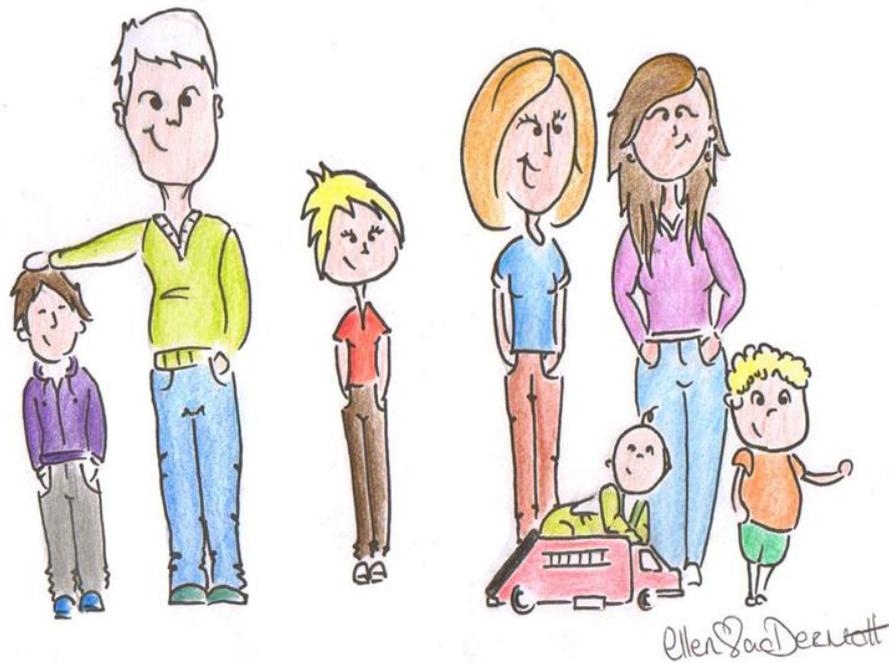


The Dynamics of Sharing Professional Knowledge and Lay Knowledge:



A study of parents' and professionals' experiences of childhood interventions within a Marte Meo framework

Dublin City University
Ollscoil Chathair Bhaile Átha Cliath



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Dublin City University

Glasnevin

Dublin 9

Tel: +353 (0)1 7005000

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Authors:

Dr Jean Clarke

Ms Yvonne Corcoran

Dr Mel Duffy

Dublin City University

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EXECUTIVE SUMMARY

This research report provides an account of the understanding parents and therapists constructed of their experiences of participating in the Marte Meo method. The research study took place between February 2009 and February 2011. The research team were Dr Jean Clarke (Dublin City University); Ms Yvonne Corcoran (Dublin City University); Dr Mel Duffy (Dublin City University). Ms Colette O'Donovan (Marte Meo method HSE) was the professional (Marte Meo) consultant to the team. The research was funded by the Health Services Executive.

CHAPTER ONE: BACKGROUND AND INTRODUCTION

Early attachment is a critical component of a healthy start in life for children and families. Attachment contributes to an environment of trust and safety that promote the achievement of personal, social and professional relationships, and physical and psychological health. Attuned parental responses to the child's behaviour and emotions impart meanings of trust and empathy; the child learns that her/his emotions and behaviour influences those of others, through the subtleties of both non-verbal and verbal communication. The Marte Meo Method looks at moments of interaction in daily situations between parent and child, professional and parent. The central focus of the method is to identify, activate and enhance constructive communication, interaction and development for the child, family and professional. The method involves an interactive solution focused programme. The programme can be offered as part of a range of therapies for parents with children with autism, aspergers, or behavioural problems. Specifically, through the Marte Meo method, the HSE provides a therapeutic programme for parents toward enabling them to build on their own strength as parents. There are occasions when the programme is sanctioned as part of a child protection response by statutory agencies.

Research goals

The goals of this research study were to:

1. Review the national and international literature on underlying theories related to family intervention therapies, and the efficacy of using the Mate Meo method as an intervention programme to support social, emotional and communication development of children;

2. Explore the experience of parents who participated in the Marte Meo method toward enhancing their parenting skills;
3. Investigate the meaning(s) that parents construct from that experience;
4. Explore the experience of participants who completed the therapist training programme and who have worked as Marte Meo therapists for not less than one year;
5. Investigate the meaning(s) that therapists construct from that experience.

CHAPTER TWO: A REVIEW OF THE LITERATURE

Human development refers to patterns of change over time; it begins at conception and continues throughout the life span. Development occurs in a number of different domains namely biological, social, emotional, cognitive and language. Development and learning take place through language and dialogue. Language development is a complex process of both nature and nurture; nurture is critical to the emotional and social development of the child. The role of the parent¹ is vital if the child is to develop a sense of trust, security and self esteem.

Parallel to the critical importance of children's social and emotional development is the need for them to form a bond or attachment with the parent. Secure attachment is core to family life and affords an important framework to make sense of behaviours, relationship strengths and difficulties that children may experience in the complexity of their family life. A secure attachment is strongly linked to the care provided by parents. In circumstances where children experience an unpredictable or unresponsive parent-child connection and where nurturing and sensory enriched care giving is not realised, normal bonding and attachments will not develop. Understanding the role of attachment helps health care professionals to assist parents and children, so children can be more trusting, positive, capable and secure.

Parenting and being a parent require skills that, due to their apparent familiarity, are often taken for granted as part of everyday life. However, parenting can be elusive when it comes to describing, defining and objectively analysing it as a concept. When parents are deemed to need support, parenting programmes are normally focused on short-term interventions aimed at helping parents improve their

¹ Or caregiver, in the absence of a parent

relationship with their child, including behavioural and emotional attachment. Support for parents offered through the Marte Meo method builds on the idea that children grow and develop in an environment of interaction with supportive adults.

The Marte Meo family intervention method was first introduced in the early 1980s as a method to strengthen and empower parents' potential to support their child's development. The Marte Meo method was developed as a practical model for promoting new parenting and child rearing skills in daily interaction moments. It was specifically designed for both parents and professional caregivers to support their care giving roles. The Marte Meo method adopts a social exchange framework, where the movement of resources between the child and parent is viewed as beneficial both to the parent/caregiver and the child. Through the use and analysis of video-pictures that record normal daily interaction moments in naturalistic settings (the family home), Marte Meo therapists enable parents to see their reality, including their strengths. The therapist offers step by step guidance on specific behaviours, checking if a new behaviour is working and providing opportunities for parents to see positive outcomes of their enhanced parenting skills.

Research evidence supports the use of the principles of the Marte Meo Method; however, there is a dearth of research specifically relating to the experiences of parents and therapists who have shared both professional and lay knowledge within a Marte Meo Framework

CHAPTER THREE: METHODOLOGY

This research study is a qualitative endeavour which gives voice to parents and therapists and their experiences of participating in a Marte Meo Programme. As the study aims were to explore the lived experiences, the interview method was used. A total of eleven parents were interviewed in one-on-one interviews. Parent participants were randomly selected from the Marte Meo therapist list. Parents who were interviewed had participated in the Marte Meo Programme between the years 2005 and 2008. At the time of the interviews, two families were still involved with the programme. All parents interviewed shared the parenting role with a co-parent. Five parents choose to be interviewed on their own; three couples were interviewed. The interview was initiated with one statement; parents were asked to: "describe your experiences of Marte Meo." Thus, the interviews revealed the ideas, thoughts and

recollections of the parents, in their own words, rather than in the words of the researcher.

Therapist participants were interviewed using three focus group interviews: group one (therapists with one – three years experience), group two (therapists with between four to six years experience), group three (therapists with greater than six years experience). Focus group interviews elicited therapist experiences of employing the Marte Meo method. Sampling was achieved through purposive selection, to allow for the deliberate selection of a heterogeneous sample, and the observation of commonalities of experiences across participants as well as the documentation of uniqueness. As with individual interviews, the focus group interview was initiated with an invitation to the participants to: “describe your experiences of Marte Meo.” A total of 17 therapists were interviewed, five in group one; six in group two and six in group three.

All interviews were audio recorded and transcribed verbatim. Analyses was an endeavour of the three researchers, who engaged with the interviews singularly, before engaging in collective analytical sessions that allowed for the emergence of themes that articulate the essence of the meanings, in context, of the parents and Marte Meo therapists. Themes were subsequently explored for resonance with existing evidence and debated toward making a case for the applications of contemporary concepts in circumstances of the experiences of parents’ and therapists’ engagement with the Marte Meo method.

The study followed the highest ethical principles. Ethical approval was granted by Dublin City University Ethics Board and other agencies from which therapist and or family participants were drawn. All participants were provided with a plain language statement explaining the purpose of the research. Participation was voluntary and all participants signed a consent form agreeing to participate in the research.

CHAPTER FOUR: THE PARENTS’ STORY

The overarching theme that emerged from the interviews with families is ‘throwness and the rediscovery of the self,’ in the sense that parents found themselves

pitched from one image of a child² to another, from one service to the other, and from a sense of self as a good to a bad parent. Parents described their growing awareness that their child was not developing or behaving in a ‘normal’, socially expected and acceptable way. This realisation prompted them to go beyond themselves, into the more public domain of the medical, health, education and social care systems, to seek answers and to pick up ‘therapies’ including engagement with the Marte Meo Programme. In so doing, they experienced a sense of loss as to who they were as parents, before coming home to their own sense of self and what it meant to be a parent. The notion of coming home to their own sense of self is not a finite destination, but rather one where parents have a renewed self worth as they journey forth as a parent to their child and tackle the challenges that lie ahead. For a few parents, however, their sense of self as a parent continued to be a challenge as they questioned their own sense of worth as a parent to their child.

The parents’ narrative is a privileged truth; it is both authoritative and appealing. It details a journey that took them from an intuitive or subjective knowing that something was wrong with their child into the public domain of the authoritative knowing of other. The world of the authoritative knower and their experience of that received knowing was for many a place and space where the self as a parent was diminished, undervalued and sometimes invisible. However, parents did not accept their being invisible within this public domain; instead, strengthened by their own subjective knowing, they continued to seek out answers and solutions. As they journeyed on they experienced a coming together of their own subjective knowing and the authoritative knowing of other in a pragmatic sense of needing to learn new skills in how to parent their child. Then began what was for many a range of therapies (not always successful) before being introduced to the Marte Meo method. While the introduction to the programme was ad hoc, it did represent a turning point for parents, where they had their subjective knowing not just acknowledged by the other but foregrounded in the whole process of how they developed and learned new parenting skills.

Key elements of the parents’ experiences of the programme included the role played by the therapist, the use of the video camera and the dialogues of showing and

² Reference to the term ‘a child’ implies a social category, where being a child is to experience and enjoy childhood (including freedom and spontaneity) and to pass appropriate developmental milestones (Ribbens McCarthy 2000)

seeing that were afforded by the the video and enabled by the therapist. Parents experienced the dialogues, of seeing and showing, as affirmations of the self as well as evidence of how they were parenting and could, in the future, parent their child. In circumstances where it was perceived that the Marte Meo method was sanctioned, the sense of self oscillated between being positive about the self and a negative self image. Finally, parents' experience of applying the Marte Meo learning was a transitional process of growing confidence over the time of the therapy and subsequent to it.

CHAPTER FIVE: THE THERAPISTS' STORY

The main theme that emerged from the focus groups with the therapists is that of 'gifting and the gift,' in the sense that therapists recognised the potential of the Marte Meo method toward enhancing their work with clients, which in turn developed a commitment to train as a Marte Meo therapist and then skilfully to work with families and parents. Becoming a Marte Meo therapist enabled the participants to empower their clients (parents and families) with tools for life. They worked with families experiencing difficulties and left them with tools which would enable them to work independently into the future. Thus therapists gifted families and the reciprocity they received was the knowledge that these families were able to use these coping strategies now and into the future.

The therapists' account details their journey of transition and how, through a circle of becoming, they moved along a trajectory from novice to expert in their role as Marte Meo therapists. Initially, this trajectory involved them working on the self by reviewing their own way of being and their communication skills, which, in turn, led them to the questioning of their own ease with the self and their style of interaction with families. They recognised that their trajectory of learning was not finite, rather, it was dynamic and, with each encounter with a family, experienced as a new learning opportunity. Thus, the Marte Meo method became a tool that therapists could use successfully to support and empower families. Through their use of the method, therapists found they could return to families and parents a sense of the self that was often splintered by the experiences of the families' past. They emphasised the positives to families and parents and gave them back the skills (often lost or not recognised within the medical approach) to support their child's social and emotional development in every day interaction moments. Critical to this process of giving back

to parents was the timing of the introduction of the programme to families, their readiness to engage with it and also the recognition that for some families the Marte Meo method was not appropriate. By taking the family at where they were the Marte Meo therapists gifted the families to be themselves, while at the same time the therapists opened up avenues where they could choose their authentic way of being.

A principal element of the therapists' experiences was their use of and engagement with the video camera and the video film of the family. In their endeavours to help families understand the focus of the therapist's role, and to adjust to the use of the camera, the therapists demonstrated an understanding of individual family systems as well as developing a respectful, trusting and supportive relationship between themselves and the families. The dialogue of seeing and showing, facilitated by the video camera and pictures was for the therapists key to their experiences within the cycle of becoming. Therapists experienced the dialogue afforded by the camera and video pictures as the conduit of a moment of epiphany for parents, when at a moment in time on their journey of thrownness and the rediscovery of the self (see Chapter Four) the parents began to see their child as the child and not as the image of someone else. The use of the video camera and pictures proved useful to the therapists themselves, when they demonstrated both the ability and willingness to see the communication skills of the self, which later they explored during supervision.

Supervision was acknowledged as a critical component to the enhancement of the everyday work of the therapists. While there was a desire by the therapists to differentiate between supervision for the self and supervision for the other (the parents and family), there was a suggestion of a synergy between a positive sense of self and a positive sense as the professional that could be achieved through personal supervision.

Finally, therapists' experiences of being gifted by and giving the gift of the Marte Meo method to others was a transitional process of becoming and empowering that involved both self and other (parents, families and children). However, while therapists assessed the need for Marte Meo method interventions to deliver positive outcomes for families, there was a constant pressure to find resources to do so.

CHAPTER SIX: THE COMING TOGETHER OF THE STORIES OF THE FAMILIES AND THE THERAPISTS

This chapter provides an overall analysis of the families' and therapists' experience of the Marte Meo method by bringing together the stories of both. In so doing a narrative of their journeys is created, including shifting meaning, unlearning and learning, which ultimately brought them to a new sense of self, a sense of presence with self and with other, and the development of the self as gifting and being gifted. The context of the journeys for both parents and therapists involved a process of shifting from rule bound activities of a regulatory framework to a position of foregrounding the actualities, skills and knowledge of families. Their stories illustrate the earnestness of people who sought help and support for their child and those who sought to find a way to provide a service of response to those who needed to live as parents with their child.

Both parents and therapists began their journey of the Marte Meo programme with a sense of a shift of meaning. For parents, the meaning of themselves as parents began to shift when they realised there was something wrong with their child, while therapists experienced a shift in the meaning of how they viewed the appropriateness of service provision for parents who needed support with their parenting role. Each began a separate journey that was to find a common pathway in the future. The experience of finding the self in a circumstance of shifting meaning was for both a contingency of shifting notions of power, with the parents experiencing a sense of being disempowered, while therapists experienced a sense of empowerment.

The complexity of the parents' and therapists' journey involved unlearning previously expected and prescribed roles, recognising personal skills and know-how and learning about new ways of being a parent and a therapist. For both, the experience involved displacement – for the therapists a sense of newness, where previously practiced skills of engagement with families were no longer seen to be fit for purpose, and for parents a sense of loss, where their style of parenting was not working and the way forward was one of uncertainty and vulnerability – and discovery – a moment of privileged possibility of what could be achieved through engagement with the Marte Meo Programme. Circumstances of learning experienced within the notion of displacement and discovery suggest that the context of power relations, existing within regulatory frames of service provision, need to be considered when offering services to families. Circumstances of engagement to

support families need to begin with an assessment of their willingness and readiness to engage, and to build on the actualities of their experiences.

In their shift from displacement to discovery parents and therapists experiences a renewed sense of self that can best be articulated within the notion of presence. Presence is about empowerment. Presence, as experienced by parents and therapists, through their engagement in the Marte Meo method, allowed for the gifting of the knowledge of parents and therapists. Through the dynamic of presence parents' talent, ability and skills were foregrounded through the skills of the therapists and their art in showing that other (parents) have a gifted performance as a parent no matter how fragile that performance might be. The guide provided by our exploration of finding presence suggests that in their provision of the Marte Meo Programme, family support services have a model of best practice of how to provide empowering supportive family interventions.

Finally this chapter provides recommendations for practice, research, education and training.

Recommendations for practice

- Prior to offering any therapeutic intervention we recommend the use of multi-disciplinary case conferences/collaborative meetings, including involvement of the family, to assess family needs and resources and to determine the appropriate therapeutic response.
- All therapeutic interventions for families need to begin with an assessment of the latter's willingness and readiness to engage, and to build on the actualities of their experiences.
- Therapists and services providing the Marte Meo method need to be appropriately resourced to enable them to provide and grow the service.
- We recommend the development of guidelines on the maximum numbers of families Marte Meo therapists could be expected to engage/work with, based on whether therapists are full-time Marte Meo therapists and their level of experience.
- We recommend the holding of information seminars for professional workers involved in the care of families toward developing their understanding of the Marte Meo method and how it could be used with families/parents who need support.

- Information about the Marte Meo method needs to be made available on the Health Services Executive website/Children and Family Services and on the websites of all voluntary services who include within their repertoire of service the Marte Meo method.

Recommendations for research

- We recommend further research regarding the families who do not engage successfully with the Marte Meo method to ascertain why the method did not work or was inappropriate for them, and whether the offer of an adjunctive family therapy could enhance the success of the Marte Meo method.
- We recommend that a research study that listens to and hears the voice of the children who experienced the Marte Meo method be carried out, as the voice of children was not part of this study.
- We recommend that research be carried out to determine the optimum time for introducing the Marte Meo method to families and whether the timing of the intervention influences the outcome of the therapeutic intervention.
- We recommend that a research study of the needs of families who have completed the Marte Meo therapeutic intervention and whose children are now adolescents is undertaken. This is necessary to determine if families require follow up Marte Meo method support and skills during the adolescent stage of the family life-cycle.

Recommendations for education and training

- The communication skills of professional workers involved in general practice, family and child health and education services should be developed specifically to enhance skills in hearing the voice(s) of the patient/client in a shared dialogue.
- We recommend the introduction of the Marte Meo method as a communication tool to professionals at all levels who work with families (social workers, family support workers, public health nurses, per-school teachers and special needs assistants).
- We recommend the introduction of in-service training on ‘power and power dynamics within ruling apparatus’ for managers of statutory and voluntary services who provide support to parents, families and children.

CHAPTER ONE: BACKGROUND AND INTRODUCTION

This research report provides an account of the understanding parents and therapists constructed of their experiences of participating in the Marte Meo³ Programme.

Background

Early attachment is a critical component of a healthy start in life for children and families. Attachment contributes to an environment of trust and safety that promotes the achievement of personal, social and professional relationships, and physical and psychological health (Rees 2005). Attuned parental responses to the child's behaviour and emotions impart meanings of trust and empathy; the child learns that her/his emotions and behaviour influences those of others, through the subtleties of both non-verbal and verbal communication (Rees 2005). The context in which parents are expected to play out their role underpins their interaction with the child and this includes, *inter alia*, people and situations outside of the family (Neander and Skott, 2006).

The Marte Meo Method (Aarts 2008, 2000) looks at moments of interaction in daily situations between parent and child, professional and parent. The central focus of the method is to identify, activate and enhance constructive interaction and development for the child, family and professional. The method involves an interactive solution focused programme, which provides information to support developmental processes of the child, the family and the professional. Within the Health Service Executive (HSE Eastern Region) the Marte Meo Training Centre has, since 1995, provided training and clinical supervision in the Marte Meo Method to health professionals. Engagement with the Marte Meo training programme can be at two levels: as a Marte Meo therapist, or through the use of Marte Meo communication skills within established roles (such as public health nursing, child care work and the care of older people).

In Ireland, the Health Service Executive (HSE) provides a range of services that offer advice and support to children and their families. Services include public

³ In Ireland the first MM therapists were trained in 1990 and since then the HSE has provided training in the MM across a wide range of healthcare/education professionals (O Donovan 2004). Training as a MM therapist can occur at three levels communications skills training, therapist training and supervisor training.

health nurses, social workers, youth workers, family support workers, family centres, support groups, and counselling services. Through these services parents and families are enabled to work through everyday and difficult issues toward ensuring children have a stable environment in which to live and develop. Specifically, through the Marte Meo method, the HSE provides a therapeutic programme for parents toward enabling them to build on their own strength as parents.

Research goals

The goals of this research study were to:

1. Review the national and international literature on underlying theories related to family intervention therapies, and the efficacy of using the Marte Meo method as an intervention programme to support social, emotional and communication development of children;
2. Explore the experience of parents who participated in the Marte Meo method toward enhancing their parenting skills;
3. Investigate the meaning(s) that parents construct of that experience;
4. Explore the experience of participants who completed the therapist training programme and who have worked as Marte Meo therapists for not less than one year;
5. Investigate the meaning(s) that therapists construct of that experience.

Overview of the report

Chapter Two provides a comprehensive literature review drawn from national and international literature. It gives an overview of knowledge and underlying theories related to family intervention therapies and more specifically the efficacy of using the Marte Meo method as an intervention programme to support social, emotional and communication development of children and parents in daily interaction moments. Themes included in the literature review are: the developing child; attachment and insecure attachment; family intervention programs; the Marte Meo Method and the role of the family therapist.

Chapter Three describes the methodology of the study. Principally, it situates the study as a qualitative endeavour which sought to give voice to parents and therapists. An overview of the methods, one-on-one interviews and focus group interviews, is provided, before explaining the process for selecting participants. The

process of seeking ethical approval is described. Finally, a detailed account of the analyses process used is provided.

Chapter Four tells the parents' story. Their story begins with an account of the realisation that something was wrong, before taking the reader on the parents' journey into the public domain of authoritative knowing, where they sought a diagnosis for their child and followed many therapies prior to their engagement with the Marte Meo method. The account of the parents' story is narrated and analysed through a journey of thrownness and rediscovery of the self. The journey includes the following thematic accounts: realising something is wrong, having this instinct, and working the public domain; the first steps, getting a diagnosis and accessing services, finding and engaging with Marte Meo; a new journey begins. The journey then moves on to how the families worked with the Marte Meo method and the therapist, the dancer and the dance; parents' experiences of a special way of being, being attentive to lived experiences, and concludes with their experience of applying the learning from their participation in the programme.

Chapter Five tells the therapists' story. The therapists' story articulates their journey of becoming a Marte Meo therapist and how they were enabled, through being skilled therapists, to empower their clients, that is, families in their parenting role. They worked with families experiencing difficulties and left them with tools which would enable them to work independently into the future. Therapists gifted families and the reciprocity they received was the knowledge that these families were able to use these coping strategies now and into the future. The account of the therapists' story is narrated and analysed through a journey of gifting and being gifted and includes the following thematic accounts: a journey of transition, beginning of the journey of acquiring the gift, timing and the sharing of the gift, journey of Becoming: seeing and showing, a dynamic between therapist and family; journey of Becoming: seeing, showing and the presence of the camera; journey of Becoming: seeing and showing as a dynamic between therapist and resources.

Chapter Six provides an overall analysis of the families' and therapists' experience of the Marte Meo method by bringing together the stories of both. In so doing we create a narrative of their journeys of shifting meaning, unlearning and learning which ultimately brought them to a new sense of self, a sense of presence with self and with other, and the development of the self as gifting and being gifted. The context of the journeys for parents and therapists involved a process of shifting

from rule bound activities of a regulatory framework to a position of foregrounding the actualities, skills and knowledge of families. Their stories illustrate the earnestness of people who sought help and support for their child and those who sought to find a way to provide a service of response to those who needed to live as parents with their child. Finally this chapter provides recommendations for future research and practice.

CHAPTER TWO: A REVIEW OF THE LITERATURE

This literature review assesses existing knowledge and underlying theories related to family intervention therapies. Specifically, it examines the efficacy of using the Mate Meo method as an intervention programme to support social, emotional and communication development of children and adults in daily interaction moments.

The literature search was carried out using electronic databases including CINAL, Academic Search Premier and Wiley Science. A number of key combination terms were used in order to complete this search including: parenting, family and interventions, attachment and interventions, communication and developmental issues. Themes explored in the literature review include the developing child, attachment and insecure attachment, family intervention programs, the Marte Meo Method and the role of the family therapist.

The developing child

Development refers to patterns of change over time which begins at conception and continues throughout the life span (Keenan and Evans 2009). Development occurs in a number of different domains namely biological, social, emotional, cognitive and language. Development psychology emerged as an area of study initially through the pioneering work of Charles Darwin (1877). Baltes (1987) explored the importance of contextualism to the study of life span development and developed a three factor model of contextual influences on development. One of these factors is “normative life events” where, occurrences unique to the individual cause the individual’s development pattern to be altered (Keenan and Evans 2009). The work of Shotter (1993), a social constructivist, sees development and learning as being created through language and dialogue. For the purpose of this literature review the focus will be placed on language, social and emotional development in childhood.

In the pre-verbal infant the body forms the initial base of dialogue (Hedenbro 1997). The work of Condon and Sander (1974) found that within 20 minutes after birth newborns organise their movements in a rhythm that is synchronised with the speech in their immediate environment. The development of language in the child is a complex skill that is learned, but how it is learned is a contentious issue. There are three main perspectives on language development: firstly the learning perspective as proposed by Skinner (1950), where language is learned through the process of imitation and reinforcement; secondly, the nativist perspective, where language acquisition is natural once children have linguistic data to process⁴; thirdly, the interactionist perspective, which is a combination of both the learning and nativist perspectives and where language development is seen as a complex process of both nature and nurture.

The newborn child quickly develops the ability to discriminate speech sounds and research has shown that in the early months of life (one to eight months) babies are sensitive to the tone and stress patterns of the speech they are listening to (Fernald 1993). The first signs of receptive language normally become evident around nine to ten months (Bee and Boyd 2007). Research carried out by Fenson, Dale, Rezick et al. (1994) showed that mothers of 10 month old infants identified about 30 words that their infants understood, while mothers of 13 month old infants typically identified up to 100 words that their infants understood. The rhythm in dialogue is also essential for a child's development as according to Vygostky's model⁵, children's speech is not the personal activity of the child. Rather, to understand how and why speech changes it needs to be viewed as part of dialogue, cooperation and social interaction (Minick 1996) Thus, for good communication to take place, focus needs to be placed on dialogue and normal interactive moments (Hedenbro 1997).

In tandem with language development, a child's emotional and social development begins soon after birth and continues throughout childhood and beyond. Through the work of theorists such as Homans (1961), Blau (1964) and Emerson (1976) it is recognised that interpersonal behaviour is also guided by the principles of social exchange (Bryd 2006). Social exchange is a form of interaction where two

⁴ This is supported by Chomsky (1975) who suggests that humans have an inborn linguistic processor that is activated by verbal input (Coyne, Neill and Timmons, 2010).

⁵ Vygostky's (1962) attends that social interaction plays an important role in the learning process and proposed his zone of proximal development (ZPD) where learners construct the new language through socially mediated interaction.

people, of their own accord, provide each other with resources that both perceive as rewarding or beneficial (Byrd 2006). It will normally continue if mutually rewarding. A social exchange approach has its roots in several disciplines including anthropology, sociology, economics and social psychology. In social exchange models, behaviour is seen as a series of interactions where individuals seek to maximise their rewards, minimise their costs and if they receive rewards from others, they feel obliged to reciprocate (Byrd 2006).

In infancy and childhood the role of the caregiver is vital to the child's development and to her/his sense of trust, security and self esteem. The Marte Meo method builds on the idea that children grow and develop in the interaction of supportive adults (Axberg, Hansson and Broberg et al. 2006). The focus in the Marte Meo method is on making helpful recommendations to families regarding child development at the level of ongoing everyday interaction as part of their daily action moments. Normal development processes do not see a child learn things in a once only interaction moment, but it is necessary to repeat these interaction moments with the support of parents or caregivers (Aarts 2008). Specifically within the Marte Meo method, emphasis is placed on the positives and the parent is helped to feel competent and important to the child and the to the child's development in the here and now.

Attachment

Running alongside and essential to children's social and emotional development is the need for them to form a bond or attachment with a caregiver. The ability to form and maintain relationships is one of the most important characteristics of humankind. Systems in the human brain develop in infancy and the first few years of life that allow us to form and maintain emotional relationships that include empathy, caring and the capacity to love. These relationships are all connected to our core attachment capabilities which are formed in early childhood.

Attachment has been defined as a special type of affectional bond between individuals (Bowlby 1988; Ainsworth 1989). An affectional bond should consist of five criteria, namely, that it is persistent, involves a person who is not interchangeable with anyone else, is emotionally significant, produces a desire to maintain proximity, and results in distress from involuntary separation. Attachment theory is based upon the premise that an infant's first attachment experience, usually with the mother,

profoundly shapes the social, cognitive and emotional developments that follow (Bowlby 1969). In its purest form attachment can be described as a unilateral model in which parents play the main and active role in determining parent-child relationships (Kuczynski 2003). In his attachment theory, Holmes (2004) places the search for security above all other psychological motivators; he views the attachment bond as the starting point for survival and a precondition for all human interaction. Attachment is always a two-way process in that there is a relationship between two people (infant and adult); it is not just a set of learned behaviours (Ainsworth, Blehar, Waters et al. 1978).

There are many different views and theories regarding attachment and it has different meanings, depending on the context where it is being applied. For the purpose of this literature review, attachment is discussed in relation to child development and specifically in relation to emotional development between an infant and her/his care giver. The work of Bowlby (1969, 1988) acknowledges that parents have a profound influence on their children and that attachment in turn has a significant effect on a child's subsequent development (Edwards 2002). In his attachment theory Bowlby states that infants will first establish a strong attachment with her/his primary care giver, this person will be the infant's base of exploration and of secure protection. Ainsworth, Blehar, Waters et al. (1978) further build on this theory by splitting attachment into three types: secure, avoidant and resistant; Main and Solomon (1986) added a fourth: disorganised.⁶

The quality of the attachment relationship between children and their parents is related to the history of care received from the parent (Ainsworth, Blehar, Waters et

⁶ The work of Ainsworth, Blehar, Waters et al. (1973) noted that infants use adults both as a safe haven and a safe base. She developed a procedure called *The Strange Situation*, a laboratory exercise to study infant-parent attachment. She classified children into three groups: group B was where infants became upset when their caregivers left the room but on return they actively sought their caregivers and were easily comforted by them. Most children fitted into this group and this supports Bowlby's (1959) normative theory. Group C (ambivalent) became extremely upset on separation; however, when reunited with their caregivers they displayed difficulty accepting comfort and some conflicting behaviours that suggested that they wanted to punish their caregivers for leaving. The final group as described by Ainsworth, Blehar, Waters et al. (1978), Group A (avoidant) did not show signs of upset or distress on separation from their caregivers and upon reunion with their caregivers they were actively avoiding contact with them and were often more interested in their environment. Building on the work of Ainsworth, Main and Solomon (1986) identified another group of children; Type D the disorganised group. This describes children from a high risk background: they sought attachment with their caregivers but displayed anxiety and often were hesitant upon reunion with their caregivers. Although *The Strange Situation* exercise used by Ainsworth, Blehar, Waters et al. (1978) has its merits, it has also been criticised by Dunn (1993) who argues that, different results may be found depending on the infants' backgrounds.

al. 1978). A mother who responds with sensitivity and consistency sends a series of important messages to her infant that build trust and security (Chase-Lansdale and Wakschlag 1995). When there is a secure base and trust is developed, the young child develops a variety of skills that are essential to a healthy development, including self regulation of emotions, socialisation, a sense of mastery and competence, and an internal sense of how relationships with others work (Chase-Lansdale and Wakschlag 1995). Furthermore, the need for love and security can be met by providing a stable, continuous, loving and mutually enjoyable relationship between the mother (or principal caregiver) and the child (Kellmer-Pringle 1980). Basic needs of children within a secure relationship include love and security, praise, recognition and responsibility and finally the need for new experiences (Kellmer-Pringle 1980). Thus, secure attachment is core to family life and affords an important framework to make sense of behaviours, relationship strengths and difficulties that children may incur in the complexity of their family life. According to Fahlberg (1994) an understanding of attachment is critical in circumstances where families and children need support toward achieving trusting, positive, capable and secure relationships.

A broader notion of attachment is that of parent-child connectedness (PCC), which according to Kuczynski (2003) is a bi-directional process, where the interaction between parents and children builds as part of an ongoing and dynamic relationship. In essence PCC is determined by the quality of the emotional bond between the parent and the child and by the extent to which this bond is mutual and sustained over time (Lezin, Rolleri, Bean et al. 2004). When PCC is present, sound family cohesion is compatible with mutual attachment; however, if communication, understanding and respect are diminished or absent in a parent-child relationship, mutual detachment can ensue.

Theories of attachment are critically debated within the literature, with research supporting the notion that a secure attachment is strongly linked to the care provided by main caregivers, whom ever they may be. Furthermore, although experiences in early life do impact into adulthood, adjustments and attachment style can change as children develop into adults (van Ijzendoorn, Juffer & Duyvesteyn 1995).

Insecure attachment

The positive, reciprocal nature of a relationship between infants and their parents/caregivers brings pleasure and contentment to both and is where attachment develops. However, if the relationship behaviour is unpredictable or unresponsive, nurturing and sensory enriched care-giving is not realised and normal bonding and attachments will not develop (Perry 2009). Children's experience of relationships with their caregivers can exert a strong influence on their concept of 'self' and 'self value' (Coyne, Neill and Timmons 2010). The absence of a felt security is considered a risk factor for psychopathology in adulthood and, in some cases, can lead to intergenerational and maladaptive parenting (Howe 2005). Healthy attachment to the mother or caregiver by repetitive bonding experiences during infancy provide the basis for a healthy relationships into the future, while problems with bonding and attachment can lead to a weak biological and emotional foundation for future relationships (Perry 2009). In childhood the experience of insecure attachment is often associated with problems in relation to functioning in the socio-emotional domain (van Ijzendoorn, Juffer and Duyvesteyn (1995), especially when these children reach the pre-school years (Bretheron and Waters 1985).

Insecure attachments are normally categorised as avoidant, ambivalent, or in some situations as disorganised attachment. The variable most consistent with predicting mother-child attachment is maternal sensitivity which includes alertness to infant signals, appropriate interpretation of responses, flexibility of attention and behaviour, appropriate level of control and negotiation of conflicting goals (Ainsworth, Blehar, Waters et al. 1978). However, findings from a quantitative meta-analysis of 16 studies⁷ (van Ijzendoorn, Juffer and Duyvesteyn (1995) on the effectiveness of preventative or therapeutic interventions, aimed at enhancing parental sensitivity and children's attachment security, concluded that interventions may be effective in enhancing maternal sensitivity to infant's attachment cue and in strengthening the quality of the maternal-mother attachment relationship. However, the size of the effect was small, and short term interventions, with a clear focus, appeared to be more effective than long term broad interventions. Finally, enhancement of maternal sensitivity and infant attachment security did not necessarily imply a change in maternal attachment representation (van Ijzendoorn, Juffer and

⁷ All studies had a common goal, to enhance the quality of the child-mother attachment relationship, but their intervention strategies, designs and effectiveness were notably divergent.

Duyvesteyn 1995). Weiss and Edwards (1992) noted that in intervention programmes the role of parents, as partners, collaborators, audience, supporters and/or advisors, needs to be clarified. Since families involved in such programmes can be “multi-stressed families” (Madsen 2007), van Lawick and Bom (2008) noted that because of the inter-connectivity of the stress factors within their lives, in many instances families can develop an attitude of distrust in the outside world. The literature on family intervention programmes will be further explored in the next section.

Parenting and family perspectives

Parenting and being a parent is a skill that, often due to its familiarity, is taken for granted as part of everyday life; however, parenting often proves to be elusive when it comes to describing, defining and objectively analysing it as a concept (James and James 2008). Parenting clearly has a biological dimension but importantly its social dimension needs to be considered. There are numerous components to parenting and the required parenting role changes as children develop and grow over time. It is important to remember, however, that it is through the interaction of parents and children that the content of childhood is shaped (James and Prout 1997). The term childhood is often described within a social construction framework, which allows for a perspective that is both interpretative and contextual to the early years of human life (James and Prout 1997). It is also predominately through development psychology that a framework to understand the nature and naturalness of childhood has emerged.

The term family derives from the Latin word *familia*, meaning household. The concept of family has its roots in many different origins. It is, however, considered to be the basic social unit of all cultures and therefore represents the most important institution for nurturing, caring for and the socialisation of children. A healthy family system is composed of well differentiated parents who provide the resources for their children to distinguish themselves. There are a number of theories which have conceptualised adults and families from both a life cycle perspective (Erickson 1950) and a developmental task theory (Havighurst 1972). Importantly these theories identify the developmental cycle that adults go through, including those related to family life at the various stages including having children, and adjusting to and encouraging their developmental needs. However, these theories are usually based on the idea of the traditional two parent family and also are not generally considered

sufficient to explain how families interact on a daily basis. Therefore, when seeking to develop a deep understanding of families, including their complexity and diversity, we need also to consider family systems theories (FST).

Family system theories have their origins in the work of Von Bertalanffy (1968). They provide us with a lens through which a greater understanding of the organisational complexity of families, as well as their individual interactive patterns, can be explored. The fundamental assumption underpinning family systems theories is one of holism. Concepts explored within FST include family sub-systems and supra-systems, boundaries, changing inputs and outputs and the feedback loop within families. FST provide us with an increased understanding and knowledge about what factors effect families and therefore a child's quality of life. By applying a family systems approach to early interventions a family-centred philosophy is promoted, where the focus for the intervention becomes the family system rather than the child alone. Thus, interventions can be designed to enhance the quality of life and to develop a personal sense of competence of each family member, taking into consideration all internal and external influential factors.

Parenting programmes are normally focused on short-term interventions aimed at helping parents improve their relationship with their child, including behavioural and emotional adjustment and preventing or treating problems (Barlow and Parsons 2009). Parenting programmes are now available in a variety of settings and within both individual and group based sessions. A number of different parenting and family intervention programmes will be explored as part of this literature review and also their role in the context of different family situations explored.

Family intervention programmes

Extensive evidence exists in the literature regarding the use of prompt family interventions to support attachment and early development in children. However, much debate continues as to both the timing and the nature of the interventions that have the greatest positive impact on families. Early intervention programmes aim to help and support families in everyday life and to strengthen, enrich and broaden the positive experiences between children and those who care for them. Interventions aimed at the prevention or correction of insecure infant-parent attachment can be focused on enhancing parental sensitivity or establishing a secure parental representation of attachment (Bakermans-Kranenburg, van Ijzendoorn & Juffer 1998).

Family focused interventions appear to be more effective than those that are aimed either at the child or parent alone. More recently there has been a move away from therapeutic interventions that focus on the child alone toward interventions aimed at improving parenting skills, and to the recognition of the importance of changing the total family system.

Interventions aimed at improving the child-parent relationship and therefore affecting the course of the child's development can also be categorised into two groups: preventative⁸ and therapeutic⁹ (Broberg 2000). Preventative interventions should take place as early as possible, and before the child has developed an insecure attachment (before six months); while therapeutic interventions take place when an attachment is insecure and the child displays symptoms of emotional or behavioural disturbance (Broberg 2000). The importance of early intervention in order that a positive outcome is achieved is supported across the literature (Kazdin 1985; Patterson, Dishion and Chamberlain 1993).

In the work of Bakermans-Kranenburg, van Ijzendoorn and Juffer (2003) a meta-analysis was compiled to ascertain if early preventative intervention was effective in enhancing parental sensitivity and infant attachment security. In 88 studies interventions were aimed at enhancing positive parental behaviour in order to support the child's emotional and social development and attachment. Only studies where observation measures were used were included. A coding system was used to identify the characteristics of the individual intervention studies. The result was a meta-analytic evaluation to show the effectiveness of various types of interventions for enhancing maternal sensitivity and, to a lesser extent, infant attachment security. Factors such as more numerous sessions with families, interventions before six months of age or the presence or absence of multiple problems in the family did not appear to influence the effectiveness of the intervention. In conclusion, Bakermans-Kranenburg, van Ijzendoorn and Juffer (2003) found that interventions with a clear focus and a moderate number of sessions are more effective. Further qualitative research carried out by Bakermans-Kranenburg, van Ijzendoorn and Juffer (1998) involved two short-term home-based interventions. First time mothers of babies age four months were selected, based on their years of formal education. They were

⁸ Preventative interventions should take place before the child has developed an insecure attachment and as early as possible (before 6months)

⁹ Therapeutic interventions take place when an insecure attachment is present and the child displays symptoms of emotional or behavioural disturbance

invited to participate by telephone and, following an interview, the mothers were placed into groups¹⁰ prior to receiving an intervention. Findings of this research replicate and extend those of other studies in that following the intervention, irrespective of the type, maternal sensitive responses were significantly enhanced.

A review of the effects of attachment based interventions on maternal sensitivity and infant security by van Ijzendoorn, Juffer & Duyvesteyn (1995), using a meta-analysis, classified these interventions as either preventative or therapeutic. A total of 16 intervention studies were reviewed including three which were video based. All the interventions had a common goal: to enhance the quality of infant-mother attachment relationship; however, the intervention strategies, designs and overall effectiveness were quite divergent. The narrative review and meta-analysis concluded that interventions are effective in enhancing the quality of maternal sensitivity to infant's attachment cues; however, the size of the effect is small. Short term interventions with a clear focus are more effective; however, a change in maternal sensitivity and infant attachment security does not imply a change in maternal attachment representation.

A quantitative research study in the United States of America by Ellingson, Briggs-Gown, Carter et al. (2008) deployed a cross-sectional survey design and included an infant-toddler social emotional assessment, measurement of parental worry related to their children's problematic behaviour and demographic factors. This study sought an improved understanding of the predictors of parental engagement with child health care providers regarding early child problematic behaviour and suggested strategies to identify these families. The sample for the study consisted of all parents with children aged 11 to 39 months and who exceeded the 90th percentile on one or more infant toddler social emotional problem domain score. The findings suggest that parental worry was the primary trigger for initial contact with child health providers, and that a systematic response should be in place, once parents have raised their initial concerns regarding their child's behaviour, in order that early identification and intervention programmes can be put in place. Leffert, Benson, Scales et al. (1998) and Webster-Stratton and Taylor (2001) suggest that interventions should be aimed at many different domains of children's lives in order to promote

¹⁰ Groups included the following: a control group, a group who were given written information about sensitive parenting and a personal video feedback and finally, a group who received the written information and video feedback and who participated in additional discussions about early attachment experiences.

health. Furthermore, the earlier these interventions are carried out the greater the possibility of a positive result (Kazdin 1987; Patterson, Dishion, and Chamberlain et al. 1993, Webster-Stratton and Taylor 2001).

The Mobiel Lorentz project described by van Lanwick and Bom (2008) is a method of family intervention in the Netherlands used to engage with multi-stressed families (Madsen 2007). The method includes home visits from therapists/professionals, collaborative practice and respect for the families (van Lanwick and Bom 2008). Another method of family intervention, known as COPE (Creating Opportunities for Parent Empowerment), is described by Melnyk, Alpert-Gillis, Feinstein et al. (2004). They undertook a randomised trial to evaluate a COPE intervention, initiated at an early stage in the hospitalisation of critically ill children and their mothers, in relation to the mothers' mental health and psychological outcomes. A sample size of 163 mothers with children aged two to seven years who were admitted unexpectedly to a paediatric intensive care unit (PICU) participated in this study. Mothers in the experimental group received three education-behavioural interventions, the first within six to 16 hours of admission to a PICU; the second two to 16 hours after transfer to a general paediatric unit and the third two to three days after discharge. The results of this study reported less stress, less negative mood state, less depression and better participation by mothers in their child's care during the hospitalisation compared to the control group (Melnyk, Alpert-Gillis, Feinstein et al. 2004). Asscher, Hermanns, and Dekovic (2008) describe a family intervention programme called Home Start, aimed at supporting parents with young children. An examination of its effectiveness, using self-reported and observation data from 54 mothers with children aged one and a half to three and a half years who participated in the intervention over a period of six months suggested a significant improvement in perceived parenting competence. However, mixed results were found for parenting behaviour, while parental consistency and sensitivity improved and child behavioural problems seemed to diminish (Asscher, Hermanns, and Dekovic 2008).

The Marte Meo method

The Marte Meo family intervention method was first introduced in the early 1980s as a method to 'strengthen and empower all parents' potential to support their child's development' (Aarts 2000). The word Marte Meo literally means 'on your own strong points.' The Marte Meo method was developed as a practical model for

developing new parenting and child raising skills in daily interaction moments. It was specifically designed for both parents and professional caregivers to support their care giving roles. These professional include those who advise parents about their children's development such as public health nurses, children's nurses, psychologists, social workers, family therapists and child care workers. There are many different family situations where the Marte Meo method can be used effectively to support, strengthen, enrich and broaden the interplay between the child and the parent/carer in everyday family life. An overview of the intervention will be presented here

The Marte Meo method was developed by Maria Arts (2008) from her work in a centre for disturbed children. She intuitively used developmentally supportive dialogues in order to communicate with the children; she then set about transferring this knowledge to the parents of the children. She studied in detail what "normal" parents do, especially when communicating with very young children during the rapid development of their early years. The Marte Meo method focuses on working with 'natural supportive dialogue' in understanding how children's ongoing development is supported. From the perspective of communication, the focus is on the dialogue or interactive moments in real time. The Marte Meo method also seeks to help children and adults to build and restore a supportive dialogue when their communication has been marked by perturbation and disturbances (Axberg, Hansson, Broberg et al. 2006). The model of natural supportive dialogue between adults and children consists of three phases. The first – connecting – is where the adult or parent work towards a common, inter-subjective focus with the child and a dialogical link is formed. The second phase – turn taking – involves guiding the child and adult to alternate in responding to each other, through body language and verbal exchanges. In this rhythmical interaction between the child and adult, the adult will often take the guiding role to help the child to explore the common focus (expansion). The last stage – reciprocal endings – describes the process of the child and adult ending the interaction, with both being sensitive to each other's signals of withdrawal and agreeing a new common or individual focus. The seven principal elements of the structure of these interactions are:

1. The adult seeks to locate the child's focus attention
2. The adult confirms the child's focus of attention
3. The adult actively awaits the child's reaction
4. The adult names the ongoing and forthcoming actions, events, experiences

5. The adult confirms desired behaviour approvingly
6. The adult triangulates the child in relation to the world by introducing persons, objections and phenomena to the child
7. The adult takes responsibility for a reciprocal ending.

(Axberg, Hansson, Broberg et al. 2006)

The theoretical basis underpinning the Marte Meo method has its foundations in the tradition of family therapies which view the family as a system that changes as it grows and develops, and where problems within this system can lead to problems for the individual (Hedenbro 1997). The method adopts a social exchange framework, meaning that nurturing and caring exchanges between the child and parent are beneficial both to the parent/carer and to the child. A study by Byrd (2006), where the aim was to develop a nursing-focused use of social exchange theory within the context of maternal-child home visiting, used field notes and grounded theory techniques to collect and analyse data from a total of 53 home visits. Findings from the study support the use of social exchange theory to categorise resources, uncover new resources required and, most importantly, to develop an understanding of suitable strategies to initiate and maintain the introduction of a client-nurse relationship.

Maria Aarts discovered that real changes could occur simply by showing parents their own interactive behaviours with their child. This is done by video-pictures that record normal daily interaction moments. Video analysis of these interactions is a key tool as it allows for information gathering in naturalistic settings, and involves giving parents a picture of their reality including their strengths, offering step-by-step guidance on specific behaviours, checking if a new behaviour is working and providing opportunities to see positive outcomes. From this parents can begin and then continue to deepen their interaction with their child, strengthen bonds and promote development enhancing communication (Hedenbro 1997). Sequences of the video film are analysed in detail and reviewed with the parents present. The occasion of the review can be an emotional and powerful event that can stimulate many varied feelings for the parents. Through their engagement with the video pictures they can begin to enhance their understanding of how they react to their child's behaviour. The application of video based interventions to improve parent-child interactions is well documented in the literature (Kalinauskiene, Cekuoliene, van Ijzendoorn et al., 2009; Vik and Hafting, 2007; Velderman, Bakermans-Kranenburg, Juffer et al. 2006; Sharry, Guerin, Griffin et al., 2005; Marvin, Cooper, Hoffman et al., 2002). A

randomised control trial by Kalinauskiene, Cekuoliene, van Ijzendoorn et al. (2009), to examine the effects of a short term interaction and attachment based video feedback intervention for parents, identified a significant increase in mothers' sensitivity responses to their children. Two more studies (Sharry, Guerin, Griffin et al. 2005; Marvin, Cooper, Hoffman et al. 2002) also used video based interventions to improve child-parent interactions; they not only reported an increase in parental sensitivity but also a shift from an insecure to a secure base in the children of these parents.

Many instances are found in the literature where some elements of the theoretical underpinnings of the Marte Meo method have been adapted to form part of a parent-child based intervention. A study by Weimers, Svensson, Dumas et al. (2006) sought to explore mothers' experiences of hands-on support during breast feeding in a neonatal intensive care unit in Sweden. The theoretical framework for this qualitative study was based on three intermeshed theories: Gustafsson's SAUC model¹¹, Orem's self care¹² model and the Marte Meo method. The Marte Meo method was applied in order to support positive actions from parents, while application of the method for nurses was suggested as a code of conduct for engagement with the parents starting with increasing parents' knowledge, towards enabling them to feel competent, and allowing dialogue. An Irish research study by Sharry, Guerin, Griffin et al. (2005) adapted the Marte Meo method to develop a Parents Plus Early Years Programme (PPEY), using a video based early intervention for parents of pre-school children with behavioural and developmental difficulties. This programme used both individual child-parent video feedback sessions and group parenting sessions using video based teaching over a 12 week period. The programme was evaluated using a mixed methods approach, with both questionnaires and semi-structured interviews. Findings were positive regarding improvement in the children's behaviours, decrease in levels of parental stress, increased parenting skills and parents experience of attending the programme. Vik and Hafting (2007) provided video interaction guidance to mothers who were exhibiting symptoms of postnatal depression, including the viewing, by mothers, of video films of themselves and their newborn infants during a mutually and affectively attuned interaction.. They utilised a

¹¹ Gustafsson's (2003) SAUC model describes the interrelations that should take place between a client and a professional. This interaction will influence the self knowledge and self-esteem of both.

¹² Orem's (1980) self care model describes the nurses role as one of empowering parents to act as self-care agents for their child.

phenomenological approach to explore the mothers' experiences of and reflections on the programme immediately following, and then six months after the Marte Meo intervention. The mothers' viewing of their interaction with their babies facilitated self-reflection, achieved for them a renewed sense of vitality and increased their capacity for mentalisation¹³. Participation in the programme enhanced sensitive mother-child interaction and decreased maternal depressive symptoms.

In Ireland, the Marte Meo method, at a communication skills level, has been incorporated into a community-based mental health project for young people aged eight to 13 years for the purpose of supporting their emotional development and enhancing their self-esteem. Principles of the method were incorporated into the daily routine of the project, where warm and appropriate tones were used in providing affirmation to the participants for tasks carried out (McKeown and Fitzgerald 2007). The application of the Marte Meo method was also used to support foster care and specifically attachment for the child in foster care in the Irish setting (O'Donovan 2005). Through the use of video pictures it was possible to highlight changes required in every day interaction between the foster parents and the child; foster parents become aware of the child's developmental needs and how best to respond to and support the child (O'Donovan 2005). The Marte Meo method can be used with children who have serious social and communicative disorders e.g. autism, where the focus is on finding a way to have a dialogue and turn-taking through whatever channel of communication is possible. The method has also been used with pre-school children, those in foster care, multi-stressed families and older people with dementia.

The role of the family therapist

Parents' relationship with their family therapist is key to the success and effectiveness of any intervention. Successful therapists are genuine and empathetic; they seek to understand what life, as well as the experience of the therapy, is like for parents (Taylor and Biglan 1998). Prior to therapy most parents feel they are 'under siege' (Webster-Stratton and Sptizer 1996). Their child's problems which may include hyperactivity, distractibility, developmental problems and unpredictability, drain the parents and can have ripple effects on family life, possibly inducing marital discord and depression (Taylor and Biglan 1998). Therapists who deliver community

¹³ Mentalisation is an affect-regulating capacity. It can help to create either new affects or an appreciation of new meanings in affects, in other words, a capacity to promote positive affects toward coping with or acceptance of negative affects (Vik and Hafting 2007).

based health or mental services to children and adults are expected to be proficient in client or family centred service delivery, which involves complex service coordination and advocacy (King 2009). The concept of novice and expert therapists must be considered, as their response and ability to pick up on cues about the more crucial aspects of a situation can vary (Benner 2001). King (2006) presents a framework of strategies by which to foster the expertise of therapists who work in community-based clinical service organisations. She outlines three types of strategies: personal expertise to develop skills and knowledge, the provision of supports and resources, and work place opportunities (King 2006). Resistance to the therapy is a common theme that therapists encounter; yet it is this very resistance which in many cases makes the intervention more lasting as parents move from resistance to decreased resistance during therapy. Families move from hope to despair – one week finding the ‘magic moon dust’ that solves all their child’s problems, yet another week experiencing setbacks and feeling nothing works (Webster-Stratton and Spitzer, 1996). Unfortunately, therapists often respond to resistance by becoming less effective in helping families (Patterson and Chamberlain 1994).

Summary and conclusion

This literature review has put into context the key concepts underpinning this research study namely, attachment theories, family based interventions, the current research exploring the Marte Meo method as a family based intervention and its applications across a wide variety of settings. In addition, a brief review of the literature on the role of the family therapist is presented.

CHAPTER THREE: METHODOLOGY

This chapter describes the methodology of the study. Principally, it situates the study as a qualitative endeavour which gives voice to parents and therapists. An overview of the methods, one-on-one interviews and focus group interviews are provided, before explaining the procedure for selecting participants. The manner of seeking ethical approval is described. Finally, a detailed account of the analyses process used is provided.

The aim of the research was to examine parents and therapists experiences of the Marte Meo method. The main objectives of this study were to:

1. Review the national and international literature on underlying theories related to family intervention therapies and the efficacy of using the Mate Meo method as an intervention programme to support social, emotional and communication development of children;
2. Explore the experience of parents who participated in the Marte Meo method toward enhancing their parenting skills;
3. Investigate the meaning(s) that parents construct from that experience;
4. Explore the experience of participants who completed the therapist training programme and who have worked as Marte Meo therapists for not less than one year;
5. Investigate the meaning(s) that therapists construct from that experience.

These objects are particularly important as one of the intended consequences of the Marte Meo method is to enable parents to enhance their parenting skills. The Marte Meo therapists develop the skills to facilitate parents through the training programmes they undertake. The methodology chosen for this study is from the qualitative framework which enabled us to obtain an understanding of the experiences of parents and therapists of the Marte Meo method. Their stories allowed us to uncover the experiences of parents and how participation in the Marte Meo method enabled them to communicate and get in touch with their children. Underpinning our engagement with the parents was a principled belief that what a parent says is happening in her/his world is happening as s/he experiences and lives it:

It is in the co-disclosure of the shared world that issues of voice, reflexivity, identity, and understanding reveal themselves (Kavanagh 2006, p.252).

It is through the voices of parents and therapists that we can begin to understand their experiences of the Marte Meo method.

Gathering the data

This research required two samples: parents who received Marte Meo intervention and therapists who practice the therapy. Families were chosen from the data base of the Marte Meo Programme for the years 2005, 2006, 2007 and 2008. Families were given identification numbers by the Marte Meo Programme team, thus ensuring their anonymity. Lee (1993) informs us that when one undertakes sensitive research, it has implications at every point in the research process. He further argues that threats to the person can come in the form of intrusion into an individual’s life and social space; it can take other forms, from the perception of, to actual reality of, physical threat (Lee 1993). These are considerations that parents take into account when deciding whether to participate in a study. In this study families were identified by using a random sample table. The therapists were informed and asked to contact the families selected and to deliver to them a plain language statement and consent form which could be returned in a stamped envelope addressed to the research team. In this way parents had a choice in relation to participating in this study. Of all the families contacted only two were unable to participate. Each step of the sampling and data gathering required the researchers to take steps to protect the participants, and to disguise the identities of the parents. Thus, each parent was given a pseudonym. Table one gives details of the year of Marte Meo intervention, the pseudonyms of the parents and whether the parents engaged in individual or couple interviews.

Table 1: Name and number of parents interviewed by type and year

Year	Individual interview	Couple interviews
2005	Darren Niamh	
2006	Jane	Lucy and David
2007	Doris	
2008	Amy	Dympna and Joseph Judy and Sean
Total	5	3 couples [6 people]

Data gathering took place between September 2009 and March 2010. A mobile phone was purchased for the sole purpose of the study, as a mode of contact to which no one else had access. One-to-one interviews were conducted and the interview schedule consisted on one question which invited participants to reflect on her/his experience of the Marte Meo intervention:

- Can you please describe your experience of Marte Meo?

Dinkins (2005) points out that the interviewer is the instrument through which data is collected. During the initial contact with the potential participants, the interviewers took time to speak about the study with them and what they would like the participants to talk about. In this way the parents could think and reflect on their experiences in their own time and space prior to the interview. It also acted as a buffer zone for potential participants to remove themselves from the study if they so wished. During the course of the interview, further questions arose from the information the interviewee imparted. When the interviewees consisted of a couple, of which there was three, each participant reminded and clarified for the other what was being said. In some cases the interviewer asked very little as the parent began to tell their story, speaking freely. Through interviews, the voices of parents were heard, offering us an insight into their 'ideas, thoughts, and memories in their own words rather than in the words of the researcher' (Reinharz 1992, p.19). Interviews ranged in duration from sixty to one hundred and twenty minutes. Interviews took place in families chosen location with only one taking place outside the family home. All interviews were audio-taped.

Three focus groups were conducted with Marte Meo therapists. They were divided into three groups:

1. Therapists with one years experience (n=5);
2. Therapists with three to five years experience (n=6);
3. Therapists with greater than five years experience (n=6).

Purposive sampling was employed, to allow for the deliberate selection of a heterogeneous sample and the observation of experiences across participants and the documentation of uniqueness. Similar to the parents, the therapists were asked one question:

- Can you please describe your experience of using the Marte Meo method?

A consent form was signed by each participant (see Appendix A), and a plain language statement of the study (see Appendix B), was given to each parent and therapist. Each participant retained a signed consent form, which clearly stated that they could remove themselves from the study at any stage.

Ethical considerations

Ethical approval was obtained from Dublin City University Ethics Committee, and from services providing the Marte Meo Programme to families. The private and personal social world of parents who participated in this study will be presented to the HSE in the form of a report, to the Marte Meo project and to academic audiences through presentations and publications in journals, so bringing into public gaze lives that have been hitherto unnoticed. The bringing into the public domain the private and professional voices of participants dictates that the researcher must protect participants from identifiers. Consequently, there are ethical considerations to be taken into account at every juncture of the research process and Sorrell and Dinkins (2006, p.310) inform us that:

Ethics is concerned with the suffering humans cause one another and the related capacity of humans to recognize and address this suffering through empathetic virtues of sympathy, compassion, and caring.

These ethical considerations have been taken into account during the data gathering process, the interpretation of the data and the presentation of the findings.

Data analysis

The data were collected on an iPod, downloaded onto CDs and transcribed. The team spent time with the data in its spoken form, listening to the parents and therapists describe their experiences. As a team we listened to the voices individually before coming together as a team. When we came across issues in the voices that triggered a thought, or a way of thinking, we would consult with each other to develop our interpretation further. Both processes went hand-in-hand. Describing how the interpretation of the data came into being is not an easy exercise as Smyth, Ironside, Sims et al. (2008) suggest that 'working with the data is an experience of thinking.' It is a difficult task to unravel how the thinking happened. This study required the discipline of writing, reading, re-writing and re-reading until a text materialised. The initial writing was the first superficial interpretation (Smyth, Ironside, Sims et al. 2008); but through the process of re-reading, other interpretations

emerged. However, this was not a linear process but one of going backwards and forwards until a text surfaced.

Emergent themes were not necessarily similar for all participants; rather they represented ‘an understanding that we have something that matters significantly, something that we wish to turn the reader towards’ (Smythe, Ironside, Sims et al. 2008, p.1392). Our emergent themes were viewed as something important that necessitated further thinking and, in a sense, provided the occasion and focus for the researchers to do so. Themes can be thought of in another way, they give ‘control and order to our research and writing’ (Van Manen, 1990 p.79). Smythe, Ironside, Sims et al. (2008, p. 1392) state:

The theme itself is not the ‘finding’ stripped out of the data, but a way to show what we ‘see’ or ‘hear’ in a text (from a participant) signalling for the reader of the region in which further discussion and thinking will occur.

The collaborative nature of the data analysis followed through to the final report of this study, which has been co-authored by the three members of the research team.

During the timeframe of the analysis, the opportunity to present emerging findings to the Marte Meo therapist community¹⁴ was utilised, when a colloquium, which included the attendance of Maria Aarts and two international speakers, was held in September 2010. The discussion generated by the emergent findings, and the degree to which participants to the colloquium spoke of shared resonances with them reassured the research team of the authenticity of their findings.

Summary and conclusion

This chapter provides an overview of the methodology and methods employed by this research study. It situates the collaborative and ethical nature of the research and the importance of the voice of parents and therapists in the articulation of their stories of working with the Marte Meo method.

¹⁴ Due to the need to maintain anonymity of the family participants it was deemed inappropriate to invite families to the colloquium.

CHAPTER FOUR: THE PARENTS' STORY

Stories hold a saving power of their own;
The power to invite us to listen to voices
That might otherwise have been unheard whispers
In the margins of modern healthcare.
(Dinkins and Sorrell, 2006)

Thrownness and the rediscovery of the self

The over-arching theme that emerged from the interviews with families is 'thrownness and the rediscovery of the self,' in the sense that parents found themselves pitched from one image of a child¹⁵ to another, from one service to the other, and from a sense of self as a good or a bad parent. Parents experienced thrownness in feeling undermined in their own ability to care for their child.

Parents described their growing awareness that their child was not developing or behaving in a 'normal', socially expected and acceptable way. This realisation prompted them to go beyond themselves, into the more public domain of the medical, health, education and social care systems, to seek answers and to pick up 'therapies' including engagement with the Marte Meo method. In so doing, they experienced a sense of loss as to who they were as parents, before coming home to their own sense of self and what it means to be a parent. The notion of coming home to their own sense of self is not a finite destination, but rather one where parents have a renewed self worth as they journey forth as a parent to their child and the challenges that lie ahead. For a few parents, however, their sense of self as a parent continued to challenge as they questioned their own sense of worth as a parent to their child.

Elements of thrownness include: 'realising something is wrong – having this instinct'; 'learning and working the public domain – the first steps'; 'getting a diagnosis and accessing services'; 'finding Marte Meo – the journey.'

¹⁵ Reference to the term 'a child' implies a social category, where being a child is to experience and enjoy childhood (including freedom and spontaneity) and to pass appropriate developmental milestones (Ribbens McCarthy 2000)

Realising something is wrong: ‘having this instinct’

The journey began for most parents with ‘having this instinct,’ (Niamh) ‘there is something not right,’ (Judy) or, ‘she is an odd child’ (Lucy) and for Darren and his wife:

[A] realisation that there was some type of developmental issues there primarily around the fact that he [child] hadn't a great amount of speech, very few words.

During this time, parents experienced, on the one hand, a sense of wanting to be in control of managing the situation, and on the other hand, a sense of vulnerability and helplessness, with a need for others to help. Niamh described how she ‘tried to see [through reading books], well what has gone wrong and how do I fix it,’ while at the same time experiencing life as ‘pear shaped.’ Judy spoke of how she ‘was so driven, because I wanted answers, I needed a handle on how to manage my child,’ while, at the same time, she and her partner wanted ‘somebody [to] pull the whole thing together for us.’

Parallel to their own doubts and need for reassurance, parents were receiving information from others in their life, such as family and friends.

We were thinking, well people would say to us, ‘well I don't see anything wrong with him,’ like friends. (Dympna)

Dympna and Joseph found that their child was reinforced as “normal”, and as a member of the community by their friends, thus emphasising the family as “an important symbol of collective identity, unity and security” (O’Connor, 1998:89). However, Dympna’s reference to ‘like friends’ implies a sense of frustration, in that their affirmation of seeing nothing ‘wrong’ suggests friends can normalise situations, even when one considers them somewhat “abnormal”. The complexity of knowing something is wrong, seeking affirmations of normality (albeit an ephemeral experience), wanting to find answers and to fix it, suggest a need by parents to conform to society’s normative expectations of their role as a mother or a father. Finch (1989) notes that family lives are an area where people’s moral identities are significantly at stake. Ribbens McCarthy, Edwards and Gillies (2000) argue that a dominant moral norm is one where adults take responsibility for children in their care, including seeking to put the needs of their children first.

Comments by the parents about the early days, when they recognised something was wrong (despite reassurances from friends to the contrary), provide an

understanding of the dialogue with “the self” and their “inner voice” or what (Belenky, Clinchy, Goldberger et al. 1997, p.54) term “intuitive and personalised knowing”. Although parents were unable to put words on what was wrong, they knew that things were not ‘normal’ for their child. While they experienced a sense of being somewhat overwhelmed by what was going on, they also had a sense of agency, where they sought out answers and ways of managing into the future. Frank (1993) speaks of how illness (albeit an illness experienced by the self) shifts the ‘gestalt of foreground realizations and background possibilities.’ For parents in this study, the recognition that something was wrong with their child, even before they had it framed as a diagnosis by other(s), began that shifting gestalt, where the whole and the parts of their lives as parents began to change. Their dialogue with the self was one of ‘subjective knowing’ where there was some confidence in the self as knower (Belenky, Clinchy, Goldberger et al. 1997). They knew there was something not ‘normal’ with their child. However, this confidence was juxtaposed with a need to know more beyond that of the intuitive self, to have more knowledge and more understanding. For example, Judy stated:

I think instinctively, I knew I needed more knowledge.

The reiteration of the subjective ‘I’ in this mother’s comment is noteworthy, in that it suggested an unsettled sense of self that recognised her situation was not just about her child but also about her and her family’s needs. Judy needed to move beyond the subjective, in order to learn more. This transition into a space of learning beyond the self is referred to by Belenky, Clinchy, Goldberger.(1997) as a space of ‘special disadvantage,’ a space of learning and working the public domain. For participants in this study, that public domain was described as ‘professionals across the board,’ though generally the first professional approached was the general practitioner (GP)¹⁶, with a subsequent referral to a specialist paediatric service.

Learning and working the public domain: the first steps

The first steps of learning and working the public domain were disempowering for most parents. For some, their voices were silenced in a range of professional knowing that left them with feelings of being the ‘bad parent’ or unstable

¹⁶ General practitioners, in some countries are referred to as family physicians.

mothers. Principally, they experienced feelings associated with being diminished and without authority, as the following comments infer:

My personal story was having this instinct when [child] was about two, bringing him to a specialist in [Tertiary] Hospital and I was told it was basically down to bad parenting, nothing wrong with him. I said I thought that he was showing signs of autism and I was told 'don't be ridiculous, you are hot housing him.' So that for me shook my confidence in my own abilities because my instinct was telling me something but a professional neurologist was telling me that actually I was just a bad parent. (Niamh)

But a lot of it was put down, and I think our GP at the time said, 'this woman is nuts, she is overwrought.... I think the feeling was, this is an overwrought mother, she is imaging things. (Judy)

Belenky, Clinchy, Goldberger et al.(1997:31) note that those who are silenced view life in terms of polarities, where situations are either big or little, good or bad, and where the struggle for survival leaves them unaware of the 'power inherent in their own minds and voices and without expectation of cooperation from others.' While some parents in this study experienced being negatively judged within their initial contact with health professionals, the diminished sense of self was, for some, ephemeral in that the agency of their truth, knowledge and authority vis-à-vis their child and 'something being wrong' brought them back to their GP, or to other services to seek a diagnosis.

I had to push my GP again and say I am still not happy. (Niamh)

During this time the need for an externally oriented perspective, for parents to learn from other what was happening to them as a family, was great. Not only did they need an affirmation of their views of what was going on, what Belenky, Clinchy, Goldberger et al. (1997) term 'received knowledge,' they were aware, also, of a need for a diagnosis in order to access help and support:

Well, your child needs something and you just go and get it. (Judy)

Once it [the diagnosis] is identified you have got something to cling onto, you can work on that, the problem is you don't see the other bits because you get so tied into that [the diagnosis]. (Sean)

Since the source of received knowledge for parents in this study was one of authority, principally health and education professionals, the receipt of such knowledge was experienced, on the one hand, as relief, and associated with a renewed displacement of their own subjective knowing as parents on the other. This duality of experience is articulated in the following comment:

When [the health professional] gave us the diagnosis and the tears came down my face, how much more? And she was saying to me, 'he is still your son.' And I felt like saying to her, 'yeah that is a given, but you have no concept of what this involves.' And I kept a civil tongue in my head because I had to say to myself that she was trying to help me. (Judy)

Principally, relief was associated with a belief of a future with support and services, as well as having what Niamh termed, a 'baton of ok [it's] autism' to enable her to learn 'everything there is to know about autism.' The notion of legitimising parental concerns and opening up avenues of support through a diagnosis is not uncommon (Rosenthal, Biesecker and Biesecker 2001; Clarke and Quin 2007; Quin, Clarke and Murphy-Lawless 2005). According to Wainwright (2008, p10):

The ways in which we make sense of phenomena, the words we use to label them, and the theories we develop to understand them, have fundamental consequences for the self-identity of the individual who experiences the phenomenon and also the ways in which others respond.

Parents' experiences of not being heard, and of being heard, were multi-faceted. As with the experience of participants in a study of mothers help-seeking for paediatric psychosocial problems (Barlow, Wildman and Stancin 2005), most parents in this study experienced health professionals as being both helpful and un-helpful. For some parents, a consequence of persistent engagement, underpinned by the authority and truth of their own subjective knowing, enhanced their agency, at least, until they received a diagnosis from the authority of the health professionals. The reality of this coming together of subjective knowing (an intuition that something is wrong) and received knowing (a diagnosis¹⁷ from the authoritative other) presented parents with new challenges as they attempted to move forward in their parenting role.

While the analyses, to date, has focused on parents who embraced their subjective knowledge to negotiate their need for understanding and support for their child within the public domain, the experience of others suggested the dominance of a received knowing of an authoritative other, and a belief that some adherence to that authority might make family life more manageable. For example, parents who were experiencing behavioural challenges with their child, and who articulated their wish 'to be able to get on with [their child] all the time' (Lucy) and to have 'done different'

¹⁷ Some parents received many diagnoses, before a definitive diagnosis was made. For others, while a formal diagnosis was not offered there was an acceptance of the child experiencing 'behavioural problems.'

in giving their child attention (David), sought to conform to the conventions of other, as the right thing to do:

We looked for this or was kind of open to somebody to tell me what I should, or would, or could, I don't like the words, but you know what I should be doing or what would help. I was just open to accept it, there was no, Jesus I am terrible or that kind of way. I wanted somebody to help me as such. (David)

In seeking to conform to these conventions, they articulated a self-criticism suggestive of a silencing of the self:

There has to be an easier way to do it [parenting] than the way I am doing it. (Lucy)

And a sense of a diminished and disempowered self:

We'd still be in limbo I suppose and maybe [on] the wrong side of the social work department. (David)

Belenky, Clinchy, Goldberger et al. (1997 p45) note that the moral language of the silenced centers around concepts such as “mine” and “I had to,” while received knowers:

Subordinate their own actions to the symbolic representations of the good that they hear in the voices of others.

Furthermore, David and Lucy's experience finds resonance in the findings of Holt (2010) of parents' experiences of services that are sanctioned, rather than voluntary, and the need to manage a 'spoiled identity' (a term she borrows from Goffman, 1963), meaning, an identity which owns 'undesired differentness.' Although participation in the Marte Meo method is not usually sanctioned, where it is, or where parents perceive it has been sanctioned, there is a potential to further challenge to the parents own sense of self.

Getting a diagnosis and accessing services

The process associated with getting a diagnosis, the parents' acceptance of the diagnosis, and the turmoil experienced in their lives as help was sought, was difficult. While the need for a diagnosis, as a gateway to services and help, was recognised by most parents, events around the process of getting a diagnosis created a dissonance between their subjective knowing and the received knowing from the experts who

offered a diagnosis for their child. Lachowsky's (1999, p.82) observation of the doctor-patient relationship helps to illuminate the experiences of parents at this time:

Any interhuman relation, is made of what is said, what can be said and what cannot, of words and attitudes, but also of systems offered, accepted or refused, of exchange and barter. It is anything but static and monolithic, but one thing is never modified: we and we only have the right to unveil the other's body, to invade the other's mind, in a word to have access to the other's innermost privacy.

Lachowsky (1999) illustrates the power of the medical profession; through medical procedures they are given access to patients' bodies, cares and worries toward the ultimate authority of the diagnosis offered.

The medical profession as 'an authority' has the capacity for constructing knowledge; medics can make diagnoses, and declare whether the person inhabiting the body is ultimately going to live a normal or abnormal life. However, where there are multi-stressed families (Madson 2007) a diagnosis can result in an attitude of distrust in the outside world (van Lawick and Brom 2008). The acquisition of the diagnosis or 'label' (Goffman 1963) replaced the intimacy of 'having this instinct' (Niamh) that something was wrong and shifted the focus toward a need for 'objectivity' and 'mastery' in knowing. For example, Doris experienced a huge nothingness:

The first thing I would like to say is when [my child] was first diagnosed, there was a huge nothing first and we didn't know how to treat him.

Like Doris, Niamh spoke of how the label of the diagnosis created a 'disconnect' from her child and started what she termed:

A big marathon ... where I just needed to learn so much more that I forgot he needed me to sing songs to him while I washed his hands.

Having a diagnosis was, for Judy, 'like a thread [where] you pull the thread and you start following a line;' while for Sean 'it provided something to cling onto.' When there was more than one diagnosis offered, or a sequence of changing diagnoses presented, parents could find themselves going down different pathways of service provision.

Once a diagnosis was offered, there began a conveyer belt of activity, where a number of services were "offered" (Leffert, Benson, Scales et al.1998), or the parents went looking for further professional help. There was no attempt at a needs assessment for the individual family at this time. In the absence of a needs

assessment parents experienced desperation and confusion as they accepted all offers of help and they sought to find solutions toward “fixing” their child and their family life (Bryd 2006). The vulnerability of parents at this time, as they sought to provide for their child, now with a diagnosis, suggested:

An existential state that may belong to any one of us, but which is characterised nonetheless as a negative attribute, a failure to self-protection, that opens the self to the potential of harm. (Shildrick 2002, p.1)

Their failure was not necessarily in the protection of themselves but rather their child, as for some the diagnosis undermined their sense of their own ability to care for their child. They were thrown:

You kind of have to learn again. (Doris)

During the time of transition, associated with the ‘getting of a diagnosis,’ parents began a process of realisation that things known about parenting now required a new way of knowing (Belenky, Clinchy, Goldberger et al. 1997, p. 94). Belenky, Clinchy, Goldberger et al. (1997, p.97) refer to this process as ‘perspective taking,’ which involves a complex move beyond a world of subjective knowing (known by the self) and received knowing (knowing of an authoritative other) to a more complex world of procedural knowing. The parents had to revisit all that they had learnt about their child and adjust and/or relearn new techniques of being with their child. According to Belenky, Clinchy, Goldberger et al. (1997, p.97)

The notion of “ways of looking” is central to the procedural knowledge position. It builds upon the subjective insight that different people have – and have a right to have – different opinions, but it goes beyond the idea of opinions as the static residue of experience.

For parents in this study, ways of looking involved a process of learning, unlearning and relearning about their child. Doris spoke of her experience of the unlearning:

We didn't realise we couldn't leave him anymore; he had changed from a child that we could leave with other people. So we didn't understand we couldn't leave him with another person, we didn't understand that he wouldn't answer us anymore.

Doris also spoke of how she set about learning as a consequence of the diagnosis given to her child, a child with a label (Goffman 1963) of autism

When you have a child with autism you are going to grab anything you can because everything helps, it really does, everything helps ... You are going to take every chance that you can to help.

While Amy spoke of how

I would have tried anything at that stage anyway because of the speech.

The experience during this time of transition was influenced by the volume and type of services to which parents were introduced. Similarly, James and Prout (1997) linked service provision with experience. Some parents found themselves passed from one service to another and not necessarily finding what they needed:

We had a psychologist, he was very helpful, Y [names psychologist], but still he would see us once every two weeks and it kind of wasn't enough. So we didn't know how to deal with him (their son). (Doris)

And for others it was more than one service:

And we were offered various helps ... the psychiatrist ... a school based assessment and the school at the same time were spotting things that obviously needed ... a special needs assistant in school. And then at one point we were offered a play group where he could come and be analysed in a play situation with other similar children, which was disastrous. It was a really bad experience for him. (Dympna)

These parents illustrated how they wanted to protect and to provide the best for their child but to do so they needed help from beyond themselves. Dympna and Joseph watched as the services offered to them were both 'disastrous' and a 'really bad experience' for their son, while at the same time feeling they had no control over what was happening. In Shildrick's (2002) terms the parents appeared to fail to protect their child, their primary responsibility being to protect their child. However in the face of the knowledgeable health care providers the unknowledgeable parents have no choice but to trust that they know best. This was not a parental failure, but rather the failure of the services to protect the child and the parents who were service users. In essence, the power of social services, demonstrated by the eclectic mix of services offered, allowed for the testing out of various interventions on the child, without a comprehensive assessment of family needs, and hence informed parental consent (von Bertalanffy 1968).

Parents too got caught up in a range of services as they sought new ways of knowing how to parent and care for their child. Judy spoke of how:

It is your nature, well your child needs something so you just go and get it.

While Amy spoke of her determination to find an answer to her son's problem:

[My] goal was his speech and language; at that time we didn't know it was verbal dyspraxia. ...it turned out it was a medical thing and it wasn't just that he didn't want to speak, it was a medical thing.

In the following excerpt Amy articulates how she made choices for her son.

The only reason I did it [Marte Meo method], the main reason that I did it was that I was having problems with him, now I probably wouldn't have done it if I didn't have any problems because I wouldn't have heard about it or it wouldn't have been mentioned to me.

Sartre (1985, p.44) suggests that 'one makes a choice in relationship to others.' Amy made choices in relation to her son and the services she was offered.

One can judge (and perhaps this is perhaps not a judgment of value, but a logical judgment) that certain choices are based on error and others on truth
Sartre (1985 p.44)

Judgements based on error may connect to services that did not link with the child's diagnosis while those based on truth could relate to services accessed based upon diagnosis. Amy perceived her son as having problems, therefore a particular therapy offered to her facilitated her need for help with her and she accepted it. However, if she thought he did not have problems she would not have accepted this intervention. In this way Amy points to the power of the parent in judgement and decision making for their children. Findings suggest that parents made choices, judgements and decisions around whether or not the service they were being provided with was meeting their needs. For the parents, there were times when their knowledge of their child took priority over the knowledge of the professional. It would appear that 'mother knows best' is the axiom from which they worked. As Sean put it:

The fact that he is actually so highly functioning now is a hell of a credit to his mother and [her] getting involved, initially saying "something is wrong."

However, parents still found themselves fluctuating in and out of a state of unknown or limbo. The simple question from parents was: how can we deal with our son or daughter? Yet in this simple question lay the complexity of the services to which they were introduced. No one service had the ability to meet their needs; rather it was a number of services which cumulatively lead to a change in a family caring for a child who was diagnosed as different.

The complexity of life with a child with autism, aspergers or another diagnosis, and parents' experience of trying to deal with it and come to terms with it, was often compounded by the medical model of management. Prior to finding therapy most parents felt they were what Webster-Stratton and Sptizer (1996) term 'under siege.' Part of the experiences of being under siege was the parents' sense of hearing an excess of negative views of their child's future, all articulated within the diagnosis.

With autism and dealing with professionals across the board, a lot of your take home messages, [are of] your child's disability and their deficits and where they are eight years behind their peers and this, that and the other... it is all about pinpointing the child's delays (Niamh) .

Around the time of the diagnosis, there was a sense that time stood still, or for some parents a sense of regression in terms of their own normative expectations of how they as parents might act. The concept of child-parent attachment or connectedness, where the interaction between the child and parent builds as part of a dynamic relationship (Kuczynski 2003), appeared to be temporally stalled around the time of diagnosis:

For me I was very frustrated because you are providing a nice home, you are providing everything that is right for him [child] and then you just don't have this happening, I just needed to find something to start. (Darren)

Despite this sense of disruption to the normative expectations of family life, for parents the truth of their everyday life was not explored nor did it appear to be recognised by the health care professionals they met. Their subjective knowing of their child was negated and the received knowing from the professional became paramount. And yet, even with a diagnosis for their child, parents were left wondering as to the extent of the reality of that diagnosis and how they might manage the situation:

[It was] absolutely awful, unbelievably, like [you feel] anguish[ed] and distressed because you don't even know, your child could be severely autistic and nobody is telling you anything. (Doris)

And

We weren't getting really solid advice, we were told: "here is a book on it, read the book." ... We didn't really know how to interact with him. (Joseph)

While living with the unknown (before the diagnosis) was difficult, seeking to live life with the known (the diagnosis) was almost worse; it was akin to living a life in limbo. While parents had received knowledge from the authoritative other, they experienced a displacement of their own subjective knowledge and their own ability to parent. Functioning within this dissonance seemed to bring parents toward 'organising therapies' (Judy) or 'rolling [along] with it' (Sean), until there began an awakening of the need to redefine the nature of authority of the received knowing, and what was necessary in order for parents to get on with living their life and the dreams they had for their child.

You can't have an artificial life about knowledge; it doesn't work that way, and he has to be a happy child that is still our ultimate goal. Before he was born, it was just you want your child to be happy. (Niamh)

While parents were engaged with therapies 'that in their own way chipped away at their need to find solutions,' there remained a need to learn 'to handle' their child (Judy). Akin to this experience of needing a different knowledge was an emerging recognition, by some parents, of the strength of their own experiential knowledge, and not just that of the pronouncements of authorities as implied by Niamh above. This shift in perception suggested an awakening pragmatism of the need for practical skills that would both build on the experiential knowing of the parents and the received knowing of the authoritative other. The experience of this shift suggests what Belenky, Clinchy, Goldberger et al. (1975 p.112) term 'connected knowing.' Key elements of connected knowing are an appreciation of the trustworthiness of knowledge from personal experience and developed skills for gaining access to and drawing upon the knowledge of other. The relevance of an understanding of the process of connected knowing will be further explicated in the next section.

There is no evidence in the findings of this study that this awakening pragmatism prompted the introduction of the Marte Meo method, which in essence was introduced in an *ad hoc*¹⁸ manner, as part of the range of therapies (see next section). However, there is evidence to suggest that, for many parents, Mart Meo was the therapy that brought together the parents' experience of subjective knowing and received knowing toward a procedural knowledge (Belenky, Clinchy, Goldberger et al.1997) programme of skills on how to 'support your child in that everyday life' (Niamh), or how to handle 'difficulties with [name of child]' (Lucy) in order 'to stay on the right side of the social worker' (David).

In summary, the period of getting to know and accessing services was a difficult time for parents, a time when they experienced disempowerment while at the same time seeking to protect and provide for their child. They experienced challenges to their own subjective knowing through the acquisition of authoritative knowing before returning to the strength of their own experiential knowledge, and some

¹⁸ According to Callery (1997) the unpredictability of *ad hoc* services means that parents cannot feel assured that services will be there for them when they are needed. Avoidance of this unpredictability can be achieved through a systematic assessment of the child and the parents'/family's needs and an agreed plan of care (Quin, Clarke and Murphy-Lawless 2005)

recognition of a need for connected knowing, where both their own knowledge and that of the authoritative other could work for them as parents. In the next section the experience of building and growing their knowledge as parents through their engagement with the Marte Meo method will be explored.

Finding and engaging with Marte Meo: A new journey begins

The Marte Meo method was offered to parents at different developmental stages of the child, and usually as a late entry in the range of therapies. Families were offered Marte Meo while concurrent interventions were in place. Parents were advised that it ‘might help’ (Niamh) or understood, at least initially, that it was a programme for their child and ‘not for us’ (Judy). While parents were provided with an explanation of the programme, understanding of just what was involved was vague because of the multitude of what was going on for them at the time (e.g. other therapies and health care interventions):

It was explained to us what it was, we did know, but a parent who is dealing with an awful lot of things hears what they want to hear. (Judy)

While families lacked a clear knowledge and understandings of Marte Meo as a therapeutic intervention, they were willing to ‘give it a try’ (Jane), or felt their participation in it ‘had to be, [there was] no choice’ and they were

Kind of open to somebody to tell me what I should, or would, or could, I don't like the words, but you know what I should be doing or what would help. (David)

In their articulation of the experience of their entry into the Marte Meo Programme, both Jane and David imply the notion of ‘need of a service’ (Luker and Chalmers 1990). Jane’s comment suggests some sense of choice and empowerment, while David’s expression of having no choice implies a sentiment of disempowerment. Schlesinger (2010) draws on the concept of ‘boundedly rational’ (referring to the work of Simon 1957, 1982)¹⁹ to explicate choices possible in difficult circumstances. ‘Rational’ implies choices made in a purposeful manner (parents in this study needed some service to help them manage their circumstances of parenting), and ‘bounded’ provides a sense of the complexity of circumstances of the choice making, which

¹⁹ Simon H. 1957. *Models of man: Social and rational; mathematical essays on rational human behaviour in a social setting*, New York: Wiley.

Simon H. 1982. *Models of bounded rationality*, Cambridge, MA: MIT Press.

makes it ‘impossible for decision-makers to collect or make sense of all the information that they need to make fully informed judgements’ (Schlesinger 2010).

While the timing of the introduction of the Marte Meo Programme was unplanned (at least within the scheme of an early response to parents having an instinct something was wrong, or the subsequent diagnosis(es) of their child’s condition), parents, who entered the programme early on recognised the critical value of the early timing of this intervention:

The intervention was early; I think that is crucial. (Darren)

And those that were offered it later suggested it would ‘have been brilliant’ (Doris) to have been offered it at the time of diagnosis. An earlier introduction to the programme might have minimised parents’ search for meaningful help to respond to the needs of their child and their family. The notion of critical timing for the introduction of services is supported by Kazdin 1985; Patterson, Dishion, Chamberlain et al.1993; Webster-Stratton and Taylor 2001

Although, in the early days, parents were willing to get involved in the programme, they experienced apprehension and uncertainty around what might be expected of them. Principally, the apprehension was associated with having someone in their home and being involved in a programme where they were to be videoed when interacting with their child. Judy spoke of how she heard the words ‘behaviours, filming, analyse, play back;’ how, in the early days, her child was ‘very aware of the cameras’ and of how she found the preparation ‘stressful.’ Niamh had a similar experience:

Initially I did [feel stressed] when I heard that someone was going to come and film me interacting with (name of child). (Niamh)

Home visitation services create an occasion to engage with families in their uniqueness, and while families connected with the uniqueness of their needs for a service, albeit with apprehension, the moving in of the service was made easier, either because the therapist was already known to the family, or a service already known to the family ‘paved the way’ (Luker and Chalmers 1990) for the new entrant – the Marte Meo method:

She [therapist] would have already been working with our family So I am just wondering is that part of how comfortable I was, possibly. (Niamh)

It was an actual social worker who introduced [the therapist] to us. (Lucy)

Findings suggest that while specific attributes of the Marte Meo method were not known to the families, at the time of their entry into it, their own personal attributes of ‘needing something’ as well as provider factors (the therapist being known to the family or to another professional involved with the family) influenced the early points of engagement. According to McCurdy and Daro (2001), individual and programme factors have strong direct effects on enrolment decisions. In the case of this study, the programme factors were not influential in the enrolment decisions, as parents were unaware or unclear as to what they were. Rather, findings suggest that in making their decision to participate in the Marte Meo method, parents were making a “leap of faith,” born of a need to enhance their parenting skills in the service of a child that somehow got lost in the process of the diagnosis. In essence, parents were at a stage of transition in their marathon of engagement with therapies, described by Niamh as ‘this running and racing and therapy, therapy, therapy,’ where the bringing home of the response needed (both in terms of their own subjective knowing and a reality of ‘this was not a happy house; it was not a calm house; it was not a house where people were thriving’ (Judy)) was opportune.

Once again the notion of ‘connected knowing’ illuminates our understanding of the parents’ experiences of the early days of the Marte Meo method. As stated earlier, connected knowing suggests a realisation of the need for procedures for gaining access to other people’s knowledge; it is not arrogant or extremist (Belenky, Clinchy, Goldberger et al. 1997, p.113). Empathy underpins the process of learning for connected knowers, where they learn to get out from behind their own eyes and to use a different lens (Belenky, Clinchy, Goldberger et al. 1997, p.115). For parents in this study, the empathy was with their child and with themselves as parents. Getting out from behind their own lens was their journey of moving from an instinct of something being wrong, to finding a diagnosis, and finally a willingness to give the Marte Meo method a try.

The next section will take the journey to the process of the families’ engagement with the programme, a process which Niamh described thus:

Marte Meo helped me get that, no hang on, your instincts are right; you do have a better instinct for your child than any professional.

Working with the Marte Meo Method and the therapist: the dancer and the dance

Most parents spoke of being introduced to the Marte Meo Programme and of how the therapist enabled them to reconnect with their child. It was almost as if their

child had been handed back to them as their child without the diagnosis, and they were enabled to be parents again, and to be a family again. The importance of the role of the therapist and the need to build a relationship of trust and confidence was expressed by all parents. Overall, parents were very positive about their relationship with the therapist, albeit, for some, a relationship that was associated with elements of self-doubting and anxiety. Specifically, parents appreciated the flexibility of the therapist in working the programme around everyday family activities. The sense of being a family again was described by Niamh:

It was just about my family life and this is my family life and it felt very natural and [the therapist] is a good person to have in your home. I never felt on ceremony with [the therapist] anyway. I suppose how can we know the dancer from the dance? And part of the Marte Meo for me is [the therapist].

Reassurance from the Marte Meo therapist, through words and pictures, was helpful. One parent spoke of how she ‘was drawing strength from [the therapist]’ (Lucy). Parents experienced a sense of working together to improve their child and families’ daily life. Their engagement with the programme was as much about the process of learning the Marte Meo method – ways of looking and seeing, which was part of the procedural knowledge and connected knowing afforded by the programme – as it was about their engagement with the therapist. The feedback sessions from the therapists were something that most families enjoyed; feedback enabled them to “see” the child in another light. Seeing for these parents meant noticing a connection with their child, sometimes a brief moment, this gave them a starting point from which to move forward toward a positive outlook for themselves and their child. However, the experience of seeing for a few parents was an occasion to critique the self against the therapist and the latter’s ability to engage with the child. Rather than seeing their own connection with their child they saw the ‘good’ connection of the therapist with the child and sought to learn it:

I’d say to [the therapist] ‘how did you do it so that I’ll have an idea for the next time?’ (Lucy)

Or they were unclear as to the process of the learning:

And we have Marte Meo tomorrow and she will come around with the video and tape the thing and I am not sure if I am supposed to say: “Can I use this to help me learn about this?” (Doris)

The experiences of the parents’ interaction with the Marte Meo therapists can be explicated in the words of Naef (2006, p.147) as:

A special way of being with persons because it involves being attentive to persons' lived experiences and truth, honouring uniqueness in respecting different ways of living a situation, supporting persons' choices, espousing the belief that persons know themselves best, and recognizing human interconnectedness.

The next section will explore the notion of this special way of being for the parents.

A special way of being: being attentive to lived experiences

The lived experiences for parents during their engagement with the Marte Meo method foregrounded the very essence of their being. This essence of self was experienced as negative by some: a sense of 'a huge nothingness' (Doris), either born of the journey of seeking answers beyond their own intuitive knowing and within the professional public domain, and finding a diagnosis, or having an image of one self as the bad parent:

Sometimes I was causing it (the problem behaviour of the child). (Lucy)

The sense of self was positive for others, where parents experienced

Feel[ing] you could do something about it to an extent, not cure him but ...
(Dympna)

Or, being able to cope:

It [Marte Meo] gave us the tools to cope with it, [to] be in his world. (Joseph)

In his discourse on self-change as part of the shifting gestalt of the illness narrative, Frank (1993) refers to 'illness as epiphany,' where epiphanies are moments 'privileged in their possibilities for changing life,' but only 'insofar as changing one's life is 'an historically defined project' and 'socially constructed.' Parents' experiences of the gestalt, afforded by their participation in the Marte Meo method, foregrounded the self as 'who I always have been' and 'who I might become' (Frank 1993).

As with the process of their enrolment in the programme, elements of individual and programme factors (McCurdy and Daro 2001) had a strong direct effect on the families' experiences of being. Specifically, the use of a video camera by the therapist helped the families to see the self physically, while engagement with the process and the relationship with the therapist enabled a growing awareness of the positive self. This process initially raised a number of concerns for parents, namely, being self conscious around the camera, confidentiality and explaining to the child why he/she was being taped

The only thing was we were a bit iffy about the videoing; we were a bit shy about all of that.... I suppose we were thinking along the super nanny lines, you know, at that point. (Dympna and Joseph)

However, despite the initial unease with the use of video cameras, parents grew accustomed to them

I was very excited by the Marte Meo approach which was, stop, look and listen, what is your child doing and how do you support that. ... [it was] literally the visual understanding of something. (Niamh)

According to Sartre (1969 p.260), 'I see myself because somebody sees me.' Within the Marte Meo method the use of technology (video camera), the subsequent showing by the therapist to the parents of their interaction and connectedness with their child and the opportunities for affirmation and learning within that dynamic of showing and seeing is a critical finding of this study. For example, being able to look back at the video was described by Judy as 'a light bulb moment.'

A further analysis of finding the self, within the notion of Sartre's (1969) self, other and seeing illuminates the complexity of what was happening for parents as part of the process of their engagement with the Marte Meo method. The programme came at a time when the parents' sense of the self had already been negated as a consequence of some professionals not seeing them as knowledgeable, knowing parents of their child. Parents were also aware of the need to help their child and to move beyond the 'disability' messages. The Marte Meo method facilitated parents' ability to see the positives in every day interaction moments with their child. Seeing the positives gave reassurances that were badly needed by the parents, in order to affirm their parental role. They discovered fundamental elements of the self 'that always was, though that self may not have realised its full potential' Frank (1993). In essence they experienced a type of 'epiphany' of personal character 'manifested' as altered personal 'meaning structures' (Frank 1993 referring to Denzin 1989, p70.). The parents could now see that they were connecting with their child:

I was always trying to connect with him but his connection, I was not seeing. (Jane)

It is pretty simple basic stuff but like that you don't realise it until it is pointed out to you and you know, you really don't, and it does take for someone to point it out to you to do it. (Amy)

It brought him back, I won't say every one, but it made us understand where he was at rather than the whole, he is the problem. We are all, not the problem,

but it made us interact more with him and then it brought him back a bit to our world, where none of the books really would have helped. (Dympna)

Amy pointed out that the therapy was ‘pretty simple basic stuff;’ but it was within this simplicity that lay the complexity of the therapy. Within a Sartrean sense, Amy saw herself as a mother to her son through the eyes of the therapist. It was pointed out to her but her seeing, as a consequence of the showing by the therapist, led to change, which was both good for her and her son.

Yes, well, I suppose it is giving you tools that you will use for life; it is not doing you any harm by doing it. In fact it is enriching you and your time with [the] children as well. (Amy)

Dympna and Joseph shared a similar experience to Amy:

And then the phrase that we used all the time was the positive initiatives, noticing the good stuff and that really [it] was a huge help, and it still is to be honest. (Dympna and Joseph)

The experience of having moments of their connection with their child brought to their attention and of subsequently seeing and experiencing them, suggests what Frank (2004, p.44) describes as ‘the moral demand of dialogue,’ where ‘each grant[s] equal authority to the other’s voice.’ He states:

Committing yourself to dialogue with people is more than recognizing their inherent dignity and defending their rights; it’s being willing to allow their voice to count as much as yours (Frank 2004, p.44).

Voice within the context of the Marte Meo method was as much visual as spoken. Furthermore, the experience of being granted equal authority of voice through seeing mirrors the notion of “ways of looking” as central to the procedural knowledge position (Belenky, Clinchy, Goldberger et al., 1997, p.97). For most parents this looking was one of connection, through empathy, with the self:

I actually came out, every single time [the therapist] was here to do a Marte Meo review with me. I was very pleased to see, ‘no? I have got inherent skills and strengths and they are there and they are mine and I don’t have to learn so much.’ (Niamh)

It did help to connect with your child, you get a chance to look at him again and see that he is looking at me; I do see that so it is good in that way. (Doris)

It is just a very simple thing but you wouldn’t cop on to it unless it was mentioned to you or pointed out to you. (Amy)

However, while most parents were comfortable with the therapy, and positively perceived its long term effects on them and their children, there were occasions when the parents experienced the ‘pointing out’ as intimidating, leading to negative perceptions of the self:

I kept doing it wrong and getting no result. (Doris)

Doris needed to see results from the therapy, but perceived the lack of results as resulting from her inability to provide her child with what was being pointed out to her. Lucy too struggled with the therapy, and her sense of self. On the one hand, she found it ‘very very helpful’ while, on the other hand, she experienced it as upsetting, not just at the time of the review of the video, but later also, when she perceived herself as having failed to have done the right thing as a parent:

I suppose in the beginning I thought I was being pointed out as the baddy. ... I used to think to myself, why can't I do that all the time or it doesn't always work like that. ... And then I'd realise I had gone wrong again, anything that I had achieved has gone back to square one but if I am trying so hard and it doesn't go my way then it upsets me then as well. (Lucy)

The notion of the presentation of the self was an important element in how parents were perceived both by the self and how they believed they were viewed by the Marte Meo therapist. For the parent it was their personal self and the self of their child that was being opened to scrutiny by the Marte Meo method, which for some, was associated with a sense of guilt:

And I feel very, very guilty. (Doris)

Frank's (2004 p.44) concept of dialogue as being able to see, or at least moving toward seeing ‘what is happening in all the possible refractions of the mirrors of one another's perceptions’ can illuminate the complexity of the therapeutic process within the Marte Meo method. In other words, dialogue in this sense is both with other and with the self, with the former taking place within the programme (parent(s) and therapist) and the latter extending beyond the programme to the everyday of being a parent:

Thus, when the individual presents himself before others, his performance will tend to incorporate and exemplify the officially accredited values of society, more so, in fact, than does his behaviour as a whole (Goffman 1959, p.45).

Parents in their journey toward the Marte Meo method brought with them their own personal biographies. According to Giddens (1991, p.54), a stable sense of self-identity can be achieved if there is

[A] feeling of biographical continuity which she is able to grasp reflexively and, to a greater or lesser degree, communicate to others. That person also, through early trust relations, has established a protective cocoon which ‘filters out’, in the practical conduct of day-to-day life, many of the dangers which in principle threaten the integrity of the self. Finally, the individual is able to accept that integrity as worthwhile.

However, for parents in this study, the realisation that something was wrong with their child, as well as the experience of learning and working the public domain of the authoritative knowing of other in finding a diagnosis for their child disrupted their biographical continuity. Their journey was, in many ways, a fractured one where they encountered threats to the ‘integrity of the self’ (Giddens 1991, p.54). Their experience was that of wanting a child that fits within both family and society; living through a sense of disruption when they realised that this ‘norm’ was not happening and realising they had a child that was different from other members of their family and extended family. For most parents their engagement with the Marte Meo method foregrounded the very essence of their self-identity. Their engagement with the programme meant a turning point for them in that they could value their ability and capacity to parent their child while appropriating new skills. For most parents, participation in the programme led to a re-discovery of their pre-diagnosis identities and to an enriched sense of self. This rediscovery of the self allowed parents to express the possibilities of their present and future lives (Frank 1993), as parents to their child:

Marte Meo, is it almost subconsciously you do it now? (Darren)

So we now had skills and it was a slow burn. It took the year, the 18 months because ... it takes time to fester in your head most. And then what you have learned you have to apply. (Judy)

Parents’ participation in the Marte Meo Programme and engagement of the Marte Meo method strengthened their procedural and connected knowing; they recognised their own expertise and fundamentally they recognised themselves as knowers when it came to parenting their child.

Applying the learning

In the course of the parents telling their stories, it became apparent that the story that began with an intuitive knowing about something being wrong with their

child and being lost in a limbo of a diagnosis, changed to the actualities of being parents, where they were

Doing a lot just being mammy and daddy (Niamh)

And where they had

Confidence in my role as a parent ... know[ing] it is ok to stuff up ... [and] even accepting that. (Judy)

Coming back to being the mammy and daddy, in essence, involved parents drawing on their own strength enhanced by the skills learned within the Marte Meo method. Niamh spoke of how what she learned was a 'very portable instruction,' which meant she could implement 'my Marte Meo and what I was learning' in everyday situations, like visits to the park with her child. Judy and Sean, while using the skills in moments of parenting with their child, did, on other occasions, revisit difficult moments of parenting to see how they might have done differently:

How did we handle it [child's behaviour] the last few times? OK it is not working for us, what are we going to do this time? (Judy)

Thus, it would appear that parents' experiences of applying their Marte Meo learning happened both in the moment – in action – and consequent to the moment – on action. There was too a suggestion of a privileged sense of knowing and authority even on occasions when parents 'stuffed up.' Goffman's (1959, p.72) insight that 'impressions fostered in every-day performances are subject to disruption' illuminates the process of the experience of the application of the learning from Marte Meo. The experience of applying the Marte Meo learning was a transitional process of growing confidence over the time of the therapy and subsequent to it. Judy spoke of how

I really don't think the learning happens until the filming has actually finished and you have taken time to internalise and learn what you have done.

While Doris, who at the time of the interview was involved in the programme, appeared to struggle somewhat in the how of applying her learning from the Marte Meo method, she suggested that it needed to be made

More real instead of it being like a bubble.

The notion of a transition in one's role as a parent, learning and growing in confidence, as articulated in the experiences of the parents, fits within the trajectory of

novice to expert (Benner 1984)²⁰ and how expertise can grow as part of a journey of learning and skilled practice as a parent. Niamh, Judy and Sean's experience suggests a growing competence in what they were doing or could do as parents. Doris, on the other hand, implied a sense of being an advanced beginner, where there was some recognition and appreciation of the knowledge and skill of the self as a parent, albeit allied to a concern about her ability to use differentially, in the everyday parenting of her child, the skills learned within the 'bubble' of the therapy session. Part of the reality of being an advanced beginner is one of reliance on rules as well as a feeling that one must stick to the rules. Rules in this context can be viewed within the notion of received knowing, or the knowing of other – the therapist. The Marte Meo therapist provides 'rules' in the form of skills of and feedback on communication that require time to practice before they can become part of the parents' everyday sense of self within their parenting role.

For some, competence in applying their Marte Meo learning was influenced by a fluctuating sense of self doubt and a need for affirmation of other. For example, although Lucy and David have completed the programme and can articulate the successes they have had in using the skills they have learned, they remain the constant critic of the self, suggesting that from their own perspective they too are advanced beginners in the process. Their narrative suggests a greater reliance on the received knowing of other (this time from each other and from their child) rather than an acknowledgement of their own subjective knowing:

I have seen a difference with Lucy and [child], the way they have been with [the therapist] and talking with [the therapist] and that; it has made a difference with Lucy. (David)

And even now there would be some days, like I would say to her [child], "I am very proud of you doing this (name of child)." And she would say back to me, "I am proud of you too Mammy." And even to hear that from her, she is only a child; and to hear that she is proud of you like it really lifts your spirits because when you think you are doing everything right and you are not and then if they are telling you like you are blaming me and you are this and you are that . (Lucy)

²⁰ Benner's work refers to the acquisition of clinical skills by nurses. The trajectory of growing towards expertise is, according to Benner (1984), a continuum: novice to advanced beginner, to competent, to proficient and finally to expert. While it is important not to view Benner's framework in ideal terms, nonetheless, it can illuminate our understanding of the process of parents re-discovering and growing their sense of self as a parent within the Marte Meo method.

Lucy's critical self in the above vignette suggests that for some, a therapy that seeks to build on the strength of other (subjective knowing) (Aarts 2008, 2000) toward the development of procedural knowing and connected knowing (Belenky, Clinchy, Goldberger et al.1997) on parenting a child with a diagnosis or behavioural problems can be problematic. In other words, if the lens through which the parent seeks to apply the learning is a critical lens of the self, (see earlier discussion to the notion of 'spoiled identities') the notion of reaching competence in being an 'OK mammy or daddy' may not be possible²¹.

Summary and conclusion

The narrative of the parents presented in this chapter is 'a privileged truth;' it is both authoritative and appealing in a way that Frank (1993) describes the illness narrative. Although the 'illness' was that of their child; it was a family 'illness' in that the normative expectation of how parents would act was challenged. In this study, the parents' narrative began with the parents intuitively knowing something was wrong with their child. Recognising that they needed to clarify their own intuitive or subjective knowing they advanced toward the public domain of the authoritative knowing of other. The world of the authoritative knower and their experience of that received knowing was for many a place and space where the self as a parent was diminished, undervalued and sometimes invisible. However, parents did not accept their being invisible within this public domain; instead, strengthened by their own subjective knowing, they continued to seek out answers and solutions.

Evidence of their journey suggested a coming together of their own subjective knowing and the authoritative knowing of other in a pragmatic sense of needing to learn new skills in how to parent their child. Then began what was for many a range of therapies (not always successful) before being introduced to the Marte Meo method. While the introduction to the programme was ad hoc, it did represent a turning point for parents, where they had their subjective knowing not just acknowledged by the other but foregrounded in the whole process of how they developed and learned new parenting skills.

Key elements of the parents' experiences of the programme included the role played by the therapist, the use of the video camera and the dialogues of showing and

²¹ More research is required to fully explicate this phenomenon.

seeing that were afforded by the latter and enabled by the former. Parents experienced the dialogues, of seeing and showing, as affirmations of the self as well as evidence of how they were now parenting and could in the future parent their child. In circumstances where it was perceived that the Marte Meo method was sanctioned, the sense of self oscillated between being positive and negative about the self image. Finally, parents' experience of applying the Marte Meo learning was a transitional process of growing in confidence over the time of the therapy and subsequent to it.

CHAPTER FIVE: THE THERAPISTS' STORY

Gifting and the gift

The over-arching theme that emerged from the focus groups with the therapists was that of 'gifting and the gift'. Becoming a Marte Meo therapist enabled the participants to empower their clients, that is, families, with tools for life. They worked with families in their experience of difficulties and left them with tools which would enable them to work independently into the future. Thus therapists gifted families and the reciprocity they received was the knowledge that these families would be able to use these coping strategies now and in the future. Elements/concepts of gifting and the gift include a journey of transition, beginning the journey of acquiring the gift, timing and the sharing of the gift; journey of Becoming, seeing and showing, a dynamic between therapist and family, seeing, showing and the presence of the camera, seeing and showing as a dynamic between therapist and resources.

A journey of transition

All of the participants in the focus groups talked about the journey of transition, from novice to expert, in their role as therapist. The novice therapists moved through stages of excitement, apprehension, and their own sense of self by being supported through supervision. Their journey was not linear; rather they moved back and forth, with some therapists becoming an expert in their role. This process was for them a 'circle of becoming'²². However, this does not mean that when one became an 'expert' the learning or the acquisition of new knowledge was over; rather each encounter with a family was viewed as a new learning experience. The notion of a transition of learning and growing confidence in one's role as a therapist, as articulated in the experiences of the therapists, fits within the trajectory of novice to expert (Benner 1984)²³ and of growing confidence as part of a journey of learning and

²² The 'circle of becoming' is a phrase which Dr. Duffy developed for this study to indicate that the journey of becoming as a Marte Meo therapist is not a linear, straight forward process; rather every aspect of the journey is linked with what went before and what is to come in the future, thus acknowledging that there is always potential for development.

²³ Benner's work refers to the acquisition of clinical skills by nurses. The trajectory of growing towards expertise is, according to Benner (1984), a continuum: novice to advanced beginner, to competent, to proficient and finally to expert. While it is important not to view Benner's framework in ideal terms, nonetheless, it can illuminate our understanding of the process of how therapists like the parents re-discover and grow their sense of self, but this time as a therapist within the Marte Meo method.

skilled practice as a therapist. Some therapists spoke of how the self was developed through the learning to become a Marte Meo therapist. This can be viewed in Sartrean (1969, p.260) terms as ‘I see myself because somebody sees me’. It is through the development of the self, through the seeing of Others, that an individual becomes a Marte Meo therapist. Prior to working with parents²⁴ and families the novice therapists worked on the self by reviewing their own way of being and their communication skills, which led them to the questioning of the comfortability with the self:

Because I had to put myself on camera training, so I had to look at myself, I had to analyse myself, I had to analyse my communication skills, I had to look at my relationships, my interactions with the children that I cared for. And I suppose the learning or the impact for me in that journey was amazing. (FG3 Therapists > 6 years)

This learning process enabled therapists to develop an ongoing project of reflective questioning of the self and their practices, thus developing and improving their skills. Heidegger (1962) suggests there is always a possibility to become, that is, I am not finite, I am constantly becoming through a reflective process of my situation. Thus Marte Meo therapists are never at the end of their potential, rather they are constantly becoming through the reflective process of the self and their practice

Not only did the therapist have to review the self but also the system of which they were a part, that is the health care system. For some, Marte Meo enabled them to see the health care system differently:

It helped me to look at, I suppose, systems are designed all the time for children in care and sometimes children don't fit into those systems. And simple little steps can make such a difference in terms of how we communicate and interact. (FG3 Therapists > 6 years)

What this comment suggests is that systems of caring designed for certain populations, such as children, may not necessarily meet their needs. However, as has been indicated, the Marte Meo method is child centred; it focuses on the child and

²⁴ While all participants spoke of working with parents, some spoke specifically of the needs of foster parents. To become a foster parent the individual or couple go through a regulated process organised by the Health Service Executive (HSE) which of course is different to becoming a birth parent. Some of the therapists identified that foster parents should be offered the Marte Meo communication skills programme as part of their preparation as foster parents. Given the focus of this study on parents’ and professionals experiences of childhood interventions within a Marte Meo programme, the issue of the needs of foster parents were not explored within this study.

enables families to re-attach to the child and take the child back into the family fold (see discussion Chapter Four ‘getting a diagnosis and accessing services’). Being child-centred would appear to be one of the key components of the programme for the therapists.

In this study the Marte Meo method was identified as a tool that therapists could use successfully to support and empower families. Therapists suggested that the method helps to give families and parents back a sense of the self that is often splintered by their past; it emphasises the positives and gives them back the skills (often lost or not recognised within the medical approach) to support their child’s social and emotional development in everyday interactional moments. Therapists acknowledged that many families had to revisit all that they had learned about their child and adjust and, or, relearn new techniques of being with their child. They recognised the Marte Meo method as a key tool in this process. Belenky, Clinchy, Goldberger et al. (1997) refer to this process as ‘perspective taking,’ which involves a complex move beyond a world of subjective knowing (known by the self) and received knowing (knowing of an authoritative other) to a more complex world of procedural knowing.

It is not a negative experience at all; it is actually pleasant, that they [parents] can learn in a pleasant way; that they are not put down. But they are very good at putting themselves down. (FG2 3-6 years)

In their articulation of a journey of transition, the therapists provided an introduction to the complexity of their story of the Marte Meo method; for them was ‘a gift’ that in turn allowed them to gift others, parents and families. The story of the beginning of their journey is articulated in the next section.

Beginning of the journey of acquiring the gift

This study revealed how the experience of using the Marte Meo method was, for therapists, a journey. The experience of the journey was articulated on three levels; in the sense of their personal journey as a professional, their sense of self and who they are as human beings and the journey along which Marte Meo brought both the therapists and the families with whom they worked. This journey of becoming was articulated in many ways by the therapists, such as:

I feel Marte Meo has been the best thing I have ever done for my own clinical practice I find it very empowering and very supportive. (FG1 Therapists 0-3 years)

Another suggested that the adaptability of the programme, as well as the training the therapist received, enabled them to change and become²⁵ for each family they encountered and according to their needs:

It is the process and the different types of families and how you change with the different families. (FG1 Therapists 0-3 years)

While another participant pointed out that the underlining philosophy of the Marte Meo method permeated her working practices:

I use a lot of the Marte Meo communication skills, just in my own work, the really basic ones, the looking, the real stuff; ok just slow down, what is going on here? So for me they are the real core values and principles and that has a huge impact on my own practice. (FG2 Therapists 3-6years)

This journey began for some therapists when they were introduced to the method through other colleagues who expressed their enthusiasm for the programme. One participant indicated how, through participating in information sessions on the method, she became convinced that becoming a Marte Meo therapist was the way for her to give to families. Giving in this context suggests the notion of being with the family, of having no agenda or expectations beyond those of the family. For her, engagement with families was not a schedule to fulfil, and the ticking of boxes to facilitate the report-back loop. Rather, it meant real engagement with children and families, which for her resulted in helping families and children:

I was working as a nurse in the mental handicap field and we were always looking at different ways to help the children how to communicate and I came across it through a colleague in work who brought me further into listening to Maria Aarts who was the founder of the Marte Meo. And I initially was bowled over by it because of the visual reality and it kept you more or less in the here and now, and you could go back and say, yes this is something I could do to help families, to help children to actually see for real what it is all about instead of going into all the complications of ticking boxes. (FG3 Therapists > 6 years)

Another therapist suggested that the initial introduction with Marte Meo enabled a questioning of her practices to begin. The preliminary introduction to Marte Meo was an epiphany moment as it opened up new ways of possibilities for her to work with children and families:

²⁵ Heidegger suggests that human beings, by choosing possibilities in their lives, are constantly becoming. Being a nurse is not the end of her/his potential rather s/he has numerous possibilities of what s/he could become (Duffy 2011). In this sense the Marte Meo method enables the therapist to be open and create a situation for parents and their child to develop their potentialities.

I worked in child care previous and I think I was going into families and you were addressing parenting issues which weren't really doing anything. Like you'd come out from visits and say, "what did I do during that visit?" Whereas when I went to a presentation about Marte Meo I thought, that is it; that is what I need to be doing going into the families. (FG3 Therapists >6 years)

In this study a clear picture emerged from the therapists that their past experiences of working with families led them to appreciate the potential of what a Marte Meo approach can (or could) offer and achieve. Their questioning of "what was I achieving?" changed to an affirmation of "*I can achieve*" by using this method. For others the attraction of Marte Meo was:

The whole emphasis on the positive and just looking at the families (FG3 Therapists >6 years)

In other words, participants found meaning in their journey of becoming a Marte Meo therapist. Weber (1963, p.33) indicates, 'all process or conditions remain meaningless if they cannot be related to a meaningful purpose.' The meaningful purpose for these therapists was assisting children and families they were working with historically, or at the time of the interview. All therapists interviewed had an underlining need, a yearning to do more, to find a way to enable families to be and to parent their child. This knowing and understanding of parental difficulties, based on the therapists' experience of working with families, made the therapists open to the potential of the Marte Meo method when engaging with families. While the therapists had an underlining understanding of the needs of families, they did not have the necessary skills to meet them. Marte Meo not only offered them a skill set but a philosophy of becoming and presence (the concept of presence will be explored later in this chapter) with both parents and children, which they could communicate to and with families. Thus Marte Meo is a child-centred approach which ultimately views the child/parent-as-person and the therapist-as-person, thus recognising the humanity of both participants in the relationship (Mead and Bower 2000 p.1090).

When therapists made a decision to incorporate the Marte Meo method as part of their work practice they began with the process of learning and engaging with the programme. The novice therapist began a socialisation process, through which they learnt the cultural norms and beliefs of Marte Meo, how to fit into that culture and incorporate such knowledge into practice. Mackintosh (2000, p.323) speaks of the

process of socialisation that applies to nursing; but equally in this case it can be applied to becoming a Marte Meo therapist:

Socialisation processes have a fundamental impact on the nature of care, for whether care is regarded as an innate human trait, a moral or spiritual imperative or part of a reciprocal relationship, and regardless of its physical or expressive nature, the care which [nurses] Marte Meo therapists provide is shaped by the socialisation [nurses] Marte Meo therapists' experience.

There were many stages along this journey which did not follow a linear pattern. This pattern was due to the complexity of the families that the therapists were working with, and also to the need for therapists to grow their own confidence with the method. The novice therapist moved from the rule-bound activities of using technology such as the video camera, the how of using the Marte Meo language, the knowing that supervision²⁶ enabled (both of the family and therapist to develop) and a recognition that the process of being supervised allowed for the development of their creativity and flexibility. Thus the individual therapist was involved in a process of movement; from being a novice learning the techniques toward becoming an expert where the latter is achieved through experience of working with families over many years. The process of acquiring the skills was both tedious and painful as one became a Marte Meo therapist:

I found the training a little bit kind of pain-staking, well more than a little bit, very pain-staking at times. (FG3 Therapists >6 years)

And another reinforced the challenges of acquiring the skills by using the words

Hard going ... and I think at the time if you had asked me what the training was like I would have gone, oh my God this is really tough and I don't think I am ever going to get there. (FG3 Therapists >6 years)

The Marte Meo novice therapists were provided with 'rules' of engagement with families that had to be learnt and carried out proficiently. As May and Pukis (1995 p.285) put it: 'Perhaps the most important effect of professional socialization is its function as a process, by which disparate actors learn things in the same way.' The training consisted of novice therapists being videoed and their interactive process with families analysed. It was through feedback they learned the skills of Marte Meo and improved their interaction and communication with families. In this way they

²⁶ Therapists participate in supervision throughout their training and after qualification. Supervision is provided by accredited Marte Meo supervisors and is scheduled bi-monthly for people who use the method as part of their work.

acquired the ways of knowing pertinent to the Marte Meo method. In addition, the process enabled the therapists to integrate skills toward enabling them to recognise parents' everyday sense of self within their parenting role. Menkel-Meadow (1996, p.66) suggests that when one works from women's ways of knowing it has 'greater diversity of sources and comes with a greater humility about its claims for universal truth across time and cultures.'²⁷ In this way the novice therapist took all the ways of knowing they had acquired through previous training and integrated a new way of thinking. Thus the Marte Meo training acknowledges that there is not a universal way of knowing; rather it is imbued with cultural meaning and understanding. However, the next section illustrates the difficulties that can arise when an inter-disciplinary team works from a masculine way of knowing and how it can lead to needing universal truths which may be incompatible with the practice of Marte Meo.

In their early engagement with the journey of learning to be Marte Meo therapists, the notion of timing and when to introduce the therapy to families and when to share their enthusiasm for the method with the multi-disciplinary team was considered. The experiences of the therapists in this endeavour are described in the next section.

Timing and the sharing of the gift

Much has been written about getting in early for some diagnoses and of how this can lead to a better life for the child in the future (Kazdin 1985; Patterson, Dishion, Chamberlain et al. 1993; Webster-Stratton and Taylor 2001). Notwithstanding the need for an early response, the time of the introduction of the Marte Meo method (which begins with the here and now) was viewed as being difficult for some parents as they were caught in a cycle of difficulty. Findings of this study suggest that this cycle of difficulty was characterised by the child becoming lost to the parents and, for some, being reconstructed as the difficult hard work child (see Chapter Four). Therapists in their questioning of the time-frame for introducing the Marte Meo method appeared to be aware of this cycle of difficulty. The therapists expressed their feelings around timing and, in particular, their need to consider the parents readiness for what, for some, was yet another therapy. They spoke of the

²⁷ Processes of meaning-making, derived from women's ways of knowing, are not solely developed from the standpoint of gender. Rather they reflect a postmodern acknowledgement that our knowledge (of many things) is acquired from many perspectives, beyond the notion of the existence of a universal truth and authoritative knowing.

difficulties they experienced around introducing the Marte Meo method to both families and members of their multi-disciplinary team:

The timing as well is so critical in the work, the process that the family are in themselves. (FG 2 Therapists 3-6years)

Maybe four or five months down the line, when they have got a diagnosis or not, and then realise regardless of what is wrong with them, they still need to put supports in, then they are more open to the information. (FG 2 Therapists 3-6years)

Equally in work using it to give more information to staff around particular children's development, there is that conflict of curricula and services run by organisations and the actual child's developmental needs in that moment. (FG 2 Therapists 3-6years)

Some participants who were longer practicing Marte Meo therapists made decisions about taking on families, seeing the need for both early family intervention, openness towards the method and towards the person who makes the referral:

And I think it depends on who makes the referral to you and if the family have come forward themselves, say to the public health nurse and said, "I am not managing, I need some help." And the nurse might say, "will you do the Marte Meo programme?" And if I get them very early and if I am able to pick them up very early, because I would operate from a waiting list, I would have about 22 families on a waiting list, but sometimes if I know there are no drugs, this woman is highly motivated, the problem hasn't escalated at all, she needs a short bit of intervention. If the nurse has assured me that she will keep all the appointments and if the nurse is involved with the family, I can go in there. (FG 3 Therapists >6years)

In this way the more experienced therapist made choices about the families that they would work with, thus working from a Menkel-Meadow (1996) way of knowing what would be suitable for what families.

However, in their desire and enthusiasm to find a solution for families through the Marte Meo method, there was a potential for novice therapists to overstretch themselves and became frustrated in their own lack of success:

I am actually getting stressed about not meeting the needs of the family because when I am focused on something I can stay with it and I feel like I am missing out in the gaps. (FG1 Therapists 0-3 years)

Participants with more experience suggested that as novice therapists one's enthusiasm could lead to a belief that Marte Meo was for everyone, while experience taught them that in reality Marte Meo does not work for all families:

This method doesn't suit everybody and when you are training I suppose you are enthusiastic obviously on the one hand, also you are under pressure to make your film and present it to supervision. So you didn't really have much room for manoeuvre. So if someone cancelled an appointment, you literally were at the door the next day waiting to make your film. And I know in hindsight maybe the families that I chose, or were referred to me, weren't families that the method was going to work for really. (FG3 Therapists >6years)

The observation of this experienced therapist suggests that the actual training is not the end of acquiring knowledge; rather it is through reflexivity that a therapist comes to an understanding of the fit of the programme for families. Furthermore, the suggestion was made that, in time, the training provided participants with the ability to be able to acknowledge these limitations of the Marte Meo method. Evidence suggested that awareness of the limitations of the programme begins early in the career of Marte Meo therapists:

Marte Meo ... it doesn't always fit; you know when something fits (FG1 Therapists 0-3 years)

[It is] not a magic wand, you can't fix it all. (FG1 Therapists 0-3 years)

Furthermore, being comfortable with the reality of the limitations of the method was associated with the moral element of recognising that it might not be the therapy for all situations:

But I mean the reality is that sometimes it doesn't work, I mean it would be wrong to give the impression that this is wonderful and it works with every family. (FG1 Therapists 0-3 years)

In their articulation of the notion of timing and the introduction of the gift, the therapists articulated the complexity of the decision-making necessary as to the 'when' or indeed the 'if' of introducing the Marte Meo method to families. Novice therapists were more ambitious in their expectations of what the method could do for families, while in time experienced therapists recognised that enthusiasm for the method needed to be tempered with a question of fit, or not, as an intervention for all families.

Notwithstanding the need for decision-making as to the suitability of the programme, both the philosophy and skills of the Marte Meo method allowed the therapists to tailor their interventions to fit the needs of families in all their complexities. Within their journey the therapists identified three areas that enabled them to empower the families, namely, seeing, showing and presence. Specifically,

the use of video pictures allowed the therapists both to see and show the positive interactions that were present between the parent and the child and to use these pictures to build the parents' sense of self. The process of the seeing and showing of the journey of becoming will be explored in the next section.

Journey of Becoming: seeing and showing as a dynamic between therapist and family

The participants suggested that being with and getting to know the families prior to introducing the Marte Meo method to them was critical. During the first meeting with the family, the therapists emphasised the importance of seeing the family in their own home and in their own community. Early introductions were facilitated through social interaction, for example, drinking a cup of tea or coffee with the parents. This social process of the gentle entry allowed the family to be themselves, and without expectations – at least from the perspective of the therapist. In addition, the therapist was able to view the world of the family and begin to develop a sense of the family beyond that of one recommended to the Marte Meo method. The social processes of the first encounter were expressed thus:

They don't have to be up and dressed, sometimes they are in their pyjamas; that is fine. You can still do the work. And you get a good sense of the family as a unit, just even going in and having the cup of tea first before you begin the work. And even in the areas where they live in you pick up on the stresses; just by driving down to it or walking into the flat complex and you see what people have to pass each day. You know, you really go into their world. (FG3 Therapists >6years)

During the first encounters, realities of everyday life of the families became visible for the therapists to see, and the families did not hide from showing their authenticity to the therapists. In other words, therapists were mindful of the families' presentation of themselves as they were in all their vulnerabilities. Marte Meo therapists practiced from the standpoint of 'open-mindedness, acceptance and tolerance' particularly when they worked with families who 'do not share one's own values, beliefs, attitudes and behaviour' (Wilson 1999, p.18). From a Heideggerian (1962) perspective, families experienced the authenticity of the self through the way they presented themselves to therapists (see Chapter Four).

Findings from interviews with the parents (see Chapter Four) indicated that for some families, experiences of other family interventions, or of health care providers, led them to an understanding that they

face[ed] unwilling acceptance of himself [sic] by individuals who are prejudiced against persons of the kind he can be revealed to be (Goffman, 1963 p.58).

By taking the family at where they were the Marte Meo therapists gifted the families to be themselves, while at the same time they opened up avenues where they could choose their “authentic way of being.”²⁸

While therapists were clear about process of the social aspect of their first encounter with families, just how they would utilise the skills of the Marte Meo method with families could not be pre-determined. In other words, the context of the therapy was something that the therapists appeared to have little control over. In some instances there was a sense of throwness, not only for the families (see Chapter Four), but also for the therapists. Therapists usually found themselves managing some degree of confusion and anxiety in two areas: that of their workplace and of the families with whom they were working. At a family level there were pre-conceived ideas of therapists (for example, an expectation that the therapist would be some kind of *Supernanny*²⁹) as well as anxieties, particularly around the use of video pictures. In their endeavours to help families understand the focus of their role, and to adjust to the use of the camera, the therapists demonstrated an understanding of individual family systems (Von Bertalanffy 1968) as well as developing a respectful, trusting and supportive relationship between the families and themselves.

I think if you can get the trust you can work, if the trust isn't established you are pushing a ball around aren't you? (FG1 Therapists 0-3 years)

It could take a year. Again you are building a relationship with the family. (FG3 Therapists >6 years)

Understanding that parents needed to trust³⁰ their therapist and that this would take time to build, was the central planks upon which the therapists engaged the Marte Meo method. As Thiede (2005, p.1456) indicates, ‘trust is always rooted in experience’ which leads to both ‘emotional and cultural security.’ Time given to the

²⁸ Heidegger (1962) suggests that we all have choices in our lives in particular the choice to become the fully human being that is within our potential. In this way Marte Meo therapists enabled the families they worked with to choose their possibilities within the situations they found themselves.

²⁹ *Supernanny* is a reality television programme, which originated in the United Kingdom and was first broadcast on Channel Four. The programme focuses on parents struggling with their children's behaviours and how insights and interventions by a nanny, who spends time with the family, helps the parents in their role.

³⁰ Trust in the context of health care has been described as a voluntary action whereby an individual has expectations about how they will be treated by another, both now and in the future (Gilson 2003). As we have seen in Chapter Four some families had their ‘trust’ in health care professionals shattered.

development of a trusting relationship between the families and their therapists allowed for an authentic sense of self for the families. Time then, in this therapeutic setting, was not the driving force in a sense of a finite or concrete element; rather it was time as a process that allowed for the building of a relationship of trust between families and therapists, an acceptance of the use and role of the camera/film and for finding solutions into the future:

I am now working in autism and I find that I am using it [the Marte Meo method] nearly all the time, again because it is very basic, down to earth and families [orientated]; they seem to just gel; they seem to just come into your zone and they see what they see. There is nothing opinionated about it because you are using film all the time and you are going back with very simple, basic, concrete working points. You basically work from the strengths of everybody. And it goes along with where the people are at, at a given time, be it their family life, be it where their child is at, whatever the difficulties they might have would go, well let's start with this and make our film. (FG3 Therapists >6 years)

The notion of time was also considered in terms of what had happened to parents prior to the introduction of the Marte Meo method. The therapists recognised the impact of what had come before for parents, that is, in relation to the diagnoses and/or other therapies families had engaged with:

I think basically if they are out there and they want help and they are after going through the internet and they are after reading everything they could possibly see and still not seen where they need to be themselves, just lost, there is a feeling of being lost. (FG3 Therapists >6 years)

[Engaging the Marte Meo method is] about meeting them [parents] with their child in that sort of essence of being a child which gets so lost for parents. And it is getting, thankfully now, less lost for parents of children on the autistic spectrum where there was almost this sense of being with your child wasn't allowed because everything was over researched, over prescribed [sic] and just to see that this person... (FG1 Therapists 0-3 years)

Therapists recognised that they were introducing yet another therapy, and into a context where many families had been offered, or were part of, a number of services and therapies which did not meet their or their child's needs. As with the findings from the family interviews (see Chapter Four), the therapists were aware that, for many families, the cumulative effects of the diagnosis and the multiple interventions (but without success) led to changes in families' perceptions of their ability to care for their children. Therapists recognised that parents were disempowered, resulting in a belief by parents that their skills and ability to care for their child were reduced or

diminished. Therapists commented on the extreme outcome of this process of disempowerment of parents that led to them questioning not only their ability to parent their child but whether they could like or love their child, or indeed if the child was loveable:

[One hears] a lot of parents saying they don't like their child, there is a lot of that. (FG3 Therapists >6 years)

I mean they love their child but they don't like the child. (FG3 Therapists >6 years)

Therapists enabled parents to be present to and with their child. In some cases it was necessary to show the parent(s) that the child wanted to engage with them.

I suppose the other really powerful thing about it is being able to show the parent where the child is actually communicating very positively and often they are really entrenched in this negative view of their child and that just keeps being built on. And it is just being able to break that down and show them ... that can be fantastic as well and just opening them up to a different possibility within a relationship. (FG3 Therapists >6 years)

The therapists were aware that some parents held negative views of their child, sometimes views that were entrenched because of historical circumstances; for example, the departure of the child's father following the birth of the child or because of difficulties around the child's behaviour or diagnosis. In seeking to enable parents to be present to their child the therapists began a process toward addressing the negativity. In so doing they worked toward bringing the child back³¹ to the parent and onward to a journey of discovery, with many avenues of possibilities for the development of a relationship between parent and child:

Marte Meo can sit very much with that [negativity] in terms of building back, giving them [the] opportunity to start to learn to like [their child], warming up the parents to be able to engage again and build a relationship even if it is in a five minute or 10 minute space and you are filming it back, they are the building steps. (FG3 Therapists >6 years)

The therapists were also aware of the need to recognise that the parent(s) once had a relationship with their child and need to re-establish that relationship. All of the therapist participants in this study recognised that this was not an easy process but one that was ultimately worthwhile.

³¹ When a child is born most parents are full of positive feelings toward their child with multiple dreams and expectations for their life (Keenan 2001).

Despite the level of parental self-distrust regarding their ability and their love and affection for their child, picked up by the therapists, therapists did point to the fact that the consequences of a Marte Meo therapy intervention did result in parents expressing a more positive experience of themselves and their child. As well as being positive for the parents, the expression of positive experiences by the parents was also a motivating factor for the therapists themselves:

You know when parents do the evaluation sheets, when they do them, well they can really motivate you because some of their comments are really good. I like my child now, I enjoy my child. We have conversations at the table now. Or, I know my child is not just bold. (FG3 Therapists >6 years)

While not all parents completed an evaluation sheet of the programme and some dropped out, therapists believed that most families gained from their participation in the Marte Meo method:

Even people that I have worked with who maybe didn't stick with it, still would have got something. I would feel that they got something out of it. (FG3 Therapists >6 years)

Therapists recognised that the Marte Meo method involved a process of parents learning, unlearning and relearning about their child. The therapists used this knowledge, this seeing and this knowing, to build a relationship of support and empathy with the families. They identified the importance of the Marte Meo method in achieving this:

I had a really strong sense that this was a really, really important process to bring to families. (FG1 Therapists 0-3 years)

While the Marte Meo method was viewed as positive for most families to whom it was offered, the suitability of the method for parents with literacy or learning difficulties was noted, particularly with regard to the visual elements so central to the programme. The process of enabling parents to show and to see transcended parents' literacy and intellectual ability:

And a lot of people I would go into, they would have literacy problems so the visual imagery would really make sense to them. A lot of people with learning difficulties, you would give them a sheet of paper and they wouldn't even look at it or anything, but when they look at their own pictures and their child, they can see it, it is slow but they can see it. So I enjoy what I do, the work that I do. (FG3 Therapists >6 years)

The focus on showing and seeing that is central to the Marte Meo method was for the therapists both the process as well as the tool that enabled them to work with those

who care for others, whether they were parents, foster carers and/or carers of older people.³² This seeing and knowing was identified as a strength of the programme. Therapists developed the ability to see and know when and where the Marte Meo method worked, through what they called acquiring 'a trained eye' (FG3 Therapists >6 years). While another therapist put it thus:

I go into a family now and I don't even have to have the camera on and I nearly know there is my working point and I think it is about the eye. (FG3 Therapists >6 years)

In essence the therapists recognised their ability to see what was happening in reality about them. It was that knowing, through seeing, that generated the working agenda for their interaction with families. In other words, the agenda was always determined by the needs of the child and the family:

Or you could go into a family and they would say, "Oh God you should have been here yesterday, he was kicking up something terrible." And you say, "Well that is not what we want, we don't want to see that, we just want to see him today, in five minutes, in two minutes in fact we will know what we want to start working on." (FG3 Therapists >6 years)

It was the ability to work in the here-and-now as it presented itself and not what had happened before in some unseen time that brought the child back to the parents.

The therapists described the power of the film as a medium of communication within the programme:

The picture speaks a thousand words. (FG 1 Therapists 0-3 years)

They spoke of the reaction of parents when they saw themselves on video, and how the therapists perceived it to be a moment of shared empowerment for the parents and the therapists. Initially, the seeing was around the child:

I think the feedback from parents for me was, gosh I haven't seen that before, I have heard this from the teachers and heard that, but now I am actually seeing it. (FG 2 Therapists 3-6years)

Sometimes it also creates a positive thing around an identity for a kid because often you might have a file that is so thick and how a child looks on paper can be very different to how they are in a situation with peers around their own age where they are having spontaneous fun and actually, you know, Tommy or whoever, isn't all that bad. And it is nice to start creating a different narrative around that child. I think it is nice for parents to go away feeling, ok it is not all bad, it is not all doom and gloom. (FG 2 Therapists 3-6years)

³² Some therapists who participated in the study engaged the Marte Meo method when caring for older people.

In time the therapists noted that the parents, through being shown and subsequently seeing for themselves, developed a sense of their own self-worth. The dynamic created by the parents' growing sense of self-worth gave the therapists a great sense that the families they were working with were beginning to see that they had the tools (through the Marte Meo method) to move from the past into a better future with their child:

You know when you see the emotion; it is like a connection between the child [and the parent]. You know when the parent really appreciates what the child has just done; you know that lighting up of the face when they have had a really difficult time. The parents are coming to you and they have had a really difficult time and suddenly then, with a bit of Marte Meo, they can begin to enjoy, appreciate, and when the parent turns to the camera to share that with you, look see what he did. How do you quantify that? (FG 2 Therapists 3-6years)

Even for a family where life is hard and isn't it really important that if Marte Meo shows them anything, it is how to get them joy or some experience of joy back from all the hard work and effort that they put in. And it is just those pictures. (FG 2 Therapists 3-6years)

When I see a parent react emotionally to something then I know it is working that is how I know it is working. (FG 2 Therapists 3-6years)

In seeking to articulate the complexity of the dynamic of showing and seeing that underpins the process of the Marte Meo method, the therapists foregrounded the importance of communication to the whole endeavour. They drew on terms such as 'basic' and 'simple,' yet what they described was a complex reality of social, psychological and cultural knowing and experience, which essentially was about the notion of presence:

But I actually think that they are actually the basics and maybe that is why they are so simple. The problem is, I don't know whether it is cultural or society at the moment or whatever, but I don't think that we have basics anymore and I don't think that there is good communication out there with families. (FG 2 Therapists 3-6years)

There is a lot of depth in its simplicity I think and that is the bit that always strikes me, when you are just saying, Jesus I know none of this, yes, I do think there is so much depth in its simplicity. (FG 2 Therapists 3-6years)

It is nice to kind of have that experience as well, like it is there and it is basic but it is not all that basic, you know, it is about tuning into it. (FG 2 Therapists 3-6year)

Central to the notion of presence is not just the physical proximity of self and other but the uniqueness of the human being, the inter-subjectivity of the self and other and the reciprocity that can occur between those experiencing the presence (Doona, Haggerty and Chase 1997). Furthermore, the notion of presence is the antithesis to the depersonalisation of the self and other that can occur within a health care system (Clarke 2001). In other words, presence brings the child back to the family beyond the diagnosis (see Chapter Four) and beyond the ‘file’ and how ‘a child looks on paper’ (FG 2 Therapists 3-6years).

As we have seen in Chapter Four, when the Marte Meo method commences families bring with them all the understanding and learning that they garnered from past therapies whether they be negative or positive. Parents learned that their family worth, value and understanding of whom they were in the world could be undermined. According to Howard (2002, p.59), ‘It is only through being object that we can be given a value, assigned a worth, some ‘thing’ that can be assessed.’ While Sartre, (1969 p.261) suggests: ‘it is [in] the recognition of the fact that I am indeed that object which the Other is looking at and judging.’ However, the experience of the therapists suggested that the employment of the Marte Meo method foregrounded the essence of presence for parents and their children and for families and the therapists. As Heidegger stated (1977, p.9) ‘lying before and lying ready characterize the presencing of something that presences.’ Central to the presencing of something that presences within the Marte Meo method was the technology of the camera as a means to an end as well as the human activity (Heidegger 1997, p.5) of the therapists and the parents and children around it. The experiences of the seeing and the showing and the presence of the camera will be explored in the next section.

Journey of Becoming: seeing, showing and the presence of the camera

The initial engagement with the technical equipment and the bringing of the camera into the homes of families was difficult for the therapists:

I found initially, first off I was nervous going in with my big huge RTÉ³³ camera at the time, thinking, oh God I must get up these stairs before anyone asks me where I am going. (FG 2 Therapists 3-6year)

³³ RTÉ is the Irish public service broadcaster.

However, they quickly moved on to seeing the power of the video pictures both for their own practice, their colleagues and for the families. Through the Marte Meo method they felt empowered to provide families with the tools to see the positives in their interactions with their child, and also to suggest ways to build on the positives and give parents back the ability to parent their child:

Sometimes they don't see it but the power of the video and being able to stop it and if you get the close up... I am thinking of a family I had, the little fellow was 18 months and he used to sit on this kitchen table banging his head off the wall. And she couldn't look at him because the partner had been violent and left and the child was the image of the father so she couldn't look at him. So we really came close in and I remember she was crying at the review because she never realised his eyes were that big and brown. And that was the start of turning that.... So the pictures are powerful. (FG3 Therapists >6 years)

It was the experience of some therapists that the camera and video pictures were the conduit of a moment of epiphany for parents, when at a moment in time on their journey of throwness (see Chapter Four) the parents began to see their child as the child and not as the image of someone else.

I am this self which another knows. And this self which I am – this I am in a world which the Other has made alien to me, for the Other's look embraces my being (Sartre 1969, p.261).

The child had been alienated from the parents through other experiences; the Marte Meo method reintroduced the child to the parents through the use of the camera. It was this showing and seeing that enabled the parents to turn toward the child. Due to the showing and analysis of the pictures there was a renewed sense of self for both the therapists and the families; in other words, 'As it is "Being-seen-by-the-Other" is the truth of "seeing-the-Other"' (Sartre 1969, p.257). Some therapists described how they were looking for a way to empower and support families that they knew were in distress and how, through the Marte Meo method, they finally found the tools to bring about this engagement. The transfer of this knowledge and skills to the parents in a practical and positive manner, through the media of the camera and video pictures, was seen by the therapists as the working in the here-and-now with families:

I think with it all, it is about really accepting where the family and children are at, understanding how that family is working and how to adapt to that, to expect not to push them too far ahead or too fast because you have to be aware of what are they able to do for now. (FG1 0-3 years)

While the therapists viewed the camera as a means to showing what was going on for children and their parents, they were aware too of some degree of scepticism on the

part of the parents that the behaviour demonstrated on camera was confined to the occasion of the visit of the therapist:

And they would give me a call and they would say, “She is only doing that for the camera.” I would say, “Ok maybe she is but I know she is able to do it so we can move it from there.” (FG 3 Therapists > 6years)

And it was not just the good behaviour of the child that was credited to the presence of the camera and the therapist, parents too used the occasion of viewing themselves to mention and question what they perceived as their own shortcomings. However, what could have been accepted by the therapist as parental self-criticism was re-focused on to the ability and potential of the parent:

After nine minutes of filming I actually kept the camera on, I kept the camera on because it was so good. And afterwards, and this is not being cynical, but the parents were saying that that was partly because I was there with the camera. But I was saying, “No, that in my own view what is happening here in terms of structure, what are you doing that is different to what you would normally do?” And often times, reflecting on that, a parent would say, “well, to be honest that is not the way I am when I am doing the homework, I am not that patient, I don't tend to set it all up like that.” So I think that surely to me that is the effective side of Marte Meo, that if somebody gets an opportunity to be there the way they can support their child, and support their child so that their child's well being is paramount. (FG 2 Therapists 3-6year)

The notion of respect, power and relationship building are concepts that therapists acknowledged as part of their role as Marte Meo therapists. This reflects Ward and Savulescu's (2006) suggestion that health services should be based on trust and mutual respect. In relation to respect and power, the therapists felt privileged to be a part of the intimate journey that families went through as part of the Marte Meo method. They recognised the power of the video pictures, and spoke of how they sought to reinforce the positive supportive interactional moments (in everyday moments) that the parents needed to provide for their child's social and emotional development. Therapists commented on how they identified and built on the positives they saw through the video pictures and how they acknowledged the powerful nature of this information for the parents. In addition, they were mindful of the potential power of their role as therapist within the process and the need for self-awareness around that realisation:

But the prescriptive aspect of it, it is definitely there and you are privileged. So sometimes you are sitting there and you are presenting a piece of film and just be so aware of I am a very powerful. (FG 2 Therapists 3-6year)

Through the Marte Meo method it was not only the parents who grew in their ability to see the positives in their own interaction skills. The therapists described how they too, at times, doubted their own abilities to bring about change through the Marte Meo method for a particular family. In such situations they would film themselves to affirm their own communication skills. Both the ability and willingness to see the communication skills of the self, made possible through the use of the camera and film, were identified as another strength of the Marte Meo method, particularly so for the novice Marte Meo therapist:

I film myself. If I get stuck in some way I film myself and actually see if I am giving the information, do they understand it? I film myself a lot. (FG 1 Therapists 0-3 years)

The potential of the camera and video film to enhance the ability to see, look and to attend is a human endeavour, it implies cognitive ability and is beyond the mere capacity of mechanisation. O'Donohue (1997, pp.86-88), an Irish poet and scholar, explores our sense of vision by describing the eye as 'a dawn' and our field of vision as 'complex.' Thus, while our vision as a dawn can accommodate the appearance of something, its complexity means that when our eyes look out, they cannot see everything. According to O'Donohue, our vision is always selective and we select what we want to see and evade what we do not want to see. He describes how 'The human eye is one place where the intensity of human presence becomes uniquely focused and available' (O'Donohue 1997, p.86). The experience of the therapists in the findings of this study suggest that the synergy between the mechanism of the camera and video film and the coming together of the humanity of the therapist, the parents and the child are fundamental to the success of the Marte Meo method.

This section has described and analysed the process of the seeing and showing between therapist and family. The next section will present how this seeing and showing is influenced by external factors, and how the mechanisms, identified as important by therapists, brought about a positive outcome of the Marte Meo method with the families.

Journey of Becoming: seeing and showing as a dynamic between therapist and resources

Therapists recognised the dominance of a medical model of service delivery and service resources within their work environment; resources within the system are more directed toward cure and repair models of health care and a medical model of

primary health³⁴. They experienced a constant need to argue for the justification of the use of Marte Meo and to obtain resources to do so. While therapists knew there was a need for Marte Meo method interventions to deliver positive outcomes for families there was a constant pressure to find resources to do so:

With my experience, I suppose within community care as a case worker, because the work is so crisis driven, it was always really hard to plan around doing very structured work, and it does have to be very structured. (FG1 > 6 years)

Our time is so precious in terms of our resources generally and we are so under staffed in lots of areas. (FG1 > 6 years)

This pressure was more acutely experienced by the novice therapist:

I think a lot of the families are just very, very, they are just lost in themselves and they just can't see, their needs are just so great as well and I have far too many Marte Meo families, I have eight, and I am drained with them all actually. But that is because I have been keeping myself busy because I am trying to just find my role in the new team I am on, and I am doing it with two other teams and they have no Marte Meo therapists so I am providing that as well. (FG1 0-3 years)

Equally novice therapists needed to balance their workload so that they could be present for the families. In some instances the pressures to produce results or 'champion' the cause of Marte Meo lead to the therapists being over stretched:

I am actually getting stressed about not meeting the needs of the family because when I am focused on something I can stay with it and I feel like I am missing out in the gaps. (FG1 0-3 years)

Not meeting the needs of the family was articulated as a personal professional responsibility for this novice therapist, albeit with a recognition of an associated absence of resources. While recognising the need for resources for the adequate provision of the services, therapists were clear in their articulation that the Marte Meo method would not suit and work for all families (see timing and the sharing of the gift). This knowing was important in understanding the needs of the family. In instances where the Marte Meo method was considered unsuitable the therapist was comfortable with this knowledge and acknowledged it:

Marte Meo ... it doesn't always fit; you know when something fits (FG1 Therapists 0-3 years)

³⁴ See Health Service Executive 2008; Dale Tussing and Wren 2006; Wren 2003; Department of Health and Children 2001.

Being comfortable with this reality was also associated with the moral element of recognising that it may not be the therapy for all situations:

But I mean the reality is that sometimes it doesn't work, I mean it would be wrong to give the impression that this is wonderful and it works with every family. (FG1 Therapists 0-3 years)

[It is] not a magic wand, you can't fix it all (FG1 Therapists 0-3 years)

A key factor in the therapists' ability to see and know their own role, as well as the limitations of their role as Marte Meo therapists, was the availability of supervision. They acknowledged the importance of supervision both in their own professional development and also for working with complex families where progress was slow, though for some there was a tendency to focus on the family's needs rather than their own:

I do find supervision very helpful [and] trying to keep a log before I go, [particularly] things I find very hard or ... (FG1 Therapists 0-3 yrs)

The ongoing supervision as well, especially for people like myself who don't use it [Marte Meo method] all the time, it is great, it is really reassuring to be able to come here and to learn from other people working in different settings. (FG3 Therapists >6 yrs)

I think using the supervision for myself, I tend to orientate my supervision to get the information about where to go with the family, how to pass blocks or challenges; but I am not good at looking at the process piece of integrating for myself that whole sense of doing the parallel, mirroring piece for myself, which I do with families and my supervision. (FG3 Therapists 0-3 yrs)

While the comment above suggested the desire to differentiate between supervision for the self and supervision for the other, that is, the family, the next comment suggested a synergy between a positive sense of self and a positive sense as the professional that could be achieved through supervision:

I needed to go and do this piece of work with [the Marte Meo supervisor]...I had a couple of really tricky families I needed to see.... One of my families, the mother has really shifted, and I was very aware [of] that at a cognitive level [that] I [had] clocked it and I marched off and I said, "Yes she has made those gains." And I immediately moved within myself onto, "And now we are going to talk about this and we are going to do that and then I am going to go to that family of my other job." I didn't leave any space to kind of integrate at an emotional process level within myself, this great achievement for this family and what it meant after a long time. And I thought about it afterwards in the car but it was for me ... the moment ... I had connected to the process of the supervision, as it would be for the family in their review. (FG3 Therapists 0-3 yrs)

As with the families the role of the camera and the video pictures was central to the process of supervision, where the therapists experienced the power of seeing and of being shown:

And even her [Marte Meo supervisor] supervision is so visual and focused because we are looking at film, it is not sit down and have a chat and how are you feeling, it is actually going back into it and reminding you all the time, oh yeah I remember, just from looking at somebody else's and sharing that. (FG3 Therapist >6 yrs)

The role of the Marte Meo method as a tool to find solutions when working with families into the future was apparent in this study. The therapists identified the usefulness of the Marte Meo method as a lifelong skill in many aspects of their professional work, and some of participants suggested that the Marte Meo method was:

Really information for life at the end of the day and it depends on how the dynamics happen in families after that. (FG3 Therapists >6 years)

While others spoke of keeping in contact with families that they work with to make sure that things are ok:

I'd go back to families after three months of finishing the programme with them ...to check in with families to see is everything still ok. (FG3 Therapists >6 years)

Summary and conclusion

This chapter explored the experiences of the journey to becoming a Marte Meo therapist as recounted by the participants in this study. The therapists described the movement from being a novice to, for some, becoming an expert in the Marte Meo method. However, all participants in this study were in the 'circle of becoming' where they understood that there was no finite becoming (Heidegger 1962), but rather a continued openness to the possibility of their potential as both a person and a therapist.

Key elements of the therapists' experiences of the Marte Meo method included: the beginning of the journey of acquiring the gift, the timing and the sharing of the gift, learning to use the video camera which resulted in both the seeing and the showing, and the creation of a dynamic of presence between the therapist and family. Through their training the novice therapist was on a journey of becoming, a journey

constantly open to the possibility of transformation of both the self and the families that they worked with.

CHAPTER SIX: THE COMING TOGETHER OF THE STORIES OF THE FAMILIES AND THE THERAPISTS

The purpose of this research study was to develop an understanding of the experience of parents and therapists who participated in the Marte Meo method toward enhancing parenting skills. The findings of the experiences of the parents are presented in Chapter Four and those of the therapists are in Chapter Five. In Chapter Six we bring together the stories of both. In so doing we create a narrative of their journeys of shifting meaning, unlearning and learning which ultimately brought them to a new sense of self, a sense of presence with self and with other, and the development of the self as gifting and being gifted (see Appendix C). The context of the journeys for parents and therapists involved a process of shifting from rule bound activities of a regulatory framework to a position of foregrounding the actualities, skills and knowledge of families.

The stories of both illustrate the earnestness of people who sought help and support for their child and those who sought to find a way to provide a service of response to those who needed to live as parents with their child. According to Arthur Frank (2006, p.7):

Stories are not models of correct responses to dilemmas, told so that others can act that way in similar situations. They teach us how to be serious about how we act wherever we find ourselves. If they are models of anything, the stories model moral sensitivity to what makes each situation unique and each decision difficult.

In our presentation of the final story of this research study, we seek to enhance the moral sensitivity of services (including service providers) for parents who require support in their parenting role. From the stories of the parents and therapists who have engaged with the Marte Meo method we seek to give direction for future education, practice and research.

Shifting of meaning

Both the parents and the therapists began their journey of the Marte Meo programme with a sense of a shifting of meaning. For parents, the meaning of themselves as parents began to shift when they realised there was something wrong with their child, while therapists experienced a shift in the meaning of how they

viewed the appropriateness of service provision for parents who needed support with their parenting role. Both at this time experienced a dialogue with the self that took them beyond themselves toward other. However, their initial journeys led to quite diverse experiences, with parents being drawn into the authoritative knowing of the institutional other, while the therapists, through the experience of their shift of meaning or indeed prompted by the shift, began to separate from the notion of authoritative knowing toward recognition of the agency of the individual. Thus, while the parents were drawn of necessity into an institutional circumstance of finding meaning, therapists, having experienced the institutional, were moving beyond it, back to a meaning that foregrounded issues, concerns and problems that were real for their client group. Each began a separate journey that was to find a common pathway in the future. The experience of finding the self in a circumstance of shifting meaning was for both parents and therapists a contingency of shifting notions of power, with the former experiencing a sense of being disempowered, while the latter experienced a sense of empowerment. Central to the disparate experience of the parents and the therapists was the recognition, or not, of their own knowing. Parents' knowing was subjugated to the authoritative knowing of a medical discourse, while the therapists' knowing was foregrounded as 'knowledge in waiting'³⁵ (Spouse 1998) through their realisation of the potential offered by the Marte Meo method and how they might use it when working with families.

Processes of disempowerment and empowerment experienced within the shifting of meaning are further explicated by Smith (2005, 1987) and her work on ruling relations³⁶. On the one hand, the parents experienced a fashioning of the self (including their child and their family) as an institutional representation (a formal diagnosis), where a range of formalised services could begin. Thus, their journey as vulnerable participants began in a system that transformed the local and the particular (their own subjective experiences) into a recognisable institutional work, where the 'objectification of institutional realities' dominated individual perspectives (Smith

³⁵ Knowledge-in-waiting implies learners [practitioners] holding a body of knowledge and a readiness to progress to the next stage, but with a limited ability to use such knowledge. In order to progress and develop their competence and expertise they need support and guidance from a more experienced colleague(s) [Marte Meo method and supervision] (Spouse, 2001).

³⁶ Ruling relations, or relations of ruling, imply a ruling apparatus, that is, the doings of organisations, government processes, bureaucracies and the expectations of management and professional circles that are/can be distant from/alienate the everyday experiences of those whom they come in contact/aim to serve.

2005, p.186). Therapists, on the other hand, through the foregrounding of their own work knowledge of what worked and didn't work within the system, began to dismiss what Smith (2005, p.156) terms 'the organization's organizational account.' Thus, their journey of assembling, critiquing and mapping their work knowledge began what was to be for the therapists a renewed and revitalised sense of the professional³⁷ self. However, despite their sense of renewal around the potential of the Marte Meo method, the therapists were aware of the dominance of recognisable institutional responses, particularly within a medical model of service delivery.

In summary, the lived experiences of both families and therapists, in what is described here as 'shifting of meaning,' produce an important guide on how institutional services can engage with families. There is a critical need to foreground the subjective knowing of the parents, to consider and respect it as knowledge-in-waiting; that is, knowledge essential to the endeavour of finding a way forward to help the family right from the beginning of their entry into the public domain of the authoritative knowing that is associated with finding a diagnosis and a solution. Through an assembly of the different work and professional knowledge of those who are part of the institutional service, there can begin an exploration of the relations of ruling within institutional services that support families. In other words, there is a need to begin to discover and pay attention to institutional order and power structures, toward shifting power back to the consumers of services and those who engage actively in the delivery of services.

Unlearning and learning

In the previous section we presented the early steps of the journey for both parents and therapists that ultimately would lead them to a shared journey in using the Marte Meo method. In this section we trace the complexity of their journey as they unlearned previously expected and prescribed roles, recognised personal skills and know-how and learned new ways of being a parent and a therapist. Both the parents and the therapists journeyed into a new understanding of what it means to be a parent and how best to support parents to parent their child. For both, the experience involved displacement and discovery before finally coming home to a renewed sense

³⁷ In this sense we are using the word to mean the work role of the therapist

of self that can best be articulated within the notion of presence. We will explore further the notion of presence in the next section ‘finding presence’.

The experience of displacement, as part of their unlearning, was for the therapists associated with a sense of newness, where previously practiced skills of engagement with families were no longer seen to be fit for purpose. There was energy around the potential of learning something new within the Marte Meo method, something that seemed more relevant and appropriate and that would lead to results. The therapists engaged enthusiastically with the process of the displacement, while at the same time experiencing some levels of disquiet and unease associated with the need for professional (and for many personal too) reflection (including the use of the video camera and video pictures) associated with being a novice Marte Meo therapist. Parents, on the other hand, experienced displacement as personal, where the very essence of themselves as parents appeared to diminish, most especially because their own sense of knowing was either not recognised and, or, not valued. While displacement for the therapists was a time of epiphany, for the parents it was a time of loss, where the old was not working and the way forward was one of uncertainty and vulnerability.

For both parents and novice therapists the process of being displaced brought with it responsibilities for making choices. For parents the choice was to accept treatment services for their child. However, for most, the choices were uninformed as parents lacked knowledge of the services and what they provided. Novice therapists³⁸, in their enthusiasm for using something new and relevant, needed to make choices too; choices in terms of which and how many families to engage with as Marte Meo therapists. It was a time when both appeared to feel exposed. The parents were exposed as vulnerable at a time when they appeared to feel disempowered as parents, when their own subjective knowledge had been replaced by the knowledge of the authoritative other. The therapists were exposed as vulnerable in their wish to take on too many families in their new role as Marte Meo therapists. In essence, common to both experiences of vulnerability was the notion of ‘ruling relationships,’ where within ‘the organization’s organizational account’ (Smith 2005, p.156) parents were making uninformed choices based on the direction of other; therapists were

³⁸ More experienced therapists had grown their expertise and were more comfortable in the limitations of choice both in terms of their own resources and the suitability of the Marte Meo method for all families.

seeking to be all inclusive, as they moved beyond the organisation and their need to acknowledge their own sense of something being better than the system of the medical model of service response.

Another shared experience of unlearning and learning was that of transitional knowing, where parents and therapists, each in their own unique and individualised trajectory of learning, experienced a privileged moment of possibility for change. For parents this was a realisation that existing things known about parenting now required a new way of knowing, and for therapists a realisation that they had, in the Marte Meo method, a tool that they could successfully use to support and empower families. They both, through their history of being within a system of ruling relations, had experienced displacement and were ready for a new social construction. While parents realised they had to relearn new techniques for being with their child, the therapists realised they had a gift and were in a position of gifting parents. A central principle of this moment of privileged possibility was empowerment. Becoming a Marte Meo therapist enabled the participants to empower their clients, that is, families, with tools for life. Parents, on the other hand, had experienced disempowerment but they were still looking for ways to parent their child. Thus was achieved a moment that moved beyond what Smith (2005, p. 199) terms the ‘disjunctures between the actualities of people’s experiences and the actionable institutional realities [that] are imposed by the regularity frames.’ There was, at this time, a process of ‘perspective taking’ which involved a complex move beyond a world of subjective knowing (known by the self) and received knowing (knowing of an authoritative other) to a more complex world of constructive knowing (valuing both subjective and authoritative knowing)(Belenky, Clinchy, Goldberger et al. 1997).

While moments of possibility are articulated in a linear way in this discussion, in reality the experiences of making the possible, possible, was for many parents an unplanned process, where they made their entry into the Marte Meo programme in an *ad hoc* fashion. The *ad hoc* nature of the coming together of the therapist and the parents meant that readiness for engagement had to be considered. Here too was the potential for a disjuncture between actualities (parent’s readiness) and actionable realities (timing of therapist involvement) that needed to be considered.³⁹

³⁹ Readiness for engagement needs to be further researched. However, as mentioned in Chapter Four, there are occasions when the programme is sanctioned as part of a child protection response by statutory

In this section, our exploration of the experiences of parents and therapists, as they engaged with a process of unlearning and learning, describes what is essentially a shift from rule bound activities of regulatory frames, to a position of foregrounding the actualities of people's lives as a way forward for change in how services are delivered to and experienced by families. Thus, circumstances of learning for professionals need to situate such learning within the wider frame of power relations that exist within regulatory frames of service provision. For parents, circumstances of engagement to support families need to begin with an assessment of their willingness and readiness to engage, and to build on the actualities of their experiences.

Finding presence

Before we begin our final exploration of the shared experiences of both the parents and the therapists we remind the reader of an earlier reference we made to Belenky, Clinchy, Goldberger et al. (1997, p.97):

The notion of “ways of looking” is central to the procedural knowledge position. It builds upon the subjective insight that different people have – and have a right to have – different opinions, but it goes beyond the idea of opinions as the static residue of experience.

Through their engagement with the Marte Meo method parents and therapists engaged ‘ways of looking,’ which involved seeing and showing and a shared experience of presence, not only with each other as parent and therapist, but with the self as parent and the self as therapist. Thus this final section is entitled ‘finding presence.’

Presence challenges the very notion of power and in particular the notion of power over other, such as when subjective knowing gets replaced by authoritative knowing, or where engagement in rule-bound activities means missing out on the everyday experiences of the limitations of being rule-bound, when providing support for families. Rather presence is about empowerment where both subjective knowing and authoritative knowing find a space, place and time to co-exist side-by-side and in so doing, move beyond rule-bound activities to foreground the importance of the details of the everyday, of the case (parents/family experiences). Thus presence, as experienced by parents and therapists, through their engagement in the Marte Meo

agencies. In such circumstances processes of sanction or even perceived sanction can minimise the potential of engagement, at least for the parents.

method, is a process that allows for the gifting of the knowledge of parents and therapists. In other words, the dynamic of presence foregrounds the parents' talent, ability and skills, while at the same time drawing on the skills of the therapists and their art in showing that other (parents) have a gifted performance as a parent no matter how fragile that performance might be. Thus, presence is the antithesis to displacement as described above.

The philosophical underpinnings of the Marte Meo method – on your own strong points – challenge the very ideologies of our society, which according to Smith (1987, p.52):

Have provided us with forms of thought, images, modes of expression, in which we were constrained to treat ourselves as looked at from outside by other.

In finding presence through their engagement with the Marte Meo method, both parents and therapists found the subjectivity of the self, not in a narrow sense of the self as isolated from other, but in a sense of the self beginning from one's own knowledge and being open to the enhancement of that knowledge through engagement with other. This notion of self-other within the process of finding presence, where knowing 'assumes we are part of the world that we explore and make visible' facilitates a consciousness where 'understanding can be turned to an examination of our own practices, our own relations, indeed that it "naturally" incorporates such reflections' (Smith 1987, p.212). However, the process of examination within the experience of finding presence is not always linear or indeed easy; finding presence involves doubting and critical moments, as well as moments of possibility. Historical time it appears was critical in this context; for the parents, historical time, as in readiness for engagement and the circumstances of their becoming involved, and their own biographical history; for the therapists, their historical use of the Marte Meo method and the level of their experience along the continuum of novice to expert.

Finding presence goes beyond the physical proximity of self and other; it foregrounds the uniqueness of the human being, the inter-subjectivity of the self and other (parent, family, child and therapist) and involves reciprocity of sharing between those experiencing the presence. Finding presence enabled the bringing back to the family the child of that family, their child, going beyond the diagnosis and the file and

how a child looks on paper. In other words, finding presence enables the text of the family to be rewritten, that is, away from a text that is the property of other to a personal text of the family and what is possible within that family. The text of the therapist was rewritten too as a consequence of their engagements with families and the Marte Meo method. For them there is a new text of becoming, of being empowered and being reflective both personally and professionally.

Critical to the rewriting of the texts of parents and therapists was the use of the video camera and film within the Marte Meo method and the dialogues of showing and seeing that were afforded by the latter and enabled by the former. Thus, technology enabled the experience of finding presence which, within a Heideggerian (1977, p.6) sense, involved the camera and film as a means to an end, and the skills of the therapist as the human activity that allowed for the ‘uncovering’ to happen and for ‘the true to come to pass.’ True, in the context of the findings of this study, is not a universal truth; rather it is a textual truth beyond the relations of ruling, a truth that becomes visible from the sites of people’s actual experiences.

Throughout this chapter we have narrated the experiences of parents and therapists as one story. In so doing we have sought to find a shared humanity of experience. In this final section we have articulated that shared humanity as ‘finding presence.’ The shared finding of presence is about self and other, about moments of doubt and moments of possibility, about moving beyond the text of ruling relations toward a text drawn from the sites of people’s actual experiences. Finding presence is a circumstance of being empowered, where the worlds of the recipient of services and the service provider find a way toward enhancing both the service recipient and the service provider. Furthermore, the essence of finding presence is underpinned by a textual truth based on the visibility of people’s actual experience and in that way it encapsulates the very philosophy of the Marte Meo method – on your *own* [our emphasis] strong points.

In summarising each section of this chapter to date we have referred to how the findings produce an important guide on how institutional services can engage with families, beyond relations of rules toward a more empowering model of engagement.. The guide provided by our exploration of finding presence suggests that in their provision of the Marte Meo Programme, family support services have a model of best practice of how to provide empowering supportive family interventions. Further investment in this model of practice is suggested both at a service delivery level,

which will require the development of more therapists and the ongoing support of those currently in practice, and in terms of research, growth in understanding of the method and its uses beyond that of family support services.

Summary and conclusion

In our telling of the parents' and therapists' story we have provided a narrative of 'shifting of meaning,' 'learning and unlearning' and 'finding presence.' Our telling of the story is not by way of a conclusion in the sense of implying a synthesis and the notion of some last or final word. Rather, we present this final chapter as a dialogue in time along the journey of understanding the Marte Meo method and how it is experienced by parents and therapists. In essence, as we come to the final section of this research study, it is for us the researchers a moral moment. It is a moment when we must respond to other persons – the parents and therapists who gave us their stories, and the funding agent who made it possible for us to hear those stories. Our response is the presentation of the findings of this report; it is also the recommendations we make for action in the future toward enhancing services for parents and families and those who provide them.

Recommendations

The recommendations in this section have been formulated based on the findings of this research study. We recognise that this is the beginning of a journey of research into the Marte Meo method in Ireland, while at the same time acknowledging that this study will add to the international research evidence in relation to the Marte Meo method, as well as the body of knowledge on family support interventions. Recommendations are categorised into three areas: practice, research, education and training;

Recommendations for practice

- Prior to offering any therapeutic intervention we recommend the use of multi-disciplinary case conferences/collaborative meetings, including involvement of the family, to assess family needs and resources and to determine the appropriate therapeutic response.

- All therapeutic interventions for families need to begin with an assessment of the latter's willingness and readiness to engage, and to build on the actualities of their experiences.
- Therapists and services providing the Marte Meo method need to be appropriately resourced to enable them to provide and grow the service.
- We recommend the development of guidelines on the maximum numbers of families Marte Meo therapists could be expected to engage/work with, based on whether therapists are full-time Marte Meo therapists and their level of experience.
- We recommend the holding of information seminars for professional workers involved in the care of families toward developing their understanding of the Marte Meo method and how it could be used with families/parents who need support.
- Information about the Marte Meo method needs to be made available on the Health Services Executive website/Children and Family Services and on the websites of all voluntary services who include within their repertoire of service the Marte Meo method.

Recommendations for research

- We recommend further research regarding the families who do not engage successfully with the Marte Meo method to ascertain why the method did not work or was inappropriate for them, and whether the offer of an adjunctive family therapy could enhance the success of the Marte Meo method.
- We recommend that a research study that listens to and hears the voice of the children who experienced the Marte Meo method be carried out, as the voice of children was not part of this study.
- We recommend that research be carried out to determine the optimum time for introducing the Marte Meo method to families and whether the timing of the intervention influences the outcome of the therapeutic intervention.
- We recommend that a research study of the needs of families who have completed the Marte Meo therapeutic intervention and whose children are now adolescents is undertaken. This is necessary to determine if families require follow up Marte

Meo method support and skills during the adolescent stage of the family life-cycle.

Recommendations for education and training

- The communication skills of professional workers involved in general practice, family and child health and education services should be developed specifically to enhance skills in hearing the voice(s) of the patient/client in a shared dialogue.
- We recommend the introduction of the Marte Meo method as a communication tool to professionals at all levels who work with families (social workers, family support workers, public health nurses, per-school teachers and special needs assistants).
- We recommend the introduction of in-service training on ‘power and power dynamics within ruling apparatus’ for managers of statutory and voluntary services who provide support to parents, families and children.

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APPENDIX A

INFORMED CONSENT FORM - PARENTS

The Dynamics of Sharing Professional Knowledge and Lay Knowledge: A study of parents' and professionals' experiences of childhood interventions within a Marte Meo framework

The purposes of this study are: (1) to explore the experience of parents who participated in the Marte Meo programme toward enhancing their parenting skills and (2) to investigate the experience of therapists who completed the Marte Meo therapist training programme. You are invited to contribute to the research project by participating in an individual interview.

I understand that participation in this study is voluntary and that I may withdraw from the research study at any point in advance of analyses of the interviews. I understand that there will be no penalty for withdrawing from the study.

I understand that the findings of the study will be identifiable to Dublin City University and the Health Service Executive but there will be **no** identification of individuals who participated in the study.

I understand that all interview information relating to the study will be kept in a locked cupboard in the School of Nursing and on computer (security coded) until the study is completed and for a period of 2 years thereafter, when it will be destroyed. I understand that a copy of the final report of the study will be provided to Health Service Executive, who is funding the research.

Participant – please complete the following (Circle Yes or No for each question)

Have you read or had read to you the Plain Language Statement

Yes/No

Do you understand the information provided?

Yes/No

Have you had an opportunity to ask questions and discuss this study?

Yes/No

Have you received satisfactory answers to all your questions?

Yes/No

Are you aware that your interview will be audiotaped?

Yes/No

Participants may withdraw from this study at any time without any consequences. Confidentiality of the participants will be respected at all times.

Signature:

I have read and understood the information in this form. My questions and concerns have been answered by the researchers, and I have a copy of this consent form. Therefore, I consent to take part in this research project.

Participant's Signature: _____

Name in Block Capitals: _____

Witness: _____

Date: _____

If you require any further details please contact us:

Research Team:

Dr Jean Clarke, School of Nursing Studies, Dublin City University

jean.clarke@dcu.ie Tel 01-7005838

Dr. Mel Duffy, School of Nursing, Dublin City University

mel.duffy@dcu.ie Tel. 01-7005833

Ms Yvonne Corcoran, School of Nursing Studies, Dublin City University

yvonne.corcoran@dcu.ie Tel 01-7007160



INFORMED CONSENT FORM - THERAPISTS

The Dynamics of Sharing Professional Knowledge and Lay Knowledge: A study of parents' and professionals' experiences of childhood interventions within a Marte Meo framework

The purposes of this study are: (1) to explore the experience of parents who participated in the Marte Meo programme toward enhancing their parenting skills and (2) to investigate the experience of participants who completed the therapist training programme and who have worked as Marte Meo therapists for not less than one year. You are invited to contribute to the research project by participating in a focus group interview.

I understand that participation in this study is voluntary and that I may withdraw from the research study at any point in advance of data processing and formal analyses of contributions. I understand that there will be no penalty for withdrawing from the study.

I understand that the findings of the study will be identifiable to Dublin City University but there will be **no** identification of individuals who participated in the study.

I understand that all data relating to the study will be kept in a locked cupboard in the School of Nursing and on computer (security coded) until the study is completed and for a period of 2 years thereafter, when it will be destroyed. I understand that a copy of the final report of the study will be provided to Health Service Executive, who is sponsoring the research.

Participant – please complete the following (Circle Yes or No for each question)

Have you read or had read to you the Plain Language Statement

Yes/No

Do you understand the information provided?

Yes/No

Have you had an opportunity to ask questions and discuss this study?

Yes/No

Have you received satisfactory answers to all your questions?

Yes/No

Are you aware that your interview will be audiotaped?

Yes/No

Participants may withdraw from this study at any time without any consequences. Confidentiality of the participants will be respected at all times.

Signature:

I have read and understood the information in this form. My questions and concerns have been answered by the researchers, and I have a copy of this consent form. Therefore, I consent to take part in this research project.

Participant's Signature: _____

Name in Block Capitals: _____

Witness:

Date:

If you require any further details please contact us:

Dr Jean Clarke, School of Nursing Studies, Dublin City University

(jean.clarke@dcu.ie Tel 01-7005838)

Dr. Mel Duffy, School of Nursing, Dublin City University

(mel.duffy@dcu.ie Tel. 01-7005833)

Ms Yvonne Corcoran, School of Nursing Studies, Dublin City University

(yvonne.corcoran@dcu.ie Tel 01-7007160)

APPENDIX B

PLAIN LANGUAGE STATEMENT - Parents

The Dynamics of Sharing Professional Knowledge and Lay Knowledge: A study of parents' and professionals' experiences of childhood interventions within a Marte Meo framework

This research is being carried out by Dr. Jean Clarke, Dr. Mel Duffy and Ms. Yvonne Corcoran, School of Nursing Dublin City University. It is being funded by the Health Service Executive. The purposes of this study are: (1) to explore the experience of parents who participated in the Marte Meo programme toward enhancing their parenting skills and (2) to investigate the experience of therapists who completed the Marte Meo training programme.

While there will be no direct benefit to you from involvement in the research study, the findings of the study will help to develop a greater understanding of how parents experience the Marte Meo Method. There will be **no** identification of individuals who participate in the study. All interview information relating to the study will be kept in a locked cupboard and on computer in the School of Nursing until the study is completed and for a period of 2 years thereafter, when it will be destroyed.

The decision to participate in this research study is voluntary and you may withdraw at any time in advance of our analyses of the interviews. A copy of the final report of the study will be provided to the Health Service Executive, who is funding the research.

You may withdraw from this study at any time without any consequences.

If you require any further details please contact us:

Dr Jean Clarke, School of Nursing Studies, Dublin City University

jean.clarke@dcu.ie Tel 01-7005838

Dr. Mel Duffy, School of Nursing, Dublin City University

mel.duffy@dcu.ie Tel. 01-7005833

Ms Yvonne Corcoran, School of Nursing Studies, Dublin City University

yvonne.corcoran@dcu.ie Tel 01-7007160

If participants have concerns about this study and wish to contact an independent person, please contact:

The Secretary, Dublin City University Research Ethics Committee, c/o Office of the Vice-President for Research, Dublin City University, Dublin 9. Tel 01-7008000

The Dynamics of Sharing Professional Knowledge and Lay Knowledge: A study of parents' and professionals' experiences of childhood interventions within a Marte Meo framework

This research is being carried out by Dr. Jean Clarke, Dr. Mel Duffy and Ms. Yvonne Corcoran, School of Nursing Dublin City University. It is being funded by the Health Service Executive. The purposes of this study are: (1) to explore the experience of parents who participated in the Marte Meo programme toward enhancing their parenting skills and (2) to investigate the experience of participants who completed the therapist training programme and who have worked as Marte Meo therapists for not less than one year.

While there will be no direct benefit to you from involvement in the research study, the findings of the study will help to develop a greater understanding of both parental and therapist experience of the Marte Meo Method. There will be **no** identification of individuals who participate in the study. All data relating to the study will be kept in a locked cupboard and on computer (security coded) in the School of Nursing until the study is completed and for a period of 2 years thereafter, when it will be destroyed.

The decision to participate in this research study is voluntary and participants may withdraw at any time in advance of data processing and formal analyses of contributions. A copy of the final report of the study will be provided to the Health Service Executive, who is funding the research.

Participants may withdraw from this study at any time without any consequences.

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Dr Jean Clarke, School of Nursing Studies, Dublin City University

jean.clarke@dcu.ie Tel 01-7005838

Dr. Mel Duffy, School of Nursing, Dublin City University

mel.duffy@dcu.ie Tel. 01-7005833

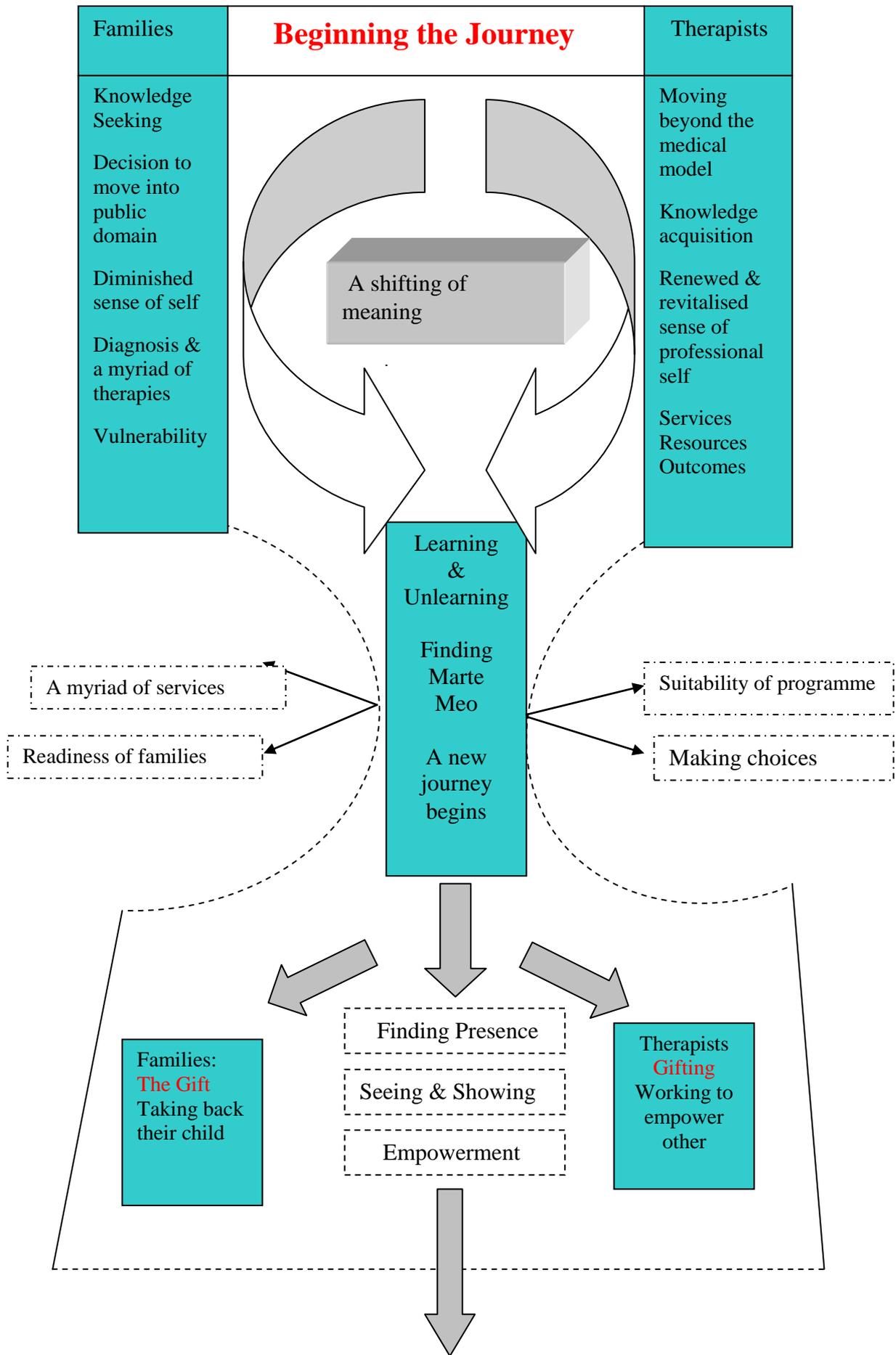
Ms Yvonne Corcoran, School of Nursing Studies, Dublin City University

yvonne.corcoran@dcu.ie Tel 01-7007160

If participants have concerns about this study and wish to contact an independent person, please contact:

The Secretary, Dublin City University Research Ethics Committee, c/o Office of the Vice-President for Research, Dublin City University, Dublin 9. Tel 01-7008000

APPENDIX C: The Marte Meo Journey for families and therapists



A process of shifting from rule bound activities of regulatory frames, to a position of foregrounding the actualities, skills and knowledge of families.