels the frustration and anger being directed at her but
it is understandable to her in the context of the lives of these families and so she manages
maintains a professional perspective on the situation. She does not take it anger and
frustration personally even though she feels it, but sees herself as being perceived as the
representative of a helping system and this must mean that she is mentally putting herself in
the position of a frustrated parent and viewing herself from that position. While this way of
dealing with misdirected frustration is fairly common in therapeutic practice, it can be
difficult to do in the kind of stressful situation Mildrid now finds herself in.
Mildrid is now attempting to manage the two roles at the same time, those of leading the
group and of representing the eating disorder service. The roles are making very different
demands on her and she realises that this is becoming an untenable situation for her. She has
to choose one role, and the only role she can step out of is that of leader of the group.
Mildrid turns to the team for support. She is familiar with the team and is aware of their
different recourses. She knows that Bjørnar is particularly clear and structured in his style of

leadership and that this is a situation where the emotional climate has to be contained as well as expressed and so she asks him to take over as leader of the session.

Mildrid still has the challenging task of meeting the anger and criticism in a constructive way, but she is now in only one role and can focus properly. Bjørnar ensuring that the criticism is being presented in a manageable way. He kept things cool and reasonable and eventually everyone had said their piece and the group had calmed down and we could carry on as planned.

> *I could not have led the group in this situation because I thought it was very unfair that anger that was meant for other people was being directed at me and I began to take it personally. It was a massive group transference directed at one person. We stood the test and faced up to their frustrations.*

This is an important narrative for me concerning my ability in group leadership. I ask myself, if it had been me in Mildrid's situation, how would I have coped? I see the possibility that, under massive criticism, the focus of my attention would have moved inwards toward my own mental state and that I would easily be overwhelmed by the need to defend myself. Although Mildrid also reacts emotionally to the criticism that seems unjustified to her, she retains the ability to see the situation form the position of the others and in so doing can respond to the needs of the situation. She frames her understanding in terms of a group dynamic rather than a personal attack.

Recently, the ability to see situations from the perspective of others, and to look back on oneself from that perspective, has been called mentalizing. It is something we do more or less well in particular circumstances, but it is often most difficult with people we are emotionally close to, and when we are under emotional stress. Poor mentalizing is characterized by becoming self absorbed, and when this happens with me I take in only a limited amount of the information that is inherent in the situation (my own perspective) and in consequence of this I am bound to deal with it in an inappropriate way. This is a very poor mental state for a group leader to be in, and it can lead to a serious breakdown in the trust the group has in the leader.

I always have a certain amount of trepidation going into a new group. What helps me to cope with this is my experience in working with groups (I have not lost control yet) and that I try to maintain a continual internal dialogue concerning the process of the group. Mildrid demonstrates this kind of internal dialogue when she is telling herself that what is happening

in this situation is a massive counter-transference, a concept she has taken from her training in psychodynamic therapy. It is a kind of safety rope that can help us to break the fall into poor mentalizing. We also work in a team and when we talk together in the breaks we try to keep a focus on the way the group is functioning, whether we are

A panel debate

The fourth gathering in our program focuses primarily on the situation of the siblings of the ED group members. The brothers and sisters are invited and given a short introduction to the themes that have been dealt with and then we gather a list of questions that they have about eating disorders. We have arranged a long table at the front of the room and we have asked the ED group members to sit there as a 'panel of experts' to comment on the questions, one at a time. The team members are going put the questions to the panel so that they will be presented anonymously. The panel can discuss their answers and come with their responses. We expect that sometimes the panel will be in agreement and sometimes they will see things differently from each other.

> *Last time we were going to have a panel of experts the ED group members were first reluctant then completely refused to sit at the long table. They said that they felt that they were being put on exhibition at the front of the group and then that is seemed like a court room and they would not do it. The team met briefly to discuss what to do. We had gathered questions from the brothers and sisters and it did not seem right not be able to discuss them. Then one of the team suggested that everyone could sit at a table, and that seemed like a good idea. We said to the group that we were going to change to a panel debate and we set out four long tables facing each other in a square, one for each of the peer groups. Although the ED group had not wanted to sit on a panel at the front of the room, they were had no problems with sitting on a panel when everyone else was sat in the same way. Re-organising meant that they did not feel that they were the centre of attention and that everyone was watching them. A team member took a list of questions from each group and read them out as general questions, not directed at any one person or family in particular. Each panel in turn came with their comments. This time the panel debate went very well indeed. Everyone was on a level footing and no group felt that the attention was directed particularly at them, although it was still the responses from the ED group that were*

in mainly focus. Keeping the questions general and anonymous means that group members can dare to ask and answer questions that they have avoided before. They were able to answer very direct questions like "Do you still enjoy the taste of food?" "What does it feel like when you throw up?" and "Do you think that you will ever be well again?"

As a team, we were quite taken back when we were met with a blank refusal from the young women. We thought that it was very unfair that they were prepared to spoil their brothers and sisters' opportunity to get answers to questions that they had been carrying unanswered for a long time. It almost felt like a rebellion against our program. However, we were able to put these negative thoughts to one side and take the objections from the EG group members seriously. From there it was a short way to finding an alternative form for the discussion and this proved to be better than the original plan. What seems to be shown here is the vulnerability of collapsing into negative thinking when the plans one has made are thwarted. Switching attention to the perspective of the other person provides a possibility for a solution to the situation to present itself. This seems to be a movement from a position of monologue to a position of dialogue in the teams thinking. We did enter into a discussion with the young women, but we took their voices, their perspective into our thinking and in this respect entered into a more dialogical frame of mind. A position of monologue seems to bring with it the idea of threat and suspicion of the others motives and the risk of entrenched thinking. An aspect of practical wisdom in leadership that would seem to be apparent here concerns the ability to be aware of when the team is falling into a monological frame of thinking, and the ability to bring ourselves back into a dialogical form. I think that we have to be aware that we are all capable of reacting in a monological way, particularly when our position is challenged. When we notice that we are starting to blame someone or question the ethics of their position I think we have to take this as a warning sign.

Protecting the fridge

I asked Siri which particular episodes from the group stood out for her. She mentioned a role-play

Perhaps the most memorable role-play we have had concerned a situation between a mother and her adult daughter. They enacted a scene where the mother slept on the sofa downstairs to guard their fridge at night, and where the daughter would attempt

to raid it when she believed her mother was sleeping. Two other group members were chosen to play their roles and mother and daughter instructed them on how to play out what happened under the direction of one of the team. The absurdity of the situation became very apparent during the role-play and there was a lot of laughter, not least from the mother and daughter. It really helped them to manage to turn things around, and it made a big difference to the rest of the group witnessing the way that they worked through it.

At the time I felt uncertainty about role-playing this situation. I worried that the family might expose themselves too much to the group. I wondered whether they were lacking in boundaries, if they would go too far on the spur of the moment and then later regret what they had presented to the group. I wondered what effect this would have on the group as a whole. Actually, the role-play turned out to be very positive. Many families would have thought twice about bringing something as farcical as this up in a role-play, but it was important that we dared to relate to things in the way they were and let them come out with the absurdity of what was happening in their home. We heard later that mother had returned to sleeping in her own bed and the nocturnal raids on the fridge more or less ended.

The role-play was directed as a psychodrama vignette and the players were instructed in what to do. This was a spontaneous but highly structured exercise that demonstrated absurdity and emotional and relational chaos. Chaotic situations can be brought into the group and dealt with, but this needs done in a well framed structure in if it is to have a positive effect. In this framework the mother and daughter were able to see their situation portrayed by others from a physical and emotional distance, and this allowed their anger, frustration and a struggle for power to collapse into absurdity and laughter.

It seems to me that several interesting themes about leadership are brought out here. The one that is prominent for Siri is the extent to which a group leader should try to mind out for the group members' boundaries. Put another way, what is the extent of the responsibility that we take on when we set up a situation where adult people are put at risk of going too far and making fools out of themselves? In this situation, this is in a way what happened, but in doing so the mother and daughter were able to see the absurdity and laugh at their foolishness and this was both a help to them and a benefit to the whole group. If the team had followed a path of control and anxiety then they would have veered away for the role-play and a good

opportunity would have been missed. The concept of play and playfulness seems to be relevant here. A role-play is a representation of life, an opportunity to catch a glimpse of life at a distance. The mother and daughter were close to their experience when they instructed their proxy selves, but then moved back to witness the situation as it was played out. The group members playing their roles did not deliberately make them seem comical, so why did they seem that way? I think perhaps the to-and-fro of their actions was revealed to them and the role-play appeared to them as a game or dance. The surprise of this revelation was amusing to them. The role-play was directed with good humour, but quite seriously, and I think that any deliberate attempt to make it comical would have detracted from the situation revealing itself in this way. It could easily come out as mocking, and I think that it is the possibility of this happening that has concerned Siri. The director has to retain sobriety in their role to allow the absurdity to be revealed in a way that was helpful. Perhaps Siri's concern about protecting people from themselves is slightly misdirected. Perhaps we do need to support people in bringing the absurdity of their lives into view, but to ensure that the framework for doing so allows the absurdity to be recognisable to themselves and the others in the group as very human. Some of the young people like Helen Olsen who develop anorexia have been on a long term quest for perfection and their ability to see the absurdity of their situation has been lost to them, at least when it comes to matters relating to their bodies. Getting back the ability to laugh at one self is perhaps a therapeutic aim in itself.

Do not expose me!

One of the best known techniques from systemic family therapy is known as circular questioning. A circular question involves asking person A to say what they think person B would reply if they were asked a particular question. The replies that come from circular questions provide family members with information about what each other thinks they are thinking. This kind of information is not normally available through ordinary conversational exchange, and family members often find out that they have misunderstood or miss interpreted each other. This can lead to changes in the way family members understand and relate to each other, which amounts to therapeutic change. The use of circular questions in the plenary group was recommended to Mildrid and Siri when they trained in leading multi-family groups for children and adolescents.

During the first gathering we asked the ED group members a typical circular question in the plenary group: What did they think their mothers would say if we asked them what they thought about the previous day? One of the mothers objected strongly to this. She said that since it was her daughter who was asked about her thoughts and feelings she felt that the question went over the limit of what she was in control over regarding being exposed to the others in the group. We said to the mother that we took her point and changed over to a direct question, asking all the group to tell about their own thoughts. Things settled pretty well afterwards and since then we have been carefully about asking circular questions in the plenary group, particularly early on the group.

Thinking back to the Olsen family, participating in the multi-family group is bound to be very challenging for them. They have placed themselves in a vulnerable position in a group being run by a team of mental health workers, about whom they know little. Each of the Olsens will have a need for a certain degree of control over information coming into the group about themselves, especially at the beginning of the group. When they eventually get to know everybody and hear from them it will become apparent that they all share a lot of similar experiences to the ones that they feel ashamed about. Then it will be easier for these things to be brought into the group. The team need to understand that shame is one of the major driving forces behind an eating disorder, and as the situation of Helen Olsen's family illustrates, it spreads to all the family members. So they question arises, how can the team create the conditions in the group that will allow episodes that are experienced as shameful to come to light?

Mildrid is leading the group when the mother protests and she decides to retract the circular question at once. She could have tried to reassure her of the value and validity of the question, but it is very early in the group and I believe that she has taken the reaction as a general indication that the group as a whole has not developed a level of mutual trust and familiarity that would allow this kind of question. As Moreno would say, there is not sufficient tele. This protest can also be understood as a test that the mother puts to the team on behalf of the group. What way will the team respond to us when we raise an issues with them? Will they take us seriously or will they carry on regardless? This is again a question of whether we are going to lead the group through dialogue or through monologue. Mildrid's response is to meet the protest with humility. In other forms of group psychotherapy or family therapy it

would be valid to press on and perhaps pursue with the mothers the basis of her fears, but here, in this group this, could be detrimental to the feeling of safety for all the group members and have a tendency to close down dialogue rather than opening it up.

Looking back on the situation, Mildrid reflects on her understanding:

> *I think we could have asked this question without any problem if we were working with a single family, but in this large setting we have to be very sensitive about the kind of questions that can exposed a person by someone else in their family who knows what goes on in the intimated sphere. In your thoughts you have to continually, swap positions with the group members and feel for what will be right here. How far do their limits stretch? Will this be too much? What kind of questions can I ask Karen, knowing that mother will hear what Karen replies? It is in a way a challenge to have resourceful strong parents who are continually watching out for these kinds of boundaries. There is nothing wrong with it, but you have to stay very awake as the group leader.*

Mildrid's focus is on the level of exposure, naturally enough since this is the crux of the mother's protest. There is a balance between openness and exposure throughout the group. I think that this is partly to do with control, "I want to decide what information about me is brought to the group". However, there is also the risk of feeling that I have gone too far and exposed myself. The group members with an eating disorder are continually at risk of experiencing this, as their inner dialogue is highly self-critical. Perhaps Karen's mother is also trying to protect Karen from saying something about her that Karen will regret later. I think that the team does need to have a clear focus on this matter when they lead the group. Mildrid talks about the way she does this. She postpones her own position, and places herself in the position of the other person. She knows well enough that she cannot literally do this; that she is guessing. Paul Ricoeur (47) writes about this kind of guessing in Interpretation Theory in the context of analysing text. "We have to guess the meaning of the text because the author's intention is beyond our reach". He opposes the idea of attempting "to understand an author better than he understood himself" and he contends that "misunderstanding is possible, even unavoidable" but that "if there are no rules for making good guesses, there are methods for validating those guesses we do make". This is in opposition to a strong tradition within psychotherapy, where the interpretation of the analyst is assumed to be deeper and more relevant than the experience of the patient. I believe that in these groups that this is a position that is full of risks. It is not that the group members sometimes cannot "see the wood

for all the trees", the problem is the idea that the team are not also in their own neck of the woods, and that they are able to see the whole forest.

When Mildrid has made her guess, she then has must put it to the test, not through a monological interpretation, but by entering a dialogue that can validate or negate the view she has formed . When she guesses the experience of the participant she uses this to generate questions back to herself that she can then address. That would seem to me to be her method.

Mildrid's final comments concern her view of the resourcefulness and intentions of the participants of the group. While these can lead to open challenges to the team the demand respect and can be seen as tests of the team's mettle. In the history of psychiatry and mental health work there are many examples of underestimating patients and of seeing their families as being responsible for causing their illnesses. This kind of attitude is increasing considered as ethically suspect; it runs against the grain of most research and is entirely unhelpful in a multi-family group that has a stated goal of restoring normal relations between family members.

A 'bored' father

Siri describes a situation where there is uncertainty and disagreement in the team about how to interpret and respond to the behaviour of one of the fathers that stands out and appears socially inappropriate and challenging.

> We had a father who often leaned back in his chair, stretched out his legs and stared into the air. His body language appeared to say "This is very boring, I am disinterested and I have much better things to do with my time". Occasionally he made comments that expressed a degree of some scepticism and reticence about the group, but so did some of the other members. He participated in most of the exercises and discussions, although he did look as though he was suffering at times and sometimes he held his distance to the group. When we inquired into how he was finding the group his replies gave no clear negative response.

> In our team meetings we spent quite a lot of time and energy talking about our uncertainty and irritation concerning him. Some of us wanted to confront him with the way they experienced his demeanour, either in the group or during one of the breaks. We talked about our reactions as a team and how to interpret his behaviour and we made a decision to understand it as an expression of his uncertainty rather than

boredom, and to trust that the group would also see it in this way. We thought that if

this interpretation were correct he would eventually become more comfortable and

find a better way of dealing with his uncertainty. As it turned out, his posture did

change for most of the time and at the end of the group he gave us very positive

feedback about how the group was led and how it had helped his family. We did not

confront him, but sometimes it did require some effort not to do so.

The content of non-verbal communication is usually ambiguous, and the team we could easily have interpreted this father's behaviour as challenging or judgemental. As a team we talked together about it and made a deliberate choice. The alternative interpretations would have probably led to a form of confrontation by someone in the team; giving the father feedback on how his posture appeared to the team, pointing out the way this would probably affect the group and requesting him to make a change. The father might then have felt challenged, disrespected and perhaps ashamed. These are feelings that could easily have resulted in him moving further away from a position of openness and dialogue. Having made this kind of challenge there could have been various ways of going forward, but there would have been no way back for the team. When the team chose to understand the behaviour as an expression of discomfort, on the other hand, this still allowed a change to confrontation if this seemed necessary. This was a choice that kept the team's options open and seemed to be the one most likely to lead to a developing and improving dialogue. It could be reassess it at any time. There was also the possibility that his behaviour would be regulated by the norms of the group, as long as it did not spread. In this situation the team had an active process around both how to understand and how to act. In doing so they tapped into their collective practical wisdom where the principle of acting to maintain open dialogue was a central consideration.

The tower of guilt

The issue of guilt feelings has always been prominent in our multi-family groups, and was dealt with here and there in various settings. The team discussed dealing with it directly as a shared phenomenon in the group and Mildrid devised an exercise to do just that. She was, however, absent from the group the first time it was tried out, and it was led by me with support from Siri. Siri comments on it here:

We ran an exercise to look into the feelings of guilt that were shared by the group

members, a very challenging issue that we had not dealt with so directly before. I

found it quite challenging to have a leading role, because it was a completely new

and untried exercise and I had not been involved in the process of developing it. There was a problem with the timing, as it was presented to the group a bit too suddenly and this brought out reactions of concern, irritation and fear. Nevertheless, we carried on with it. At one point I thought to myself "What on earth have we started up here?" In the end it did turn out very well, but, in hindsight, we should have built up to the theme more slowly. When you run an exercise like the tower of guilt for the first time, you cannot foresee all the considerations that you will need to take. It is only through carrying it out that certain aspects become apparent and can be understood. We did not have a well thought out ending for the exercise and towards the end we just did not know what to do. We decided to leave the ending to the creativity of the group, which is good thing to do, but also a bit scary. The exercise ended very well. We all chipped in ideas and the group agreed on a creative way of dealing with all the sheets of coloured paper with key word for guilt feelings written on them. They decided to cut them up and transformed them it into flowers. That was quite unique. It brought a lot out of the participants.

Siri points to the matter of timing in preparing the group. Many exercises can be presented to the group on the spur of the moment, but with exercises that deal with intensely emotion themes like guilt, resentment and shame it is much better to let the group know about it in advance. When they know that this theme is going to be dealt with next they can prepare themselves mentally to meet the challenge that it will involve. If it comes too abruptly they may feel that they have been lured onto an emotional roller-coaster and their reactions may be too intense for the process to be helpful.

Thinking out an exercise in the office or at home has its limitations. Planning the beginning and the middle may go very well, but it can be very difficult to predict how the group will take to it and an ending that has been thought out may turn out to be inappropriate. While it is very useful to have an ending to fall back on, this exercise required a creative solution. It is difficult to judge whether or not a group will respond in a creative way, and Siri is feeling the uncertainty of the unknown. However the group is now well established and the team trusts in creativity of a dialogic process. The group responds to the challenge and finds a solution that is uniquely appropriate to them. When a group has developed what Blatner (26) refers to as positive tele, it is quite safe to expect it to meet this kind of challenge.

In the exercise itself the group members are asked by the team to write key words for the issues they guilt about concerning the eating disorder in their family. The intention of the team is to make it apparent that many of the issues are shared by the group members, and they are given the opportunity to talk about this communality of guilt in small groups. The task that is left open to the group is what to do with the sheets of paper with the key words written on them, as this is seem as presenting a symbolic action by the group.

> *The initial instructions of an exercise were not all as clear as they could have been. A couple of group members misunderstood and this led to them exposing more of their thoughts to the group than they had intended to. One of them felt particularly let down and angry.*

When giving instructions to a complicated exercises in the group, especially where exposure is such a big issue, we learnt that it is a good idea to tell them about how the whole exercise is going to look so that elements of it do not spring too much of a surprise. It is particularly important to be clear about what information will be shared and how it will be used. When we ask people to write down words on paper, they need to know if what they write is something that they will be keep to themselves of will be shared within their family, a peer group, or with other group members. When they know this, they can adjust the level of detail of what they are writing accordingly. We apologised to the young woman concerned. While the group had been informed about the exercise she had not quite understood the whole task and we had not made an effort to ensure how what we had said had been heard.

What to do when you don't know what to do

Group leaders can sometimes come to a situation when they do not know how to continue. This may be because they have run out of ideas or that they see two or more options and are uncertain how to proceed. When Pennie Fairbairn supervised our group she emphasised the principle of sending questions and uncertainty back to the group. Siri describes how she did this on one occasion:

> *During one exercise there was a point where I was really unsure about what to do. I remember the principle "If you do not know what to do, then ask the group". So I said "I can see several ways forward from here, but I am uncertain which would be the best. Everyone, please find a partner and talk together for a couple of*

minutes about what you think would be a good idea to do next". After they had
talked I took feedback from the pairs. A good way forward that I had not thought
of came up and we went on from there. With these groups it can be useful to be
able to say "I am uncertain about what to do, now" and yet to keep face, keep
cool. Many group members have often experienced getting very anxious, and can
panic when they do not feel they have control. They need to learn about tolerating
situations where they do not have an overview, so that they are able to cope.

Siri instructs herself in what to do, and the task of finding a way to move on is given back to the group, this time through a clearly led pair discussion. She trusts in creativity through dialogue to bring out a way forward. She understands that this is a strategy that has become difficult in the families where open communication easily breaks down. As she points out, control is a major issue in families with a member with an eating disorder and lack of lack of it breeds high anxiety, But Siri copes with her uncertainly it a structured way without fear and losing control and this is a good example for the group. She describes another situation of uncertainty that she deals with in a different way.

I remember when we got to a point where it seemed to me that the team ran out of
ideas and energy. A thought came into my head, "What did my psychodrama
supervisor, Janne, used to say? When things come to a stop we tend to respond bodily.
We lock our knees and breathe superficially. So, take a step back, plant your feet on
the floor and feel that you are earthed, loosen you knees, take a deep breath, get in
contact with your creativity, and look at the situation from another angle". I did just
that, and a thought came to me at once. I stepped up and spoke about the elephant in
the room that no one is talking about. The discussion progressed very well from there.
It was a matter of having a good strategy to fall back on. Remembering what I have
learnt and experienced that if I change perspective in the room and an idea will
probably come. I think "There is no danger in a short pause. Trust yourself; you
have closed yourself, and you only need to open up again". We do not need to carry
everything. If I get a bit stuck I can always ask the others in the team or the group if
they have any suggestions.

A lack of energy is a bodily condition and Siri becomes aware of how her body has been drawn into this. Her thoughts go to this rather than to an internal dialogue about solutions or

strategies, and it is when she frees her body from its locked posture the situation makes itself apparent to her in a way that is useful for the group to take the dialogue forward. I have been in groups before where the leader has asked us to stand up, shake our arms and legs, turn around and sit down again, and where the energy in the group has been changed. It is easily to assume that the to-and-fro of the dialogue, the play of words and ideas is intellectual activity, and ignore the bodily aspects involved in gesture, breathing, posture, tension, and so on. One thing is to notice it in others but our bodies are an essential source of information about relationships with others and between others. Most people will recognise situations where they have walked into a room and sensed an atmosphere before they have consciously seen or heard anybody.

Siri is also carrying with her the memory of her teacher, Janne. She is a recourse that is always available to her when she remembers to call on her.   Our teachers are also bearers of our practical knowledge and recalling them as Siri does is a way of putting us in touch with this when we get a little stuck.

Considering the themes from the analysis in the light of the discourses

Beginning a discussion based on my analysis of the text led me into a dilemma of trying to make the narratives subject to the categories rather than the categories helping me to bring out unexpected elements from the texts. One of the problems with this is that, dealt with in this way, many of the themes would seem to bring out what Basil Fawlty of Fawlty Towers (48) would call "the bleeding obvious" and that is not what I am concerned with here. Now that I have carried out my attempted to enter into a discourse with the narratives I think that I will be able to look at the themes in a more meaningful light, as I do still believe that there is some potential in them for giving us new insights into our practice as group leaders.

On reflection, there seems to be two common elements to the themes that have come out of the analysis. While 'being in charge' and 'awareness' would seem to relate to individual aspects of practical knowledge, 'managing the process of the group' and 'working as a team' would seem to be more collectively orientated or social in nature.

Being in charge

The first theme that came out related to being in charge. This is not necessarily s subject that group therapists tend to talk or write much about, but it does come out clearly here. So what does it mean for Siri and Mildrid to be in charge?

The principle of **flexibility** had come out as a subtheme, but in consideration of the above narratives it would seem to be a principle or attitude that characterises almost all aspects of how the group is led. Being spontaneous, prepared to change style, form and direction, involves tolerating the uncertainty that this will bring.

Being flexible is about movement in accordance with the conditions in the context. It is about strength gained through the ability to interplay with one's circumstances. In the book "Truth and method" Gadamer (49) takes up the notion of play in the section on the ontology of the work of art. He proposes the concept of play as "the mode of being of the work of art itself" (p.102) where a work of art "becomes an experience that changes the person who experiences it". An experience that changes a person would also seem to provide a link in play between art and therapy. Looking at how play is used in its metaphorical senses, Gadamer points to the play of light, of waves, of gears, of forces and says "what is intended is to-and-fro movement that is not tied to any goal that would bring it to an end". For Gadamer it is this movement that is essential to play. Its meaning is connected to dance, which is also a matter of movement that has no goal and "renews itself in constant repetition" backward and forward. Play "represents an order in which the to-and-fro movement of play follows of itself". Dialogue is also characterised by movement between its participants. In monologue there is no play of ideas. One proposition is followed by another without the possibility or risk of change on either part. But with dialogue the ideas are always put to the test within a hermeneutic process with the intention of allowing them to shift, develop, mature.

Gadamer says that play exists for its own sake, not for any other purpose. It can be usurped and put to use for a purpose such as marketing or political influence, but that is not within the nature of play itself. Monologue is purposeful, it is the exercise of power with the intention of gaining the mastery of one perspective over another. In dialogue the result cannot be known as it will be the result of a to-and-fro that can lead to a change towards the human good. Play is taken seriously by the player, but in itself is not serious. Dialogue cannot be wholly serious; it needs to have an element of frivolity, recklessness, trifling, for the ideas and points

of view to be allowed movement and given the possibility to change. Gadamer says that when a person plays with possibilities or plans "he still has not committed himself to the possibilities as to serious aims. He still has the possibility to decide one way or the other." No position is quite safe in dialogue and there is no complete certainty. "this freedom is not without danger. Rather, the game itself is a risk for the player." In dialogue a persons ideas and understandings are always at the risk of becoming irrelevant, being turned on their heads.

Can a multi-family group be seen at a form of play or game? Gadamer says that "every game has its own spirit – the to-and-fro movement is patterned in different ways. The particular nature of a game lies in the rules and regulations the way the field of the game is filled." Our program is highly structured and regulated, according to place, time and content. Participating families are given information about the groups and invited to leave the normal run of their lives to join the group for two or three days six times a year. This requires a strong commitment. Gadamer says "The structure of the movement to which it (human play) submits has a definite quality which the player "chooses". He "wants" to play this game. "Human play requires a playing field, a closed world without transition and mediation to the world of aims." The families put the run of their daily life on hold to participate in as series of activities or tasks organised for them and run by the team. "Every game presents the man who plays it with a task. The characteristic lightness and sense of relief we find in playing depends on the particular character of the task set by the game and comes from solving it". The similarities are there.

Thinking back to Gadamer's thoughts on play, with games the result cannot be known in advance, but in games the presence of movement defines the quality of the game, not the result. Two evenly matched football teams can provide a great game, where one or neither ends with an advantage. I may not like the result, but I can enjoy the game. If one team were too good for the other, there will be little to-and-fro, and though there may be many goals it will be too one-sided to be a good game. That is not that multi-family groups aim to produce these kind of 'results', but it would seem that the responsibility of the therapist team is to provide the necessary movement to keep the process good for the participants.
Much in the way that muscle requires bone to bring about movement in the body, a basic condition for flexibility and appropriate movement in the group would seem to be a good structure that has evolved, and is evolving, and the program that the group is based on would provide this.

Another subtheme concerns **directing the group**. Taking responsibility for the direction of the group and directing group members through exercises and role-plays involves making decisions, but this does not imply that they are made in a monological way. It seems to me that when Siri and Mildrid lead the group their directing is more about taking the responsibility for how the decisions are made. In the role-plays they instruct – choose someone to play you, begin, pause, say it again louder, move your chair closer - and they do so in accordance with their intuitive understanding of the players, the group, and the drama of what is being played. It is a directing that sets a scene then lets the players loose to fill their parts in the way they understand them, pauses, enquires and reflects, and carries on. This style of direction can be seen to be aimed at giving the knowledge inherent in the situation the best possible opportunity to come to expression. It is happening through dialogue and again the pervasive aspect of to and fro movement is central - between taking control and letting go, between the players and the group, between playing and discussion. The attitudes and opinions that Mildrid and Siri themselves carry are not coming to direct expression through their directing. They are not concerned with leading the group to confirm their own perspectives; they are focussed on making apparent the perspectives of others.
A guiding principle for them is the level of spontaneity in the situation.

When JL Moreno developed psychodrama (24), his two principle concepts were creativity and spontaneity. These would seem to me to be essentially aspects of practical knowledge. Creativity is about bringing in something new, the use of the imagination. Leslie and Barbara brought new thoughts, words and energy into the role-play directed by Mildrid. The concept of spontaneity in a group is about the ability to the members to act freely and prudently according to their awareness of the situation they are in, without engaging in a deliberative thought process. It is not the same as impulsivity, implying a quick unprocessed response that may lead to actions that are inappropriate to the situation. Spontaneous behaviour is in a way processed to be in accord with the particular context it occurs in; it involves practical knowledge. In this context it has to be in accord with the purposes of the group and the general well-being of the members. This kind of processing is not a matter of thinking things through, however quickly, and coming to a decision, it is a matter of being sensitive to what is in tune, harmonious, appropriate. It is more involved with bodily senses rather than intellectual thinking. It is about what just feels right. So when Mildrid directed, the subtle aspects of her directing, such as her timing, her tone, were be being decided by her

spontaneity. Is this something that it is possible to pass on to someone else? Probably it can be, at least to some extent, but it took Mildrid many years of training and practice to achieve it, not just a week-end course.

Another aspect of play in way the multi-family group is directed concerns a continual movement between different ways of talking together. In the program of the morning of the first day, described above, group members (and the team) move from talking in families, to pairs, to the plenary, to lines, to groups to lines and back to families again. Each conversational context will provide different conditions for dialogue, attention and reflection, and this should promote flexibility in perspectives. As with Helen Olsen's family, the shared situation of the families in the group has been characterised by an increased limitation and rigidity in communication. Directing the group through shifting forms of talking, listening and acting is providing a counter to this rigidity.

The next subtheme concerned **creating a good atmosphere** in the group. The key words behind this included humility, self irony, humour, and tolerance. In the interviews Siri and Mildrid commented several times on the importance of a jovial and playful atmosphere:
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> *"Humour is, I think, inestimable in communicating that we are people who can talk to people. We are pretty ordinary in these groups. Being relaxed with each other promotes being relaxed with the family members. One aspect is the ability to use humour to create contact and safety in a situation. To be able to reach people well and find their areas of interest and small talk in the breaks, talk about ordinary things and to get to know them."*

> *"Establish an easy contact that will be a resource when you will be working as a therapist in a group. The way an exercise is introduced, talked about and carried out, seriously but with a touch of humour, makes it easier for people to take part, go into roles. It is not so scary, not too serious or prestigious; a mixture of seriousness and humour works very well."*
> *"Because we feel secure in the team and can joke and mess around a bit, this also contributes to a sense of safety in the group. We share a part of ourselves when we go into pair and small group exercises and talk about how things have been since the last gathering. They get to know about us, but we balance how much we talk about. It makes us more ordinary in their eyes and helps us avoid being put on a pedestal."*

These seem to be examples of putting the group members at their ease. The program of the group deals with issues that can be very challenging to the group members and the atmosphere can become serious and emotional. Here again is the aspect of a to-and-fro movement between periods of light good humour and seriousness and intensity. It seems to me without the periods of lightness the times of difficulty would not be tolerable in the context of a gathering that lasts for two or three days.

A key word in this subtheme was humility. Humility and weakness are sometimes confused with each other, in the same way as arrogance is confused with strength. In the narratives there were examples of how the group was met with humility yet these do not seem to represent a form of weakness, rather they seem to represent a willingness to reconsider and adjust one's position, to enter into interplay with the circumstances, avoiding a rigid and stubborn monological form that ignores the relevance of context. This is strength of leadership through flexibility.

The last subtheme in being in charge concerns **meeting challenges** from the group members. The team are self-appointed leaders of these groups, and though the group members have indicated their acceptance of this by agree to join, they have no grounds to trust in our ability to fill this role until they see us do so. They will need to challenge us at times if they are to develop trust in us as leaders of the group. The first question for me is how do we understand the challenge that is coming from the group? I think it is unlikely that they will be based on a wish to harm the process of the group, but they might be an expression of anxiety about the consequences of how the group is being led. Group leaders will need to reassure the group, but I think that this does not mean uttering reassuring words. I think that if I was a group member who had in some way challenged the leader I would need to know that I had been listened to about concerning my protest, feel that my position was understood. I would want to understand what the team's perspective on the matter and I would want to know that the differences between the two had been weighed up before we moved on. This would mean entering into dialogue and proceeding from there. It would mean that I was taken seriously. It would not mean that the team changed what they were doing, but it would mean that they carried on in a way that was influenced by the dialogue we had entered into. In the examples of challenges in the above narratives, way these have been met by Siri and Mildrid seem to me to principally to be about promoting a continuing dialogue. It seems to me that the practical knowledge involved is about how we leave the person and the group feeling after we

have responded to their challenge. Do they experience being put off or shut down or do they feel taken seriously and well led? Much of the difference will not only be in what we say, but also in the way we speak; tone of voice, tempo, posture, and so on. These factors will usually reflect our attitude of the speaker. If we feel we are dealing with an irritating intrusion we will sound differently than if we feel that we are supporting a group member to sort out an uncertainty and contribute well to a constructive discussion. If the group member has already experienced the team member as interested, warm and understanding they will be more likely to see limit setting as well-intentioned and constructive rather than a put-down by an authority figure.

Awareness

This main theme of group leadership concerned various aspects of awareness. Probably the most important of these is **focus;** where and how the leader is directing their attention. An essential element of developing skill is the direction of attention from less meaningful aspects of a situation toward those that are most critical. I have commented quite a lot about this already. Suffice it to say here that the aspect of practical knowledge that seems to have been brought out of these interviews is the interplay of keeping a focus outward towards the group and having an inner awareness of one's own bodily reactions as it is tuned in to the atmosphere in the room. The following comments from Siri and Mildrid speak for themselves:

> *"When you are inexperienced then you are quite self-focussed and you can get stuck in your thoughts. You can feel discomfort that is driven by anxiety about what to do, how to go forward. But when you are experienced you are relieved from much of this discomfort and your focus moves away from yourself and out towards the group - what is happening there. At the same time, you are in contact with yours own body - what is happening with me while I have my attention out on the group.*

> *You have a sort of observer role over the whole group. It is hard to explain it. A view that is up there, and sees both here and there. And to be an observer you have to be present in yourself. In accordance with good mentalizing, where are the others, how are their worlds, how am I. Change perspective, the narrow and the broad. It is*

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about mindfulness.   And when one lets go of thinking so much, creative ideas come along. Thoughts block them; Intuition and thinking are two different things.

I know if there is anxiety in the group I feel it in my stomach. It is a centre for feeling. Energy level I feel as exhaustion, tiredness, heaviness or a buzz, lightness, inspiration. When it is heavy I fall into "What on earth am I going to do now?" It is a sign that something has to change to keep the process good.

In the preceding narratives there were several instances that pointed to **awareness of the limits** of the group. The level of disclosure that the group can tolerate was shown to be particularly important for these multi-family groups. As the group becomes established and the level of trust and safety increases it becomes more of a stable entity. I have noticed that fear of exposure usually becomes less of an issue for the group members, but it remains a fragile process. If the unity of the group changes the toleration for what it can brought into it changes with it. There will always be notable differences in how much the individual members can tolerate and the group leader needs to be aware of this when introducing exercises, asking for feedback and so on.   I think that this awareness of what is appropriate for the group is again a bodily matter rather than a cognitive one, and a difficulty for the inexperienced leader is in giving enough legitimacy to something you feel or sense without having a clear thought to refer to. The experienced group leader seems to enter an inner dialogue when they sense something is not quite right, rather than ignore it.

Awareness of the timing involved in running a group is probably one of the most fundamental aspects of practical knowledge, whatever the practice. It is the sense that the time is right or that the time has not yet arrived for the group, it is about how long to give the small groups and pairs to have a short discussion, how long the families will need for a task or a conversation. It is about having a feel for the group. It is very noticeable when it is lacking:

There was a team member who had the task of presenting a review of the different themes and activities the group had been through as a basis for small group discussions. He had prepared a number of slides with more detail than was necessary. During the presentation he looked mostly at the slides and read out everything written on them often going into even more detail. It was a lot more than we had agreed on; it was taken too much time so that there would be little left for the

small groups and I could feel that I was becoming restless and I could see that several
group members were fidgeting and appeared to be losing interest.

This is also a good example for illustrating a problem with focus of awareness, presenting in a monological form as well as poor awareness of timing and the energy in the group.

A final aspect of awareness that came up was that of the **resources** in the group. The interests, skills, knowledge, talents and characters of all the group members represent valuable resources for the entire group that the team can tap into when an opportunity arises. Families of patients with anorexia are typically high achievers in their own particular areas. Siri points out:

> *We often see how these young adult patients show their best sides when they are in the*
> *multi-family group, more so than when they are at our in-patient unit or the out-*
> *patient clinic. We have often been surprised to see the extent of the strengths and*
> *resources that they manage to bring out in the groups.*

I think that it is a good basic assumption that all the group members have notable strengths and resources that in recent times have been hidden, covered over, by the presence of the eating disorder in their lives, and one of the aims the multi-family group is to help the members to remind themselves of this.

'Being in charge' and 'Awareness' seem to be related to having a feel for the game. In Philosophical Investigations Wittgenstein write about language in terms of games, that words and sentences gain their meaning in the way they are used within the contexts they are used in (54). The quality of the player leader is not necessarily in the skill of having authority or of noticing what is going on, but in the judgments about when it is necessity to draw things in, to limit them, to increase imbalance, to re-introduce balance, an intense awareness of what is going on, married to a sense of being in charge, having authority.

Managing the group process

The second main theme of leading the group was related to how the team work to lead the process of the group. I think that the process of the group is difficult to define. It is related to the way a group takes on a life of its own that is more than a summation of the individuals who constitute it. The whole is more than the sum of the parts because the whole also contains the relationships, preferences and attractions of the group members and the team. It is the growing, evolving, changing process that I would consider to be the process of the group. The team cannot control the process, but we can create conditions that are likely to influence the way the process develops. It is, in a way, our responsibility to try to cultivate it for the good of the group members.

One aspect of working with the group process that comes from the analysis is **creating the conditions for openness**. I think that most people enjoy some form of playing that involves engaging in an open exchange between themselves and the world they live in. People seem to me to be willing to be open in their communication if they feel that it is appropriate and safe to do so. A basic task of the team is to establish a level of safety that will allow for an adequate degree of openness for a good group process. This does not, mean that I believe that we should encourage the group members to be unfiltered in what they bring up in the group. Mildrid commented on this

> *We see the relationships, see them played out, see them "live" and this is different from any other form of group therapy. One sees this in ordinary family therapy, but when there are several families together there are more witnesses than just the therapist. And when the group is over, some group members go home with each other and live with each other. Any episodes of exposure and the idea of bringing shame on oneself or ones family in the sight of others carries the risk of lasting damage to relationships.*

There is a degree of vulnerability of the families participating in a multi-family group and the team have to take on an ethical imperative "first, do no harm".

I think that we have to be very clear about the limits of openness and share the responsibility for how these are respected if there is to be an appropriate level of trust and safety. This is reflected in the way we have introduced and follow up the rules of thumb for communication. If, in the group, one of the parents starts to tell about a difficult situation that involved their daughter, then the leader needs to break in and say something like "Excuse me for breaking in, but I need to check out with Karen that it is OK that this is brought up in the group. Is it OK for you, Karen? Sorry for interrupting. Please carry on." This can be very difficult for

inexperienced group leaders as they have not yet developed the attitude that they have the right to intervene in this way; they are uncertain whether they have the authority to do so. I think that have I gained my authority from awareness of my responsibility to keep the group safe and open. As a group leader I have to feel safe in taking the lead and comfortable about taking the floor, being there. This means that my attention is not directed in towards myself and an inner dialogue of uncertainty and doubt, but that my focus is with the group and its members. It means that I am not worrying about myself, I am concerned with the group and what influence my leadership is having and going to have on them. Leading with authority is when I take the floor, have my attention out toward the group and pick up on what is going on in the group, tuning in to them. It is almost like radar, sending out a signal and listening to how it sounds when a response comes back. But I have to send out the pling and if it comes back as a plong, then I have to think "Well, I am going to have to do something about this". Mildrid says:

> The ingredients that create safety are the pairs exercises, other exercises, going from the less risky to the more risky, humour, playfulness, ordinariness, good ability for contact in the team members.

Another aspect of openness can be related to a person who participates in a sport. They need to warm up their body tissues to take an active part, and participants in a group need to warm up to participating in group discussion and activities. Initially group members need to be helped to 'land' in the group. This is a matter of bringing the focus of their attention to being in the group, away from the various aspects of daily life. Another is to help them to focus on their own situation rather than that of others, and a third is helping them to start talking about their situation. Beginning the group with a short meditative exercise, talking in small groups or pairs and then sharing with the whole group are well tried and effective ways of bringing the group together and getting them warmed up for active participation. Some of the themes and exercises also will require short introductions to warm the group up to the issue at hand. As Siri pointed out earlier, it is very difficult to go in 'cold' to a challenging issue like guilt feeling.

The importance of a dialogical form to the way the team run these groups has become very apparent to me through the narratives. The team's knowledge of how to **enhance dialogue** would seem to be a central aspect of their practice. There have are several examples of the

way Mildrid and Siri have worked to achieve this. The way that they lead the various activities of the group can invite dialogue and reflection rather than quelling it. Throughout the history of our multi-family group we have invited the group members to comment on how they have experienced the exercises and presentations, and we start every gathering by enquiring if there are any issues the group would like us to deal with during the two days. In this way that the entire program has evolved and become generally well adapted to the needs of the group members.

I think that when we help family members to see things from each other's perspectives this helps to promote their use of dialogue in their daily lives. Mildrid has an example from a small peer group.

In the mothers group I ask them to reverse roles with their daughters to work on communication. One issue that came up recently was 'How much pressure can we use to get them to talk when we are worried that they are eating so little? I asked one mother to sit in the chair as if she were her daughter and try to feel what it was like to be confronted by someone questioning her on why she had not eaten. Then we rehearsed the situation talking with "I" sentences, and explored what she, as a mother, could say to move forward in a dialogue. I encouraged the other mothers to come with suggestions about how she say things in different way. They easily recognised themselves in the situation where their daughter will not talk, starts to cry or becomes angry and where conversation stops, so they tried out different ways of expressing worries to a daughter so that they remained in a dialogue. It was only a short sequence of role reversal, but it was very effective in illustrating how things stop up and how dialogue can be improved.

Mildrid could have been tempted to try to answer the mother's question, but instead she helps her, and the other mothers, to get into dialogue with their understanding of their daughters. Other aspects of promoting dialogue also came out of the interviews.

In the last group I laid out posters on the floor for the presentation I had about the complexities of motivation for change in eating disorders. I began with the traffic light model developed by Josie Geller (50) and I walked up and down between the 3 colours as I presented it to the group. I think made it a bit more dynamic. Then I laid out sheets of coloured paper with key word from the trans-theoretical model of change (51) in a large circle on the floor. I began talking about the metaphor of a person

who is wearing a woollen jumper that begins to itch. I saw that one of ED group members, who I know is fairly outgoing, was wearing quite a large jumper; not wool but it looked similar to wool. I asked her if she would come and join me and help me to demonstrate my point. She agreed and stood next to me when I talked about how the jumper was comfortable at first and protected her form the cold, but that it began to itch and although she put up with it for a while the itching became so intense that she decided that she needed to take it off. We moved around the phases on the floor as we talked. It really brought the metaphor to life, made it quite amusing and brought the point home much better than if we had used slides and pictures.

Presenting things in a way that involves more active use of the senses seems to increase engagement. It brings in the possibility of lightness and humour into a subject that can be dry and makes things less tense. It draws more attention and brings movement into the group. I do not think that this is at the cost of seriousness, but there is more playfulness together with the serious, a mixture that is very helpful. This is especially helpful when we are dealing issues concerning stuck patterns in people's lives. As with Helen Olsen's family they come to the group carrying much guilt and shame and it is helpful to reduce the tension that this bring when dealing with difficult subjects. I think that presenting issues in a physical way, particularly in collaboration with group members, will leave a stronger impression and give a greater depth to understanding than just lecturing with PowerPoint slides, and this will provide a better basis for open dialogue.

How well I present something it depends on me having a relationship to what I am presenting. It will not come over well if I just read out a text, but if I break it up, tell stories, give examples, throw out questions ask for comments and include the group, then it can come alive. I have to ask myself questions like "How will this presentation affect the energy in the group? What do we need to do to engage the group in this? This is a touchy subject, how can we help group members to avoid slipping into a self-critical inner dialogue?" I think that it is useful to think about how to do things in a way that hold people's thoughts in the room rather than letting them disappear into their internal monologues of self-criticism, anxiety and shame.

One of the forms of dialogue we have discovered works very well is what we call 'new families'. We put together small groups with a mother from one family, a father from another, a sibling from a third and an ED member from a fourth, and then we ask them to talk

together about a theme related to family life. I think they work well because while it is not 'my' mother, 'my' father, 'our' daughter, the roles in a family are still preserved. The difficult issues are talked about in a very flowing way, probably because there is no sting of painful memories between them in their communication.

Several of the narratives have already illustrated the importance of **maintaining boundaries** for what is disclosed in the group. Perhaps the most difficult for us has been when a parent has shown a level of self-disclosure that is uncomfortable for the rest of the group. As leader it is legitimate to say "I understand that this is a very difficult issue for you, but I think that it is something that is better dealt with in another forum than here in the multifamily group", but it can still very difficult to set this limit.

Mildrid talked about a situation that caused her concern.

> *I learnt a lot from having a patient in the group who was very intense, almost hypo-manic, and she talked prolifically about how well she had recently become. I thought to myself"This girl is saying too much, talking too quickly, it is too hectic, the other group members cannot not believe in what she is saying. What will this do to the group? The other group members must surely understand that the team sees that there is something wrong about this, and yet we are just letting her carry on. We may well lose our credibility as competent group leaders in their eyes." It was a situation that I remember very well as a group therapist, thinking about what can we do to keep our credibility and still allow her to retain her enthusiasm. We let the situation ride and I think we only just managed to come out of it with our credibility intact.*

In this situation Mildrid's concern is not primarily with the over-enthusiastic young woman, she is worried that the rest of the group will experience the team as unable provide adequate boundaries for her to function well in the group. "If the team are prepared to leave this young woman to her own devises, what will happen to me if I need support? The team are in a dilemma of not knowing how to calm her without risking 'shooting her down in flames'. Mildrid's inner dialogue also seems to escalate as she thinks about the possible negative consequences, and her worries are probably legitimate. However, these worries are filling her conscious thoughts and she is not giving space to being constructive about finding a way to deal with the situation.

The intensity of the process of the group is kept in constant variation by the team, who are actively **regulating the intensity.** Some of the plenary group presentations and discussions can be quite low-key and some of the family sessions in particular, can be highly emotional. The program we have worked out has been set up in a way that is meant to allow an appropriate progression of the various themes and issues dealt with, where there is also a flow the intensity of how and when they are dealt with. I believe a good flow or rhythm is essential for a well functioning group, and when the team divert from the written program this is also in accordance with a suitable regulation of intensity.

In the time of Aristotle, Athenians went to the theatre to witness the Tragedies, where fundamental human dilemmas came under the influence of the Gods with dramatic consequences. This was not primarily for entertainment; the aim was that the audience would go through a process of catharsis where their reflections over the events in the play occurred in a state of emotional arousal, leading to a deeper understanding of the human condition and a kind of spiritual cleansing. For catharsis a mixture of insight and emotional intensity was necessary (52).

When Mildrid reflected over the intensity of the group she spoke of the window of tolerance (**53**). This is a concept relating to the level of arousal or stress in therapeutic work. The basic tenet is that if a client is aroused too little then psychotherapy will be ineffective, more like a more or less interesting discussion. But if a client is aroused too much then they will be too preoccupied with their inner state to have any benefit. There is a strong possibility of drop out from treatment in both cases, either because the client loses interest or because they experience the situation as so unpleasant that they fear to continue.

> *When it comes to close relationships, things can quickly get very heated, and go out of the tolerance window. I believe that there is always a balance concerning how much you can provoke both because of the size of the group and because there are such close relationships between group members. The emotional pressure can easily be much larger in a multi-family group, and regarding attachment, it is recognized that it is in relation to one's closest that mentalization breaks down quickest. As a leader, you have to consider these things. So attachment is an issue in these groups, in quite a*

different way than with a psychodrama group. In psychodrama they can work with their inner picture of the other without the other being present. But here they have to work with each other, work directly with relationships and this presents the group leader with quite specific challenges.

Bearing this in mind, as a group leader I need to continually be aware of the intensity of the group process and ensure that it remains within the limits of effectiveness and tolerability. As experienced therapists, Siri and Mildrid will tune in to many kinds of signs of arousal, such as posture, muscular tension, restlessness, skin tone, perspiration, eye movement, pupil dilation, focus, voice, flow of conversation, choice of words. These come together to form an impression that they are only partly consciously aware of. Sensitivity is understanding through a bodily 'tuning in' to the person or situation, where signals in my body will be mirroring signals coming from others. I do not think this is a skill that can be taught, it must come with experience.

I have understood what we as a team can do to regulate the intensity as and when it is necessary.

Our supervisor Pennie Fairbairn used to talk about creating small crises in the families and then working through them. I am not sure that we trying to do that. I think that parts of our program do challenge families but in a more careful way than Pennie suggests. I do not think that we have seen a disadvantage for the group from a less confrontational style. We have another kind of group process and I think that the way we run the groups is based on our understanding of what is appropriate when working with an adult group. We want to keep within the window of tolerance, and deliver challenges in doses that the ED group members can manage, given the complexity of their condition.

Working as a team

To begin with, the bleeding obvious: **preparation.** The team need to be well prepared and the preparation involves many aspects. Many of these concern practical issues, and thought they are important they are marginally related to practical knowledge. I have written about the group as coming together to form a unity, and I think that it is important that the team do the same before they begin. They have to get to know each other and they need to know what is expected of each other. This will involve some team members preparing to take more responsibility for the running of the group and other stepping back and giving the room to gain experience. Our team could be said to be in a constant state of preparation and revision.

We meet before the gatherings to delegate tasks and responsibilities and during the gatherings we meet for an hour before the group members arrive, for fifteen minutes at lunch and for half an hour after they are finished for the day. We meet the following week to evaluate the gathering and we try to meet with an external supervisor three or four times a year. During the gatherings we discuss our understandings of the process of the group and whether there is a need to digress from or adjust our program. We talk about how we feel we are coping and what support we want and can give each other. We try to recognize what we have done well and understand what has happened if something has been difficult. The way the team talk together is at times in line with Schön's reflection-on-action (7), as they do go into particular situations and reflect over how things developed in the group, but during the group their focus is very much on how to go forward. However, after each gathering there is a more comprehensive review of the process of the group and how the team contributed to this, and the team also have supervision with an external supervisor which enables them to bring in an element of reflection on reflection-on-action. I think that it is this matter of keeping an on-going dialogue with each other that is our most important preparation, and that it is vital that the time is allowed to do this. I believe that the quality of our group is dependent on this. Siri comments on this:

> *It is important that we have the summary meetings during the group where we talk to each other and have the opportunity to say "I was uncertain about that" and "I did what I did then because..." Having an hour at the start, a quarter of an hour at lunch and a discussion at the end has been essential for the team, and we all learn from it. Both the new members and us others gain better insight in why we do what we do. But we should probably have had more continual supervision.*

The team need to be prepared to make changes in their plans on the spur of the moment if the process of the group calls for it. However, they need to have an understanding of how to go about this; preparing for the unprepared.

> *If one of the team leaders has an idea or a strong feeling about the group process, it may not be suitable to wait and take it up with the team between the sessions. It should be dealt with it then and there, and the program should be reconsidered. However, the way this is done is important. It is difficult to lead if things suddenly go in different direction to the one we have planned and thought out. For me it is*

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important to come to an understanding in advance when I am leading the group. If another team member wants to come in and contribute I like to be asked. "I have had an idea, is it OK that I share it with the group?" Then I have the opportunity to say either "Be my guest" or "Wait for a while, there is something I am working on just now" so that it does not come as an intrusion when I am following a plan which could become difficult to carry through. I think that it has to be clear that the team member who is leading has an overriding responsibility and that if the baton is going to be passed on it should be done properly and that this is clearly understood in the team.

An essential aspect of a well functioning team is **familiarity** between the team members. It could be said to involve the practical knowledge of each other as team members. Siri comments:

> *The better I know the other team members, the safer I feel about leading the group and the easier it is. I have the opportunity to play off the others when I know how they react spontaneously.*
>
> *When we have had questions about statistics concerning eating disorders I know that Kenneth is quite well up on them, and so I can send the ball over to him. I know about the competence of the team members and what I can play on, their strengths and weaknesses*

This comment by Mildrid underlines the importance of familiarity with each other's strengths and resource. One year we had a nurse who had trained in laughter therapy in our team, another year we had a sports consultant. They made important contributions to the style and atmosphere of the groups they participated in.

> *The relationships within the team are safe and relaxed. We do not have to watch out for each other or be super-clever. Being relaxed with each other promotes being relaxed with the family members. When we can speak openly to each other and it is OK to say "This time I think you went too far…" without this creating any difficulty between us and I don't have to consider whether or not you will feel put out. Having a core of team members who are familiar and secure with each other allows us to bring what we are working with to life in a way that it is not formal but relaxed and at times quite fun.*

The aspect of familiarity that Siri brings up here involves not wasting time and energy on proving ourselves to each other. As she says, it can add tension to the group and hamper a free and open dialogue between team members.

The aspects of **interplay and support** came out as separate subthemes from the analysis, but when I tried to consider them in connection with the narratives I found it difficult and meaningless to split them up. They are both intimately concerned with the to-and-fro between team members. Mildrid and Siri made many comments on the importance of the interplay and support within the team.

> *In the last group I came in a position where I did not know which way to go and Siri stepped in. She had been on the sideline and had thoughts and ideas on how to go forward that she took the group on from there. I think it was great team work. One can press things quite far and one must be allowed to run out of steam and let others take over. I also do the same for others. When you stand on the floor you risk losing energy and them it is good to be part of a team.*

> *It is very useful to have other therapists with you. To put it into words if things get complicated. I felt that it stopped up a bit for me, so I said Steven, what do you think? Play the ball over to the others, do not struggle on your own.*

> *Be prepared to be a back-up or come in with something or another that can lift things up. Agree on the form of cooperation in advance so that the person feels helped and supported and not undermined. Play on each other's strengths, accept that some team members are novices, be aware that we have different backgrounds but that everyone must have a chance to prove themselves and agree on the cooperation in advance*

The aspect of supporting that can be difficult is when I see that someone is struggling to do a task well, when and how should I step in. I want to give my colleague the opportunity to work through something unless they play the ball over to me, but there are certain situations where they get stuck and it is important for the group that someone does something. Siri has two examples of this dilemma.

We had a good example when two fathers were telling the group about their daughters without first checking out with them that it was OK. I sat beside the team member leading the round for the first time and I thought "Oh no, how is this going to turn out?" But I waited, because I thought that I did not want to undermine her by taking over. I thought to myself "When is she going to say something? But wait, she needs to test herself." I ask myself how quickly should I step in? She had to have the opportunity to sort it out herself. When you see that your colleagues are passive, are not taking a step back and being creative, then you have to step in. But they must have a little time, and how much time - that is a balance. It is the dolphin position. We must try to give them a little nudge but not go in and take over.

When a team member gets caught up in details and lose contact with the group but they are not aware of it. It is a challenge to know how to break in and turn things around without undermining the person presenting and damaging their belief in themselves. It is easy for us who are used to it but the ones who are not used to it and are doing as well as they can and along comes a group leader and breaks in and it can easily be seen as negative criticism. It is an aspect of how we work as a team and there is the question if we are well enough prepared. We have to be prepared to step in if necessary.

The group has its own specific challenges as a process which is not just an individual phenomena and the fact that you are part of a team. There is a collective expertise involved in the practical knowledge of how you are being in the group or team, what kind of light are you bringing with you to illuminate the processes so that they will lead to the common good.

Conclusion

Through writing this essay I believe I have enhanced my own practical knowledge in two ways The first concerns what I am already aware of. As I have mentioned in the essay, our team is in a continual dialogue with each other, and with the members of the group. I think that has meant that I have already been involved in a reflective process that is likely to bring out a high level of awareness of practical knowledge of running multi-family groups for several years. We practice the to-and-fro of dialogue. While I have read quite a lot of professional literature about

psychotherapy groups, few of these address many of the basic issues that are close to practice. I believe that I would be hard pressed to read about many of the ideas that we already have had about running these groups in books and journals. In carrying out the interviews, the analysis and writing through the texts I have given a greater degree of order what I already understand about being in a team and leading the group. I suppose that 'sorting out the shelves' and seeing how things stand well in relation to each other is indeed an aspect of increased practical knowledge in itself. I am sure that it has made what I already understand more amenable to me for the development of a training program, together with my colleagues. The result of the analysis may in itself contribute greatly to providing a structure to organise and evaluate a training course.

The second concerns new insights or ways of looking at our practice, aspects of practical knowledge that have revealed themselves to me through this process. New light shed on areas hidden in shadow. The idea of play and a continual to-and fro movement through all the aspects of our group is new to me. I have learnt where I take my authority in running the group, and I believe that this will help me take it in a clearer way. I have learned about the many responsibilities that are involved in group leadership. I have learned about how I am aware of what is happening in the group. I have learnt about the importance of the attitudes that we bring to the group. What are our pre-understandings of who these young men and women and their families. How do I and my colleagues envisage the lives of the Helen Olsen and her family?

The task that I see is in front of me is to prepare other experienced professionals to run groups like ours. It seems to me that their pre-understanding of the families they are going to meet is one the first thing I would want to explore with them, as this will colour many of the aspects that come up later. I am employed as a family therapist and I work with many of the families at our unit. However the depth of my understanding of family life with an eating disorder has increased enormously through my participation in the multi-family groups. Some of the members of our team have been nursing staff from our unit, whose knowledge of eating disorders has been almost entirely been based on working with in-patients on the ward. When they come to our multi-family groups, they see sides to these young people that are very different from the characters and resources that they have shown on the ward. They meet parents and siblings that turn out to be very different form how they had imagined they would be.
I do not believe that working with pre-understandings means giving them a more correct picture of who they are going to meet, but I do believe it will be helpful to work with them on their awareness of the pre-understandings that they are bringing to the group. It would be possible to ask them to imagine the family of a person with an eating disorder, in much the same way that I

have done with Helen Olsen. When they have done that we could ask them to compare their own family with this imagined family and think about what differences and similarities they see there, not to bring out the idiosyncrasies of their own family, but rather those of the family they have imagined. They could talk together about their different ideas of these families.

The results of the analysis give us several areas to think about. How comfortable do they feel about taking the floor and leading an exercise? When I trained in multi-family groups, it was the teachers that led the exercises, so while we learnt their content we were not trained in leading.   In our training group I think that it is important that they practiced leading. In the same way they could practice presenting a short lecture in a dialogical way, including illustrations and involving the rest of the group.

There are ways of developing spontaneity in group work through improvised role-plays of sketches. One of these is based on a park bench. One person is given a role to play, for example a person who has lost their wallet and another person is given another role, such as an absent-minded professor and they meet on a park bench and talk for a couple of minutes. Another is liar interviews where one person is a journalist and the others tells a pack of lies about themselves.

It would be possible to role play dealing with someone who interrupted a presentation and how to deal with them.

Trainees could be asked to present instructions for an exercise and they could evaluate how clearly they had managed it. They could be asked to make up exercises themselves.

We could work with them as a team about how well they know each other and each other's interests and resources. We could ask them to talk about their trepidations about the group, we could have them practice getting stuck and supporting each other.

There are many aspects of leadership that we could introduce them to through role-play and rehearsal.

When I trained, we were expected to be running a group and bring examples of difficult situations to the training sessions. I would expect supervision to be an important part of the training program..

In the same way as we developed the program for our groups through testing it out and receiving feedback, I think we could start by helping one group to get going and use our experiences from this to develop a training program for several groups and take it from there, one step at a time.

When running exercises some may think that you just need to be able to give clear instructions, but the question is what the exercise is going to be used for? You need to

understand how you can use a technique like a role-reversal in a constructive way. It is down to the group leader having sufficient professional ballast and knowing what the possibilities are. An exercise will be lifeless if you do not know what to do with it. It is the same with the presentations. If you use another person's PowerPoint slides your presentation won´t come alive as long as you have not adapted it to make it your own material.

It is a good idea to rehearse presentations and exercise instructions in advance.

This essay has reached its conclusion and end because of the need to meet a deadline rather than because the dialogues and analysis have set little more to give. For me, this is still a work in progress as there are several areas that are only partially or scantily developed. There is the potential for gaining insight into practical knowledge of running multi-family groups from the remaining material and it will be an active concern for my colleagues and I to continue to play with this.

Steven Balmbra

References

1   Asen, E. Scholz, M. (2010) Multi-Family Therapy: Concepts and Techniques. London: Routledge.

2   Balmbra, S. Valvik, M. Lyngmo, S. Coming together, letting go - Unpublished manuscript.

3   Treasure, J. Schmidt, U. Furth, E. F. v. eds. (2005) The Essential handbook of eating disorders. Chichester: Wiley.

4   Aristotle. Nicomacheian Ethics Book VI. London: Dover Publications.

5   Aristotle. Nicomacheian Ethics Book III. London: Dover Publications.

6   Dreyfus, H. L. Dreyfus, S. E. (1986) Mind over machine: the power of human intuition and expertise in the era of the computer. Oxford: Basil Blackwell.

7   Schön, D. A. (1983) The reflective practitioner: how professionals think in action. New York: Basic Books.

8   Schön, D. A. (1987) Educating the reflective practitioner. Presentation to the 1987 meeting of the American Educational Research Association. Washington DC.

9   ICD-10: den internasjonale statistiske klassifikasjon av sykdommer og beslektede helseproblemer (2012). Oslo: Helsedirektoratet.

10   Birmingham, C. L. Treasure, J. (2010) Medical management of eating disorders. Cambridge: Cambridge University Press.

11   Hårtveit, H. Jensen, P. (2004) Familien - pluss én: innføring i familieterapi. Oslo: Universitetsforlag.

12   Minuchin, S. Rosman, B. L. Baker, L. (1978) Psychosomatic families: anorexia nervosa in context. Cambridge, Mass: Harvard University Press.

13   Treasure, J. Schmidt, U. Macdonald, P. (2010) The Clinician's guide to collaborative caring in eating disorders: the new Maudsley method. London: Routledge.

14   Anderson, H. Gehart, D. R. (2007) Collaborative therapy: relationships and conversations that make a difference. New York: Routledge.

15   White, M. Epston, D. (1990) Narrative means to therapeutic ends. New York: Norton.

16   White, M. (1989) Selected Papers. Adelaide: Dulwich Press.

17   Crittenden, P. M. (2008) Raising parents: attachment, parenting and child safety. Cullompton: Willan Publications.

18   Fonagy, P. Target, M. (1997) Attachment and reflective function: Their role in self-organization. Development and Psychopathology 9: 679-700.

19   Westheimer, G. (1999) Gestalt theory reconfigured: Max Wertheimer's anticipation of recent developments in visual neuroscience. *Perception* 28 (1): 5–15.

20   Moreno, J. L. Moreno, Z. T. (1959) Psychodrama: Second Volume. Foundations of psychotherapy. Beacon, New York: Beacon House.

21   Marineau, R. F. (1989) Jacob Levy Moreno, 1889-1974: father of psychodrama, sociometry, and group psychotherapy. London: Routledge.

22   Fox, J. Moreno, J. L. (1987) The essential Moreno: writings on psychodrama, group method, and spontaneity. New York: Springer Publishing Company.

23   Wilkins, P. (1999) Psychodrama. London: Sage

24   Blatner, A. (1997) Acting-in: practical applications of psychodramatic methods. London: Free Association Books.

27   Valvik, M. Balmbra, S. (2010) Psychodrama and psychiatry. Forum: Journal of the International Association for Group Psychotherapy and Group Process, 4, 121-132

28   McFarlane, W. R. (2002) Multifamily groups in the treatment of severe psychiatric disorders. New York: Guilford Press.

29   Scholz, M. Rix, M. Scholz, K. Krassimir, G. Thømke, V. (2005) Multiple family therapy for anorexia nervosa: concepts, experiences and results. Journal of Family Therapy 27(2), 132–142.

30   Wallin, U. (2007) Multifamiljeterapi vid anorexia nervosa, behandlingsmanual. Socialstyrelsens hemsida, 2007.

31   Eisler, I. Dare, C. (2000) Family therapy for adolescent anorexia nervosa. Journal of Child Psychology, 41, 727–736.

32   Scholz, M. Asen, E. (2001) Multiple family therapy with eating disordered adolescents. European Eating Disorders Review, 9, 33–42.

33   Eisler, I. LeGrange, D. Asen, K. E. (2003) Family interventions. In J. Treasure, U. Schmidt, & E. van Furth (ed.) Handbook of Eating Disorders, (pp 291-311) Chichester: John Wiley & Sons.

34   Lindseth, A. (1981) Forståelsens prosess: et stadig oppgjør med våre fordommer. Dyade, 4, 23-31

35   Lindseth, A. (2008) Philosophical practice as a way of life. Plenary lecture to the Ninth International Conference on Philosophical Practice. Carloforte, Sardinia.

36   Lindseth, A and Norberg, A. (2004) A phenomenological hermeneutical method for researching lived experience. Scandinavian Journal of Caring, 2004, 18, 145-153.

37   Ricoeur, P. Interpretation Theory (1976)

38   Simms, K. (2003) Paul Ricoeur. London: Routledge

39   Løgstrup, K.E. (2000) Den etiske fordring. Oslo: Cappelen.

40   Seikkula, J. (1993) The aim of therapy is generating dialogue. Bakhtin and Vygotskij in family sessions. Human Systems Journal, 4, 33-48.

41   Bakhtin, M. (1984) Problems of Dostoevsky's poeticts; edited and translated by Caryl Emerson. Minneapolis: University of Minnesota Press.

42   Seikkula, J. (2000) Åpne samtaler. Oslo: Tano Aschehoug.

43   Anderson, H. (2002) In the space between people: Seikkula's Open Dialogue Approach. Journal of Marital and Family Therapy, 28 (3) 279-281.

44   Arntzen, B. Trond Grønnestad, T. Anne Lise Øxnevad, A. L. (2006) Familiearbeid ved psykose: Med samme mål. Stavanger: Stiftelsen psykiatrisk opplysning.

45   Moreno, J. L. (1953) Who shall survive?: foundations of sociometry, group psychotherapy and Sociodrama. Beacon, New York: Beacon House.

46   Bruggen, P. Pettle, S. (1993) RUMBASOL: audit in practice. Journal of Family Therapy, 15 (1), 87–92.

47   Ricœur, P. (1976) Interpretation theory: discourse and the surplus of meaning. Fort Worth: Texas Christian University Press.

48   Fawlty Towers series 2 – Basil the rat. BBC television.

49   Gadamer, H.G. (1975) Truth and method. (Wahrheit und Methode). London: Sheed & Ward.

50   Geller, J. (2002) Estimating readiness for change in anorexia nervosa: Comparing clients, clinicians, and research assessors. International Journal of Eating Disorders, 31, 251-260.

51   Prochaska, J. O. Velicer, W.F. (1997) The transtheoretical model of health behavior change. American Journal of Health Promotion, 12(1), 38–48

52   Moreno, Z.T. Blomkvist, L.D. Rutzel, T. (2000) Psychodrama, Surplus Reality and the Art of Healing. New York:Routledge.

53   Ogden, P. Kekuni, M. (2000) Sensorimotor Psychotherapy: One Method for Processing Traumatic Memory. Traumatology, 4(3) Article 3

54   Wittgenstein, L. (1958) Philosophical Investigations. Oxford: Basil Blackwell