Working systemically with groups

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Self-esteem as a relational concept

Three years ago, I made a proposal to my manager that we organise a psychosocial programme for mothers with low self-esteem. Why? First of all, I believe in the power of group influence and learning in promoting positive changes in families; second, in my professional experience, all parents who come to our attention (with serious child-protection concerns in relation to their parenting) have experienced a traumatic upbringing and this seriously impacts on their self-esteem and ability to look after their children.

The proposal was accepted and I started co-running the group in January 2009. The programme would run for two hours a week over ten weeks with a variable number of mothers; i.e. between four and ten. The first group was successful and regarded by all participants as useful; they all reported some positive changes in their lives. Therefore, it was agreed we should continue to offer this form of support and I am now running the fifth self-esteem group.

The overall programme was agreed and the first group co-facilitated with a senior practitioner with whom I had an equal share of the planning and the leading of the sessions. I noticed how we were different in our approach; my colleague was very skilful at delivering ideas, activities and promoting focused discussions; I was more inclined to promote conversations between participants, reflecting with the group, responding to feedback from participants even if that meant plans going out of the window – a good combination of skills and approaches!

Following this, I have taken more of a leading role, co-facilitating the group with other less-experienced colleagues or student social workers. Although the overall programme has been the same, the experience of the group for both facilitators and group members has been unique each time.

I noticed how 'using my self' and my systemic skills in responding to participants' feedback has contributed to my own confidence in using a systemic framework and practices in running a group and on how systemic ideas and skills can be effectively used in group work.

An important mental shift occurred when I realised professional discourses around self-esteem are mainly focused on self-esteem as a self-concept. Through using a systemic framework, I came to think that self-esteem could more helpfully be regarded as a relational concept, given that all the women's self-concepts were clearly embedded in their most significant relationships, both in their own families of origin and in past or current partnerships, sadly mostly highly abusive. Furthermore, the group became the privileged context in which participants could develop their confidence in expressing their views and feelings to others and experience positive relationships.

The 'old systems theory'

Even though as professionals we are all currently attracted by postmodern ways of looking at change in families, for example through narratives and the emphasis on language and conversations, I still think the 'old systems theory' can offer a useful insight into human systems such as families, but also groups, teams, organisations, professional systems and networks.

It was useful to think of the group as a living human system and, as such, made up of 'parts' or 'sub-systems' which functioned together according to certain rules and self-regulating patterns that we were making along the way. For example, soon it became apparent who tended to be 'the talker'; who 'the listener'; who was likely to speak first or last; who would tend to follow the group rules; who would challenge or break those. As a facilitator, becoming aware of these different possible roles was an important starting point for allowing group members to experience different positions; for example, asking everyone to speak in an order different from the one they were used to.

The group can be seen as a whole made up of individual members, and the leader/therapist. The whole, i.e. the group, is more than the sum of its 'parts' i.e. members, because of the interconnections being created and recreated between them, including the facilitators' relationships with the group as a whole and each individual member. Within the group, there was a fascinating interplay of at least three different sub-systems: the leader/therapist and each individual member, the individual members with each other, and the co-facilitators. A change in one of them could trigger a response/change in the others. The participants in their final feedback stated how much they felt supported and encouraged by the other group members.
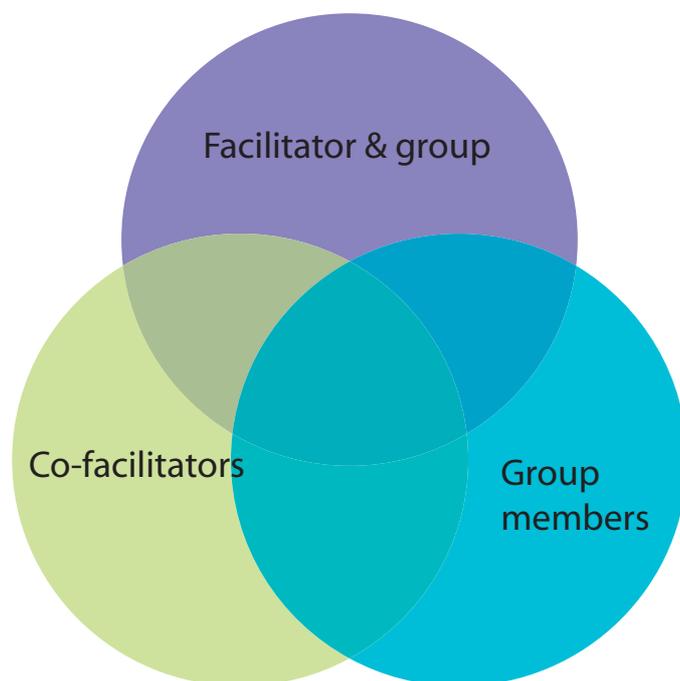
When I first started the self-esteem group, I had made some naive assumptions; for example, that I was 'running a group' as if I were delivering a programme **to** a group of people. However, I realised that I was 'part of the system' making a journey **with** the group members according to the principle of mutual influence. At the end of it, I felt that my self-esteem and confidence also grew through this experience.

Mutual influence
Influence and being influenced

Facilitators   Group members
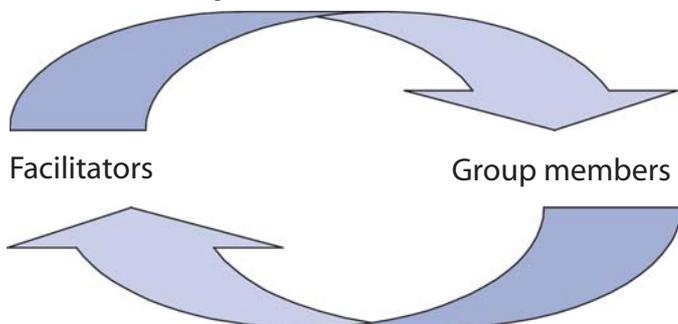
This means whoever is in the system is interdependently related to the others, although having different roles. I believe that the role of the facilitators or therapists is to manage these three different levels at the same time and to focus on the group processes. This has similarities with working with a family, where the therapist is in charge of the process of therapy and is using his or her skills to promote change through a different way of relating to one another, a restructuring or adjustment of the system to more idiosyncratic patterns. Similarly, the facilitators respond to group members' feedback in such a way that communication and interactions all become part of circular patterns (Bateson, 1972; Cecchin, 1987; Palazzoli *et al.*, 1980; Watzlawick *et al.*, 1967).

Circularity of interaction & communication

Facilitator   Group members

Group members   Facilitator
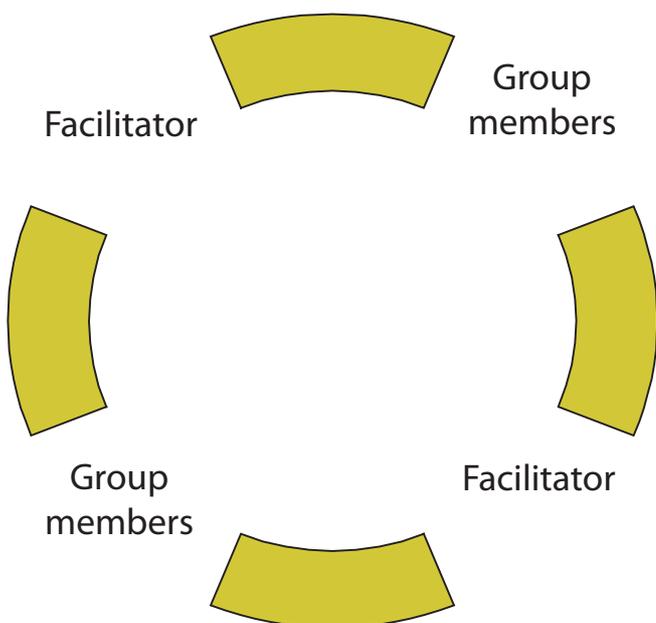
Group processes: From anxiety to safe uncertainty and felt-security

As in therapy, it is crucially important that the group facilitator is aware of group processes and of his or her position within the system in order to be effective and reflective.

For example, when I was co-facilitating the group with a particularly anxious colleague, I could not avoid being influenced by that. However, by being aware of this, I could respond towards her by holding the overall responsibility for the group and agreeing on specific tasks for her to perform before and during group sessions to reduce her anxiety (and mine!).

The beginning of a group always raises a high level of anxiety in everybody, facilitators and group members alike. There is a lot of uncertainty about how the group is going to evolve; some group processes and dynamics are more difficult than others to manage but they are all unpredictable. Sometimes, mothers did not have any previous experience of groups, others had negative experience of groups and all of them had faced difficult family circumstances with children being at high risk of harm (under child protection or care proceedings).

The uncertainty and anxiety experienced in the first stage of group formation, when a totally new system is being created, can feel unsafe and therefore it is crucially important that facilitators create a context of *"safe uncertainty"* (Mason, 1993), where anxiety can become a vehicle for change and risk-taking based on increasing trust between group members.

Therefore, at the beginning, I tended to be more directive and structured in my approach in setting up group tasks or activities, using a teaching or educative style more than a collaborative conversational style. As the group and its relationships became more firmly established, with a sense of 'felt security' and safety in the group, I changed my position towards being more open to group conversations which became increasingly 'therapeutic', i.e. able to generate new life, new insight, positive self-regard and self-respect, with new self-narratives emerging in a natural and spontaneous culture of safety and trust between one another.

Solution-focused techniques

Some solution-focused techniques (Berg, 1991; Cade & O'Hanlon, 1993) were used at the beginning to measure the women's self-esteem. They were asked to position themselves along a strip of fabric with numbers from 1 to 10, lowest to highest. This was repeated at the end of the group to self-assess progress.

The miracle question was used towards the end when trying to imagine a different future: *"So imagine you go to bed and you wake up and you are in world which is full of confidence, everybody is feeling good about herself. What would you notice? What difference would it make to your life, to your children's lives? Who is the first to notice?"*

Co-constructing new narratives

Progressively, participants started sharing stories from their past and their present, co-constructing new realities for all of them. Participants were encouraged to identify at least one *"unique outcome"* (White & Epston, 1990), something positive about their week, something they had done differently, something they were proud of; for example, going out in the park with their children for the first time in years, getting on the bus, going out with some old friends. Then they wrote it on a coloured-paper *"footprint"* and gave each other praise or advice.

Writing allowed people to tell their stories, express their thoughts, feelings and reflections and share them with others in the group. Writing can be regarded as an effective way of getting more familiar with one's own inner conversation (Rober, 1999) and feeling increasingly confident in sharing these profound and

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powerful effect of increasing self-esteem and a start in believing that things *"can be different"* and that they can be *"in control of their lives"*.

During the final group, two participants stood up and told their story. One was the imaginative story of a woman who was persuaded to go to a Christmas pantomime in spite of feeling really down and unhappy. She was so grateful that she went to thank the performer, who made her feel so happy to be there. This was the story of her own self, who was *"made to come to the group"* and, along the way, found her own motivation to join and engage. She then realised she was a lot stronger than she had ever thought she was; she was able to say *"No"* to her elderly mother who expected to see her every day.

The other story was of a black woman who was terribly isolated, who was finally *"seeing the light at the end of the tunnel"*; now believing that she was a *"good mum"*. She was proud to tell the group that there was no need for a child protection plan any longer. She told the moving story of the birth of her first son and her worries because he was two months premature and tiny. As she was reading from her piece of paper, she looked confident and proud. She stopped to show the photographs of her son, while pulling out of a precious bag the various bits from the hospital; for example, a little baby doll's sandal, tags and tubes. This was the story she would tell her son, as he was growing older, a testimony that he survived against all the odds. It was a *"happy ending"* story, one of many other stories that she was now able to tell others with pride. So was the story about a man who invited her out, paying her a compliment that she was able to take (after practising in the group!). She was able to say: *"No thanks, not for now, I don't feel ready... I have been in an abusive relationship for eight years"*. She reflected: *"He's handsome... but it was the right thing to do"*.

Here is her story:

intimate thoughts and feelings with others. The writings became part of a personal self-esteem folder that they could use in the future as a reminder or as a tool box. So this can be regarded as a therapeutic form of writing.

In the final session, the participants were invited to reflect on their journey and what they had learned by looking at the 'footprints' and re-writing their life script (Byng-Hall, 1995). This became an opportunity for people to re-author their lives and tell their stories to an audience as outsider witnesses (White, 1995), celebrating their personal achievements and helping everybody to reflect and learn from others. Furthermore, mothers from previous groups were invited to tell about their experiences to prospective participants for a new group about to start, and to answer any questions. This is the best form of publicity!

Marginalised voices and empowerment

As all participants are often isolated in the community, experience serious difficulties and feel disempowered by a social-care system which often contributes to their feeling 'hopeless', 'powerless' and without a voice, it is crucially important to create a 'safe context' where they can experience positive relationships and engage in relational risk-taking (Mason, 2005).

During the final session, the participants were given a voice as they were asked put on a 'performance' according to their skills and preferences; i.e. present something to the group in the form of a story, a dancing or singing performance, an opportunity to prove their newly-found confidence in front of others or by making something for group members; for example cakes, or dream catchers as a testimony to their new belief in their skills and abilities. Through this encouragement to make and notice some positive changes, glimmers of hope can be generated which can have the

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My first baby

Lonely in a hotel….feel pain all day…do not know when I'll be ok. Night falls… just going to bed up the stairs… I can hardly walk.

I cannot take it no more …

At the hospital my baby boy is not happy. They say I have pre-eclampsia.

I just need a nap…they're going to cut me open but I have got two months to go…

When my husband came I was so happy. My brother and mum came and my husband goes so he cannot see them. Why am I worrying about them not about my baby boy?

My husband stays with me till the morning. It's time to go. *"Is that my baby crying?"* is the first thing that comes out of my mouth. Sure he is for a second. They take him away and I did not see him again till that evening. He was the smallest thing they say (show pictures).

He was 3lb and had jaundice. The Lord heard my prayer…I had all I needed to have. He was also in an incubator. Look at all the things he had on him. Any mother would be scared.

Three weeks and I can feed him like a mother should. He is out of the incubator and in a week we will be going home. My baby angel is home and now you know the miracle of my first baby boy.

(Self-esteem group 2/12/2010)

Self Esteem

When my key worker first suggested a self-esteem course, the first thing I thought was *"But I'm not shy"*. This was the image I had of someone who would be classed as having low self-esteem. One of the first things I learnt was that it can affect you in so many different ways.

On my first day I was quite nervous and found it quite hard going, but think this was a breakthrough for me, as this was the first time I really admitted to myself just how little I truly thought of myself and my life. Life was not good and I couldn't remember the last time I had actually enjoyed it, rather than drag myself through the day, and worse still is that I had lost all hope of it ever being different.

It's amazing to think that just a few months on, my life is different, and this is a hundred percent down to the self-esteem group. I can't begin to describe how it feels to wake up in the morning and be free of the dread of the day ahead to not have to go through in my mind all the things I've done wrong, messed up, or failed at. Now when I wake up I smile and feel so blessed I can walk into the next room and enjoy playing with my son.

I would recommend a self-esteem course to anyone thinking of doing one, it's a great experience, sometimes it was hard; the first couple of weeks for me were quite stressful, though I think everyone else felt the same. The other girls and the group leaders were always so supportive and easy to get along with, so we all helped each other through and it was always good to hear the other girls' opinions on problems. By the time the group ended we were all good friends and I was sad to say goodbye.

The group has taught me to think positively and believe in myself, to find the good things in yourself and build on them, as well as being in a place where I felt welcome and appreciated.

I am so grateful I was given the chance to do the self-esteem course. I'm hopeful and look forward to the future now and can't wait to see what it brings.

(Self-esteem group 11/03/2011)

Feedback

Feedback from participants seems to suggest the relational aspect of self-esteem. At the end of the programme, participants were asked, *"What if anything have you learnt from the course?"* Some comments were the following:

"I have learnt how my self-esteem affects all parts of my life, something I've never thought about. Also learnt how my self-esteem can affect others around me."

"I learnt not to be afraid of people (strangers) in the group. I can do things I thought I couldn't do."

"I learnt how to believe in myself, how other people view me, and how different it was to what I thought; how to deal with problems that arise."

"I have learned to be myself, to talk to people with confidence, to open up to people and to say no."

Some feedback from the co-facilitators highlighted the power of reflecting and identifying 'unique outcomes' in clients as well as using the group as a way of empowering women.

"It was a great experience for me working with you on the self-esteem group. Thank you. You have taught me how simple it is to stop for a second and see the beauty and goodness in everyone."

"It was a real privilege to be able to run the self-esteem group with you; it was an experience that I really enjoyed and learnt a lot from. It's also something I regularly quote about empowering women!!"

Final thoughts

The experience of running the self-esteem group was a fascinating and intriguing learning-journey. It made me realise using a systemic framework and techniques in groups can be very exciting and effective.

Key systemic ideas, such as systems and sub-systems, mutual influence, circularity and a focus on self-esteem as a relational concept are all useful ways of making sense of group work and complex group-processes within a systemic framework.

A flexible positioning between directive and educational towards an increasing collaborative approach to group leading can support group members in co-constructing new self-narratives and imagine preferred futures, promoting a newly-found sense of confidence, empowerment, and hope that change is possible.

I am grateful to those who have agreed to share their stories in this article and to all the women who were able to attend the self-esteem groups leaving special footprints in my own professional journey.

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