SELF-OF-THE-THERAPIST WORK: A BALANCE BETWEEN REMOVING RESTRAINTS AND IDENTIFYING RESOURCES

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ABSTRACT: The authors propose that self-of-the-therapist work is most productive when therapists and supervisors approach family of origin issues and historical life events in a balanced way and suggest that they move to an approach that ideally liberates restraints posed by self-of-the-therapist issues, while at the same time accesses resources available to therapists because of the same issues. This is a shift from the primarily restraint focus that has dominated self-of-the-therapist work. This paper also provides personal experiences of the authors, guidelines on how to create safety and balance, as well as practical examples of self-of-the-therapist exercises.

KEY WORDS: self-of-the-therapist; family-of-origin; supervision; therapy; competency.

A first-year master's student is seeing a family of four in therapy. The presenting issue is that the 9-year-old son was caught stealing. During the assessment, the therapist learns that the mother drinks daily. The mother denies this is a problem but the children report behaviors that seem to indicate blackouts. The father works excessively and appears to be unaware of his wife's behaviors. The student brings the case to supervision

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> and reports strong feelings of anger toward the father. When the supervisor explores these feelings, the therapist discloses that his own mother drank excessively during his childhood, and that his father was uninvolved in the family.

There appears to be a clear a connection in this vignette between the therapist's reaction to the family and his own family history. There are many different ways the therapist and his supervisor could use this information. In this paper, we emphasize the importance of doing self-of-the-therapist work in such situations and advocate doing this work in a balanced way—that is, one that looks at both the restraints and resources arising out of a therapist's lived experiences.

It is our experience that it is more common for supervisors to view self-of-the-therapist issues negatively, i.e., as potential "red flags." A pathology approach to supervision might lead the supervisor of the above therapist to ask the following questions: What unresolved issues do you have around your mother's alcoholism? What is your current relationship with your father? How might your own alcoholic family experiences interfere with successful therapy? What personal issues do you need to resolve in order to be a good therapist to this family? These questions are important in helping the therapist to not allow personal issues get in the way of effective therapy with this family. However, there are other questions to consider which are equally important. These questions, in our experience, are asked far less frequently than the above questions. These are questions that have a resource focus. This resource focus might lead the supervisor to ask the supervisee a different set of questions: How does growing up in an alcoholic home make you well suited for this case? What understanding do you have that another therapist might not have? As a child, what did you wish would have happened in your family? How can you use your personal experiences to best intervene in this family? The second set of questions pushes both the supervisor and therapist to think about the strengths and resources that the therapist brings to the case as a result of similar experiences in his own family-of-origin. This is in contrast to just looking at restraints or potential problems that may be present.

In this paper, we will define self-of-the-therapist work, give a rationale for balancing restraints and resource, and discuss the theoretical underpinnings of self-of-the-therapist work. We will then provide an overview of the necessary groundwork for self-of-the-therapist work, furnish recommendations for balancing resources and re-

straints, and finally include specific suggestions of exercises that can augment this work.

SELF-OF-THE-THERAPIST WORK

Self-of-the-therapist work is the willingness of a therapist or supervisor to participate in a process that requires introspective work on issues in his or her own life, that has an impact the process of therapy in both positive and negative ways. Aponte (1994) suggests that self-of-the-therapist work calls upon trainees to deal with their personal issues in relation to the therapy that they provide. We believe that self-of-the-therapist work is a critical component of therapist training and development and that it makes the difference between mediocre and excellent therapists.

RATIONALE FOR BALANCING RESTRAINTS WITH RESOURCES

In recent years, the field of marriage and family therapy has moved toward a resource or competency focus. This is clearly seen in such models of therapy as solution-focused therapy (de Shazer, 1985), Narrative therapy (White & Epston, 1990), and Internal Family Systems therapy (Schwartz, 1995). In the realm of supervision, Wetchler (1990), Marek, Sandifer, Beach, Coward, and Protinsky (1994), as well as Selekman and Todd (1995) all propose a solution-focused approach that focuses upon supervisee strengths and solutions rather than problems and mistakes. Wetchler (1990) posits that "problem focused supervision can maintain supervisee confusion . . . [and that] the recognition of solutions within one's clinical work can lead to the development of therapeutic competency and clinical self-esteem" (p. 129). In other words, as supervisees identify and expand upon their strengths, they gain both confidence and competence.

Despite these changes in the field, self-of-the-therapist work tends to focus on the negative. This is due to the negative implications of addressing one's "family-of-origin issues." The viewpoints of leading scholars on this subject substantiate this point. McGoldrick (1982) believes that persistent blocks that therapists have with client families result from negative emotional reactions stemming from experiences in their families of origin. Guerin and Fogarty (1972) sug-

gest that when a genogram is used in supervision, it should focus on identifying repeating patterns, unresolved conflicts, resulting triangles, coalitions, and formative events. Aponte (1994) points out that the supervision of therapists must include training to use "personal selves" (p. 3) to identify, master, and work on personal issues in relation to clinical cases. McDaniel and Landau-Stanton (1991) refer to a phenomenon known as "The Family of Origin Freeze." This phenomenon is characterized by a shutting down or tightening up of the therapist's internal system, a noticeable change in non-verbal behavior, as well as an avoidance of intensity. The consequences to the therapist of focusing on the negative aspects of self are that this practice does little to build competency or underline the therapist's resources.

Since beginning our clinical work in the field of marriage and family therapy, we have been afforded many opportunities to engage in self-of-the-therapist work. Even though this work has been growth producing, it has for the most part focused on the ways in which our personal histories have had a negative impact on our work as therapists. Questions have been posed such as: What issues in therapy were "too close to home?" How were issues "getting in the way?" What were potential "blind spots" in the therapy room? These are important questions that both supervisors and therapists should continue to ask. However, life experiences do not solely operate as restraints in the therapy room. There are many events, some of which are even painful or traumatic, which help therapists to be better therapists. Our experience is that not enough is done to help therapists identify these resources and utilize them in therapy.

Self-of-the-therapist work should ideally focus on life events in such a way that therapists are able to see their past experiences as both potential obstacles and potential strengths. We propose adding new questions to those listed above. These resource-based questions are: How do your life experiences help you to be more compassionate to your clients? How do your life experiences allow you to understand your clients on a deeper level? How can you use your previous life experiences to inform your work?

Therapists have strengths and weaknesses based on the family or presenting issue with which they are working. Many therapists, especially beginning therapists, are unaware of how much expertise they have in their lived experience. The blocks that therapists have may not be blocks at all. With a different outlook, these blocks could potentially be transformed into resources. Skillful questioning on the part of a supervisor or colleague may help the therapist find that a

block is really a stepping stone. For example, all alcoholic families are not the same. However, there are commonalties in emotional processes and roles in alcoholic families. If the therapist in the vignette above can identify and share what he learned from growing up in an alcoholic home, a powerful insight and intervention could result. If the therapist can use this expertise to inform his questions and his comments, he may be able to make rapid changes in the family.

Conversely, the therapist may be unaware of the ways he is pulled into the system and may need assistance to identify what is taking place in his work. For example, a potential danger in the example presented above is that the therapist could align with the child against the parents in a way that is not in the best interest of the entire family. This may be based on unresolved feelings of anger that the therapist has not acknowledged toward his own parents. In another scenario, the therapist may react in adverse ways to the father, and in so doing may minimize the alcoholism of the mother. This too would not be in the best interest of the family.

Since the current zeitgeist in the field of marriage and family therapy leans toward a competency focus, self-of-the-therapist work should reflect this. Given that therapy and supervision are viewed as isomorphic (Andolfi & Menghi, 1980; Liddle & Saba, 1982; Minuchin & Fishman, 1981), the more that supervisors empower therapists to look at the strengths they have from their own life experiences, the more therapists will be able to do the same with their clients.

A PERSONAL EXPERIENCE

One day, while in supervision with a supervisor and a colleague, I (TT) realized we were discussing a case and only exploring the ways in which my family history had a negative impact on the family with which I was working. I began to reflect on my previous experiences with self-of-the-therapist work. The majority of them had focused on restraints created by my life experiences as opposed to the strengths they could provide. This felt discounting. It did not adequately represent who I am. There were times when I was doing therapy that I knew that my life experiences were serving me well, but I never actively looked for them, or had others ask about them.

With this new lens in mind, the next time I presented my genogram to a group of therapists, I talked about the usual themes and patterns in my family and how they affect my therapy and supervi-

sion. A difference this time was that instead of focusing only on the negative impact of the themes, I explored each theme with a both-and perspective. I discussed each theme in terms of how it could get in the way of successful therapy, and also how it had helped me to be a better therapist. This was a powerful experience. I could actually celebrate the experiences and not just pathologize them.

The following example is a theme from my genogram that demonstrates this balance between restraints and resources. I grew up in a traditional, patriarchal family. My father was the primary breadwinner and my mother was never employed outside the home. As a child, I realized that my father had all the power in the family and I subsequently aligned with him. Historically, the self-of-the-therapist issue I have associated with this theme is my tendency to become easily frustrated with passive women and to identify more with the male in couple or family therapy. This has been an important insight for me. However, it is not the whole story. Because of my family of origin, I have also experienced the oppression of a woman's voice and I thus work to empower women through therapy to find their voice. I consider myself to be a feminist family therapist and this stance is directly related to my experiences in my family-of-origin. I have witnessed the pain of my mother's silence and it has helped to make me a more sensitive and empathic therapist.

THEORETICAL BACKGROUND

Pioneers in the field of marriage and family therapy have taken different stances concerning self-of-the-therapist work. For example, Jay Haley sees this kind of work as a waste of time and he sees trainees who do this kind of work as preoccupied with themselves to the degree that their clients have a difficult time getting their attention (Haley, 1976). Other pioneers such as Murray Bowen and Carl Whitaker see the personal work of therapists as invaluable to the therapeutic process (Bowen, 1978; Napier & Whitaker, 1978). They believe that the more secure therapists are with their own issues, the more they can focus on the issues of their clients. We similarly believe that if therapists are not aware of their issues, they set themselves up for negative consequences such as superficial therapeutic relationships, ineffective interventions, burn-out, and simply poor service to the people who seek their help. For example, a therapist's unawareness of issues around violence could cause him or her to minimize

abusive behavior, putting clients at physical risk and himself or herself at great legal risk. At a more extreme level, a therapist's lack of awareness of their issues could put him or her at risk for ethical violations such inappropriate dual relationships with clients, including sexual relationships.

The Therapeutic Relationship

It is unquestioned in outcome studies of marriage and family therapy that the therapeutic relationship is the most important variable that dictates change in families (Beck & Jones, 1976). This is equally substantiated in the world of individual psychotherapy. Bachelor and Horvath (1998) suggest that a positive therapeutic relationship is a critical ingredient of effective therapy and is in and of itself is a strong therapeutic intervention. They suggest that the experience of a trusting, safe environment that is facilitated by a therapist's availability, responsiveness, and constancy provides a context where clients can explore their lives. The therapeutic relationship is not something that is easily established and may take time and effort. Strains and ruptures may occur in the therapeutic relationship of all therapists and all therapies. It is important for therapists to be aware of their own interpersonal processes and how these may detract from what would constitute a healthy therapeutic relationship. It is important for therapists to reflect on changes in the therapeutic relationship, and process the nature of the therapeutic relationship throughout the course of therapy with clients (Bachelor & Horvath, 1998). Self-of-the-therapist work is ideally suited to help therapists identify the issues that tend to detract from healthy relationships with all clients.

Psychoanalytic Family Therapy

Central to psychoanalytic family therapy is the belief that understanding transference and countertransference is critical to treatment. Countertransference refers to the therapist's reactions to the transferences of clients, as well as to the therapist's own (usually unconscious) displacements, projections, or other distortions that arise in therapy. Countertransference is usually something that occurs subtly in the unconscious realm. Countertransference stems from a therapist's early relationships and unresolved conflicts (Auld & Hyman, 1991). Countertransference is sometimes used interchangeably with

self-of-the-therapist work (Scharff, 1992). Family therapy naturally activates a therapist's own feelings toward different kinds of family members.

Bowen Theory

Bowen (1978) organized his theory and his philosophy of therapist training around the personal work that therapists did with their families-of-origin. He saw it as important for therapists to learn to differentiate themselves from their own families-of-origin. He advocated for therapists to work on issues arising in their families that caused them to be emotionally reactive to clients or people that they interacted with on a daily basis. In this regard he would coach clients to go back to their family-of-origins and work through issues with them, with the focus on remaining in a non-reactive place. In the therapeutic process, therapists may frequently find themselves in a position where they become reactive to what is presented in the therapy room. Ideally, therapy is best when a therapist is able to do therapy from a non-reactive position and where the therapist instead utilizes emotional reactions to inform his or her work.

Experiential Therapy

Experiential therapists (e.g., Napier & Whitaker, 1978) see anxiety and intensity as vital to therapy. They see these as qualities that motivate change. In their view (Napier & Whitaker, 1978), therapists may purposefully seek out ways to increase the emotional intensity in the therapy room. This requires therapists who are able to manage this intensity within themselves. Obviously, issues that a particular therapist might have that causes him or her to avoid such intensity would need to be dealt with in order for the therapist to effectively do this kind of work.

Experiential therapists also see intuition as a vital component of successful therapy (Napier & Whitaker, 1978). They see problems presented by families as striking deep chords within therapists, many times resonating with the problems that therapists experience in their own lives. In this regard, they believe that it is useful for therapists to look out for the sources of uneasiness within themselves, and to explore the source of the uneasiness.

Intuition is something that requires risks of a therapist in order to confront a family on an important issue that is based upon a "gut

feeling" that the therapist has. It means that the therapist needs to be able to trust these "gut" reactions as opposed to intellectual logic. It also means that the "gut" reactions need to be an accurate reflection of what is going on in the family. Intuition, according to Napier and Whitaker (1978), points the way to the true therapeutic moment. This is the pivotal therapeutic moment in the process of therapy where a great deal of change can occur. According to Napier and Whitaker (1978), the answers to people's dilemmas are not always clear but they will reveal themselves, if therapists can be patient and sit with the issues.

Napier and Whitaker (1978) believe that the therapist must prepare him or herself to be a good therapist. Part of this is related to the ability of therapists to be with people in their struggles, and to have the courage to challenge and to push them. They recommend that therapists seek their own personal therapy to help them in this regard. They do not wish to see therapists who rely on technique but therapists who are able to be with families and to allow the process to take its course. They believe it is important that the therapist allow family members to struggle together and not to continually rescue family members from the prevailing anxiety. One of the roles of this kind of therapy is to push the family. They see people as avoiding their own pain and issues by using many different strategies and so the therapist needs to be able to push individuals to face these issues. This is obviously hindered by a therapist who has not pushed him or herself to confront his or her own personal issues.

Internal Family Systems (IFS)

Internal Family Systems theory (Schwartz, 1995) proposes that the human personality is composed of individual parts, each with a unique personality. These parts are led by a central, compassionate Self. The model proposes that therapy is most productive when a therapist is able to be in a position of Self, i.e., in a centered place. The model proposes that parts take over leadership of the internal system in stressful situations. These parts carry painful experiences from past, family-of-origin issues as well as negative historical events. These parts are often activated through the intensity of the therapeutic process. For example, a therapist who grew up in a family with a highly intellectual father may have a part of her that needs to prove she is smart in the therapy room. No doubt the therapist learned to say the right things or to act in a certain way in order to

stay on favorable terms with her father. However, this part may interfere with the process of therapy when she works with certain men. In the therapy room, the therapist may find her "inadequate part" is activated in the presence of intelligent, intimidating men. The goal would be for the therapist to have increased awareness of this part and know when it was activated in the therapy room. When the therapist recognized its presence, she could ask the part to stand aside so that she could remain confident in the therapy room In that way, the therapist could use it to inform her work but not interfere in negative ways.

NECESSARY GROUNDWORK FOR SELF-OF-THE-THERAPIST WORK

It is our belief that setting up the groundwork for self-of-the-therapist work is essential to the success of the work. If supervisors and therapists take sufficient time to lay the appropriate groundwork a powerful growth experience can result. Without this groundwork, negative and even harmful consequences could be the outcome. What follows are recommendations and ideas to help best establish this groundwork.

Choose the Best Format

There are many different arenas in which this work can take place. Some family therapy training programs integrate family-of-origin work into their course work to help therapists identify issues or themes from their own lives that might impact therapy. Agency settings can also be adapted to accommodate this type of work. Those isolated in private practice need to take the initiative to get together with colleagues to form groups or seek some form of supervision.

In most settings, group supervision is a promising arena for self-of-the-therapist work to occur (Aponte, 1994). Group supervision can be a place where students share their struggles and triumphs, both in their own lives and in the therapy room. It can also be a safe place where students access their own personal agency and witness the agency that is present in the lives of their fellow supervisees.

In a university setting, practicum groups are ideal for this work to occur. For example, in aspects of our practical training at Purdue University, each student is encouraged to present to the practicum

group aspects of his or her life experiences that may influence clinical effectiveness. The presenting therapist is completely in charge of what he or she wishes to present, how much he or she wishes to talk about, and how the feedback is structured. These presentations are flexible and range from simple information sharing to deep emotional experiences. The supervision/practicum group generally responds to the presentation with respectful, curious questions, reflections, and respectful challenges on what the therapist presented. The therapist remains in control of how he or she deals with this information. At the end, the presenter is given support and encouragement on issues arising out of the presentation. Similarly, McDaniel and Landau-Stanton (1991) report their experiences with self-of the therapist work. They state that:

> Not surprisingly, this experience gives them [the student therapists] greater respect and empathy for the struggles of their patient families . . . [and that] personal experience with the material seems to provide a different kind of learning, which extends and deepens the conceptual, perceptual, and executive skills typically taught (p. 466).

In our experience, we have found this work to be helpful in supervision or staffing groups in an agency setting. This work however becomes more complex when direct supervisors are participants in the process. At all times, organizers of self-of-the-therapist groups should process with themselves and with the participants the best format for those in the group and for the setting.

Establish Safety

Safety is a key ingredient to the success of this work. First, hierarchy, grading systems, and job performance need to be minimized in the self-of-the-therapist process. Power ideally is transferred to the person who is doing the self-of-the-therapist work. The person doing the work then is able to dictate exactly what he or she wishes the experience to be like. It is important that the person have a choice about how much to reveal to the group. Group members are free to reflect on anything they wish while maintaining respectful boundaries. We strongly believe that self-of-the-therapist work requires supervisors and group members to provide feedback in a manner that is reflective and collaborative as opposed to something that is hierarchical or "expert-like." When anyone attempts to become the expert on

the therapist's life experiences, a negative and unhelpful experience may result. The person doing the work has complete freedom to accept or reject any feedback. In our experiences, negative situations occur where supervisors attempt to censor feedback from group members, or when the person doing the work feels pressured to reveal too much.

Second, this kind of work can only take place in the context of strict confidentiality. In our experiences, negative situations have occurred where the person doing the work had confidentiality violated by a group member. The information shared should not be used in any other context without the stated permission of the person who originally shared it.

Last, the supervisor must obtain permission from therapists to do self-of-the-therapist work. In other words, the therapist must be willing to do this kind of work. It is not a process in which the supervisor can manipulate or force the therapist to participate. This would be an abuse of power and clearly would not be safe. There are obvious concerns in training programs where doing self-of-the-therapist work is required or connected to a grade in some way. Any expectations of grades needs to be minimized, for instance giving credit for completing the self-of-the-therapist activity but no letter grade being assigned The therapist must always maintain control over how much is shared in these circumstances in order to be able to share freely. This might mean that the therapist may feel comfortable in only sharing basic information about his or her life.

Strive for a Balanced Perspective that Is Inclusive of Gender and Culture

Supervisors need to assess carefully the impact of gender and culture on the way in which this kind of work occurs. We believe that for self-of-the-therapist work to be most effective it needs to include a balance of both males and females in the giving of feedback. Ideally, this would ideally include male and female supervisors, as well as male and female group members. Gender is an important consideration in the process of sharing, and it brings a different lens to the process.

Cultural issues also need to be considered. There is a wide variation of what is acceptable within different cultures. Disclosure of personal information is heavily influenced by these factors. There are

also differences in the willingness to ask others questions or give feedback.

Process Therapist/Supervisor and Colleague/Colleague Relationships

It is inevitable that there will be, from time to time, ruptures in relationships of those doing this work. We believe that powerful healing can occur through the reparation of these relationships, if participants are willing to stay with the process. We believe that the mending of both therapist/supervisor relationships and colleague/colleague relationships are opportunities for growth and therapeutic change (Bachelor & Horvath, 1998). For the healing of ruptured relationships to successfully occur, therapists should feel free to raise any point of concern about any issue. We also believe that issues should be brought up to the whole group if the issue occurred within the group or if it affects group safety. Individual issues between group members should be addressed one-on-one, with the assistance of a supervisor only if necessary.

Be Aware of Dual-Relationships

We believe that dual-relationships are one possible negative result of this work. Rules and expectations related to dual-relationships should be established or spoken about before the work is done and continually processed through the duration of the work. In the process of this work, care should be taken to not allow self-of-the-therapist encounters to turn into therapy. This is an important concern to keep in the forefront of the minds of those engaged in this work. Yet, as Aponte (1994) points out, the spirit behind the dual relationships issue must be upheld. The "spirit of the law" with regards to dual-relationships is to prevent exploitation by persons who have professional power over trainees. If we viewed this law rigidly, we would have to remove all kinds of self-disclosures. We would then need to restrict all kinds of "therapy-like" disclosures to formal encounters between therapists and clients. This would deny therapists of valuable resources and intimate community experiences with friends, coworkers, and colleagues. We believe that if we can establish safety as discussed above, dual-relationship concerns can be minimized.

RECOMMENDATIONS FOR BALANCING RESOURCES AND RESTRAINTS

Our recommendations for balancing resources and restraints include the following:

Privilege a Resource-Based Model of Supervision

All supervisees draw from their past experiences. Supervisors should ask supervisees about the ways their past has affected them positively. Those experiences are there, but they are often overshadowed by the problems. Therapists should be asked how these resources can help them work with families and couples. If, as a supervisor, you are investigating "blocks," do so with the assumption that there are resources waiting to be discovered once the blocks have been removed. In the vignette at the beginning of this article the "block" might have been the therapist's anger. However, immediately behind this anger was the resource of knowing what it was like to live in a family with an uninvolved father. This valuable information was right there waiting to be discovered.

Help Therapists Make Connections Between the Past and Their Current Skills in the Therapy Room

Many supervisees do things in the therapy room naturally. They have a great intuition. The supervisor can help reinforce how they learned the things they do naturally. Many times this can be bridged to the roles they played in their families. In the above clinical vignette, the supervisor might explore the survival skills of the therapist. How did this role make the therapist more equipped at handling situations that might arise in therapy?

Have a Balance Between What Helps and What Hinders the Therapist

We are not advocating that supervisors stop looking at places where therapists become stuck or have problems. We would even venture to say there are some therapists who should not be doing therapy because of their overwhelming issues and because they are not able to use self-of-the-therapist work in constructive ways. Supervisors need

to be mindful of this and help therapists to make decisions about whether or not this is the career for them.

What we are suggesting is balance. As discussed above, the very same issue can have both positive and negative consequences. Sometimes to overcome "stuckness," therapists need to be able to use their resources, many of which originated in their family of origin.

Encourage Supervisees to Pursue Their Own Therapy

If the same themes keep recurring over-and over-again or have great emotional intensity, therapists should be encouraged to pursue their own therapy. There are some issues which should not be discussed within the supervisory or collegial relationship. Most therapists who have sought their own therapy agree that this experience helped them to be a better therapist if only because they understood more the experience of being a client.

A PERSONAL EXPERIENCE

When I (AB) first began my masters training in marriage and family therapy, I had never heard of self-of-the-therapist issues. I was transitioning from a successful career in ministry and felt confident that I had a great deal to offer clients. I was raised as a privileged white male in South Africa and was largely unaware of many of the issues that were present in my life. Identifying and expressing one's issues or emotions was not something that was valued in my culture or family. I was even more unaware of how these issues would manifest themselves in the therapy room.

At first, I thought the idea of exploring my own issues was ludicrous. I completed class genogram assignments in a way that can simply be classified as "jumping through a hoop to make a grade." Initial self-of-the-therapist experiences were simply information sharing. I remember myself pointing to circles and squares on a genogram saying, "This is my mom, and this is my dad . . . they were married . . . I was born . . . , etc."

My "conversion" to self-of-the-therapist work came about after I started a PhD program in marriage and family therapy. It was not because of better assignments, activities, or techniques. Rather it was because I was part of a group of people who were committed to the process. Every week I was exposed to therapists and supervisors who

spent time reflecting on the ways their issues were having an impact on their therapy. These were intense group experiences.

I would then observe these same therapists and supervisors from behind the one-way mirror working with clients. Soon I began to see the connection between the therapist's own issues and their work with clients. It became clear how these issues impacted therapy and how working on them vastly improved service to clients.

As this revelation was happening, I began working with a violent construction worker. The presenting issue was physical abuse of his wife. He was a rugged individual, who was unaware that he had deep emotions of any kind (although I could easily get him to acknowledge his anger). As I worked with him, I found myself "freezing" in session, not knowing what to do next. I found myself saying the things that the man wanted to hear, and had a difficult time confronting his tough male image.

I decided in my next self-of-the-therapist presentation to focus on the theme of violence in my family and culture. I was amazed at what I discovered. I realized that I had become numbed by violence. I would become paralyzed when in the presence of men who presented themselves in angry and intimidating ways. I realized that I had a part of myself that worked very hard to please these men at all costs and never challenge them. I began to explore my relationship with my own father.

Growing up in my family was not always a pleasant experience. Violence (or the threat of violence) was continually present. I grew up thinking that violence was normal and that every family had these struggles. I remember times when I admired my father's ability to "keep the law" in the home.

Since doing self-of-the-therapist work, my views have changed drastically. I realize how violent my family was and how this has influenced me. My mother accepted the violence and protected my father. She rationalized his ways and taught her children to do the same. As children, my siblings and I spent a great deal of time on tiptoe at my mother's request. The rule in the home was to "protect dad" at all costs. These new insights into violence in my family have changed the way I am as a therapist, especially in the work I do with violent men. I realize that it is not just the physical violence that occurs in a family that is harmful. The things that occur around the violence also have tremendous impact on family life. Those who watch the violence undergo a wide range of emotions ranging from fear and

anger to ambivalence and guilt. The rules, interactions, and behaviors that are consciously and unconsciously developed by all members of the family in order to avoid violent confrontations become a powerful organizing principle of family life.

I came to realize that I had spent a great deal of my childhood witnessing violence as well as been a victim of violence. I was able to get in touch with the feelings of paralysis and fear that I experienced as a child, and I now use these feelings to inform my intuition as to what is going on for me in the therapy room. This was a powerful insight both personally and professionally. Now, I realize and appreciate that because of the experiences I had in my family growing up I am able to tolerate much higher levels of chaos in the therapy room than most therapists. I find that working with violent men and their families is now one of my strengths.

SELF-OF-THE-THERAPIST EXERCISES

Genogram

The classic genogram assignment for therapists was described by Guerin and Fogarty (1972). The genogram is a map of three or more generations of a family. It records demographic information about family members and relationships between members (McGoldrick & Gerson, 1985). Typically supervisors ask supervisees to draw and examine their own genograms in small groups. Such an assignment is frequently used in family therapy training (Braverman, 1984; Kelly, 1990; Wells, Scott, Schmeller, & Hillman, 1990). It can be a particularly satisfying assignment since trainees usually have a need to understand themselves and their own families in better ways (McDaniel & Landau-Stanton, 1991). When a supervisor focuses explicitly on the interface between a trainee's professional role and his or her personal life, he or she can elicit strong feelings that may lead to powerful and unexpected experiences. It is important to forewarn trainees that presenting a genogram to a group can be a surprisingly emotional experience. The therapist also has an opportunity to hear reflections from the group. The group ideally gives ideas, reflections, and suggestions concerning the family of the therapist and possible work that the therapist can do with his or her own family.

Double Genogram

Braverman (1997) suggests supervisees make two genograms—one of the client family and one of their own family. The therapist then discusses the qualities of the relationships in each genogram. The aim is to uncover possible emotional links between the two families. The supervisee then puts the genograms side by side. The supervisor then asks the supervisees whether there are any similarities between the relationships portrayed in the two genograms. Typically patterns quickly emerge. The supervisor can then explore with the supervisee not only possible learning blocks but the strengths that they bring from their own family which can help to guide the treatment. With the above example, the supervisee may explore both how his or her relationships were when he or she was the age of the child being brought to therapy and how they are now. If they are different, how did the relationships change for the better or worse? This information can be a powerful resource to the therapist.

Family-of-Origin Interviews

Many family therapists have not interviewed their own parents. This can be a helpful way to identify the strengths they bring to therapy. By understanding the history of our family and our childhood, we can connect to the legacy of strengths within the families we serve. Many families have patterns of strength of which the therapist may not even be aware.

Timelines and Nodal Events

This exercise helps therapists to place their lives in a larger perspective helping them to see where they came from, and how they arrived at the present. This exercise ideally involves therapists presenting to a group a timeline from birth to the present, highlighting relevant nodal events along the way. The person doing the timeline can focus on whatever events seem most important including deaths, births, developmental crises, experiences of struggle, events that influenced their career decisions, and important mentors.

Experiential Activities

We believe that self-of-the-therapist work should include experiential activities. Therapists and trainees must be touched at both the

intellectual and the emotional level. In supervision, we use drawing to illuminate the resources therapists bring to their work. We ask therapists to use colors, symbols, pictures, and metaphors to show on paper the thing(s) that help them to be effective therapists. Supervisees then discuss the pictures in group supervision. This can be an emotional experience. People draw pictures of loss, celebration, family crises, love, and the like. One that has been particularly striking was the picture of a sister's funeral. Although this was a very painful event in the life of the therapist, she realized how much it had contributed to her ability to be with clients who experience profound grief. Another activity is for a group of therapists to express themselves by creating a picture with regular paints or finger paints. Other experiential activities such as family sculpting, empty chair work, and visualizations can be used to highlight family of origin resources.

Story Telling Groups

Although narrative therapy does not actively encourage this kind of self-of-the-therapist work, we believe that sharing the stories of our lives with other therapists can help both us and group members to identify oppressive stories and access resources. This can take many different formats but needs to involve the sharing of life events and experiences that one views as significant. Fine (1992) believes that as people understand their own stories more thoroughly they become self observers and more easily able to evaluate their behaviors and reactions as therapists.

Self-of-the-Therapist Groups

A group that is brought together by a group of therapists for a specific self-of-the-therapist purpose can be invaluable. For example, many proponents of the IFS model form groups to help each other to deal with their own "extreme" parts, especially as they impact therapy. We believe that a group of therapists who meet regularly to work with their parts that become activated in the therapy room by various clients or situations is an excellent way of regaining control over these parts in the therapy room. A suggested format is that one group member presents a part with which he or she wishes to work. The group then helps the person to work with this part, identifying why this part does not allow the Self to be present with this particular

kind of client. Groups such as these can focus on any issue that feels safe or might be helpful to individual group members.

CONCLUSION

We firmly believe that all therapists can benefit from ongoing self-of-the-therapist work. This may be weekly, bi-weekly, monthly, or quarterly. No therapist should be out on their own, cut off from a community of their peers. Every therapist or supervisor, no matter who they are, or their level of experience, needs a forum that facilitates their growth and helps them keep their issues at the forefront of their awareness. Training programs, internship sites, agency settings, and private practice groups can all provide potential environments for this type of work to occur.

This article is a call for persons interested in doing self-of-the-therapist work to have a more balanced approach in doing so—one that looks at both sides of the coin. The lens we use around health and pathology is powerful. By looking at resources provided by life experience the therapist may open up new doors for their own competency and the competency of the families with which they work. This can potentially result in interventions that would have previously eluded the therapist.

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