If we were to list the most powerful and enduring systemic practices of our field, genograms, questions, and reflecting teams would probably emerge at the top. In this special section, we invite readers to continue learning about the reflecting team. Witnessing in the late 1980s and early 1990s some of the originators of the reflecting team inspired not only my therapeutic work but informed my doctoral research. Using the reflecting team as an interview technique, I investigated how interdisciplinary teams construed family violence in Chile. It purposely made the case for a responsible and close relationship between researcher and participants to encourage curiosity and the exploration of ambiguous ideas. Like the therapists who wrote the articles in this special section, this collaborative investigative dialogue made explicit the interventional nature of our work as therapists as well as researchers.

The reflecting team technique and its subsequent developments as reflexive processes are a central feature in training students to think reflexively, in consulting with colleagues, and in expanding the notion of what clinical work encompasses. After more than a decade of participating and facilitating reflecting teams, its mystery and amazing dialogical “outcomes” continue to surprise and invigorate clinicians, teachers, consultants, and researchers. The reflecting team is a form of “generous listening.” “It involves accepting the other person’s key terms in their distinctive senses. Generous listening does not require us to accept the other person’s conclusions, but it does require us to be generous in their distinctive use of words” (L. Shawver, personal communication, March 12, 2002). The papers included in this special section continue this innovative tradition and we hope it will solidify your urge to speak in order to listen.

Throughout its existence, this journal has been a forum for reflecting team...
ideas and the papers by Michelle Naden and her collaborators, Robert Eubanks and Tanja Haley, further this exploration. Each paper anchors the specific challenges of their localized clinical practice using integrative and/or postmodern ideas that highlight the most significant pieces that define the reflecting teams. The effects of experiencing the reflecting team have transformed these authors conceptually and clinically, not only changing their clinical understandings but their own personal self-identities.

Michelle Naden, Kristen Callison, and Catherine Haynes employ the reflecting team in conjunction with videotaping as a way of overcoming the standard limitations of clinical settings (lack of resources, time constraints, managed care, internship requirements). Their paper uses the reflecting team ideas with a family by exchanging tapes to share reflections during a prolonged period of time rather than the usual one time consultation that characterizes the descriptions of reflecting teams in the literature. The therapists use the reflecting team as a way of getting unstuck, not only once, and in the process develop hopefulness and new meaning. The creative use of videotape reflections emerges as part of logistical challenges, and like the original Milan team, the family described in the paper travels from afar. After reading this paper, I believe the embedded flexibility of the team may have been in itself a powerful message that validated the family’s experience. Another outcome of their clinical work is keeping the case “complex” and the family members reporting that they have learnt to be more reflexive.

The reflecting team ideas originate, for the most part, as a reaction to the expert paradigm that dominated the original use of the one-way-mirror. True to the core aspect of reflecting teams, the unfolding of a conversation, Robert Eubanks integrates MRI core ideas with the use of the reflecting team. His integrative approach embraces the “both/and” that we often pose as one of the central ideas in relational family therapy but that we often find difficult to sustain when we choose one epistemological venue to understand the therapeutic conversation. Eubanks suggests that, from a clinical perspective, sharing with clients several potential interventions is less dangerous than creating “the” intervention. Eubanks compares the one intervention to a “shot in the dark.” To add another metaphor, the reflecting team’s sharing of various potential interventions would be like planting many seeds. As much as he integrates the strengths of the two models, Eubanks finds commonalities in their aims.

Tanja Haley interprets the reflecting team literature to convince readers that the reflecting team main tenets are “only fully possible” within a social constructionist framework. Haley’s provocative statement suggests that the reflecting team practices and ideas are at the forefront of postmodern discussions about language, knowledge, change, power, self, and reflexivity, pushing the limits of our field as well as generating ideas that in themselves have the potential of shaping the field. The reflecting team is client centered; Haley’s theoretical contribution extends this client-centered perspective into suggesting that we pay
careful attention to the transformative nature of the reflecting team not only for the clients/family but the therapists involved. Haley, like the other authors, believes the reflecting team processes require a personal undertaking that fosters a respectful and explicit personal involvement with those we work with. With the reflecting team, there are no neutral professionals but a committed and intimate relationship with those we engage in conversation with.

These authors include the therapist not as the detached expert or creative wizard but as a carrier of extraordinary stories and biases while keeping a client-centered framework at the core. Another piece of the puzzle is to remind us of defining therapy not only as a professional and personal relationship but also a moral and political undertaking. The reflecting team seems to offer not only space to resolve the clients’ and therapists’ clinical impasses but also provides some inroads to dialogue about the moral and political worlds therapists and clients construe. Who and how we participate and what voices we actually allow in those conversations will be challenges that a technique in itself will not necessarily resolve. These papers subtly further the development of this dialogue through reflecting on specific clinical and personal discoveries that continue to highlight the love for relational therapeutic practices that work not only for clients but for those who have access to their stories.