

## CHAPTER 4

### THE DEVELOPMENT AND USE OF THE SELF IN FAMILY THERAPY

#### 4.1 INTRODUCTION

Family therapists have endorsed the position that supports the shift from a study of the ‘observed’ system to the study of the ‘observing’ system. Thus, according to Haber (1990:376), it would be futile to look at the family system without considering the contribution of the therapist to the ‘fit’ of the family system. Positions of both neutrality (if such is possible) and involvement with the family system impact on the reactions and perspectives of the client family in the therapeutic relationship. Baldwin M (1987:7) believes that with the development of new forms of therapy and technique, it is essential to explore more fully the role of the self of the therapist. Since the self has the potential for both positive and negative impact upon the client, the importance of personal self-knowledge and self-discipline is crucial.

The implications of a belief in the significance of the self of the therapist in the therapeutic encounter suggests that if the self is viewed as a resource, then it is incumbent upon both therapists and the organisations that employ them to maintain and care for the self. While there are many satisfactions relating to therapeutic work there are a number of identified consequences of the toll taken by such work. Berger (1995:304) explores some aspects of the negative impact of the helping professions on the personal lives of therapists. These include difficulties with family, friendships, and social functioning as well as incidences of depression and an increase in suicide risk. If we accept the importance of the self in the therapeutic encounter, self-awareness and care of the self is crucial to being authentic and reflexive in practice.

In this the final chapter of the literature review, the concept of the self on a personal level, as well as within the context of the therapeutic encounter will be explored. McGoldrick and Carter (2005:34) refer to the connected self which is based on the interdependence of people and psychological health, and these aspects will be considered, together with the views of Frankl (in Durston, 2005a) on optimal human development.

The path to becoming a therapist, and specifically a family therapist, is deeply personal and idiosyncratic. A number of authors share their personal journey relating to this undertaking, aspects of which may resonate with the reader and perhaps evoke an enhanced awareness of one's own motivations for choosing a career in the helping professions. The development of the personal and professional self is a continuous process of reflexivity that is unique and specific to every practitioner of family therapy. It is not the intention of the researcher to suggest a path to follow on this journey, merely to illuminate its complexity and highlight the necessity of undertaking the task.

While theory is an essential aspect of family therapy practice it is not the primary force in the therapeutic encounter. The discovery of a theory (or theories) that is (are) congruent with the self of the therapist is essential to the development of a therapeutic style that enhances the authenticity of the practitioner and hence the therapeutic relationship. The importance of knowing one's personal paradigm is highlighted in this discussion, as well as the need to reflect on our assumptions and knowledge so as to avoid what Amundson, Stewart and Valentine (1993:111) refer to as the dual temptations of power and certainty in therapeutic practice.

Experiential aspects relating to becoming a family therapist will be briefly explored, after which the importance of the therapeutic relationship will be considered, including a brief discussion on the dangers of certain aspects of the therapeutic relationship and therapeutic practice which may impact upon the self of the therapist and on the broader context of personal life. Evaluation of the role and practice of the therapist is imperative and these issues will be examined with some recommendations on the promotion of

“user-friendly practice” which considers the experience of the therapeutic encounter from the vantage point of the client (Treacher, 1995:197).

Enhancing self-awareness and reflexivity remains an important task for the family therapist, and certain literature is explored that may facilitate this process. Aspects include the explorations of one’s own ‘story’ in relation to the client family and visualisation of real and/or imagined extra-therapeutic encounters as a tool to enhance awareness of responses to clients. Finally, the issue of burnout will be discussed, related to aspects such as awareness and prevention that may sustain the self of the therapist over the career span.

#### 4.2 DEVELOPING A SELF

According to Baldwin D (1987:28-29), the nature of the self has provoked curiosity throughout the ages, with the ancients viewing it as the essence of man and implicit in the concept of the soul. Cartesian thinking emphasised the objective side of life over the subjective, and it was not until the philosophers such as Kierkegaard, writers such as Dostoevsky and clinicians such as Freud and Jung that the subjective world began to be explored. Kierkegaard and the existential philosophers drew attention to the idea of the subjective experience of the human being, as well as being both subject and object, and thus the concept of the self emerged. The concept of self excited the interest of sociologists such as George Mead, philosophers such as Heidegger and therapists such as Carl Rogers. Thus the development of the concept of self reflects a kind of parallel with the modernist/postmodernist evolution, an epistemological shift, similar to that of the theory and practice of family therapy.

According to Baldwin D (1987:30-31), Mead introduced the concept of the self as a basic unit of the personality, along with the roles which the self learns in the process of socialisation. Developmental thinkers such as Erikson described the emerging self in terms of the ego development and psychosexual development of the child, with the concept of identity as the awareness of difference and separateness of the self. Rogers

viewed the self as a fluid structure, subject to change throughout life – the self is a “...constellation of perceptions and experiences, together with the values attached to those perceptions and experiences” (Merry, 2002:33). According to Baldwin D (1987:31), contemporary views of the self suggest that there are different aspects of the self which are available to a person, depending on the circumstances in which one finds oneself.

Satir (1987:17) was of the opinion that the therapist who came to view the self as an essential aspect of the therapeutic process was the “...herald of that new consciousness”. The influence of Martin Buber’s views centred on the **I-thou relationship** with fellow human beings, wherein the “...world of relation...” is established (Buber in Baldwin D, 1987:33). This involves a sense of, and appreciation for, the subject and object of each person in a relationship that is characterised by “...mutuality, directness, presentness, intensity and ineffability” (Friedman in Baldwin D, 1987:33).

In contrast, the **I-it relationship** is one of subject-object, where others are regarded as mere tools or conveniences, and this subject-object approach is the medium of exchange in the world of things and ideas. The I-it relationship typifies many human interactions, even healer-client ones, and according to Miller and Baldwin (1987:148), this type of interaction is essentially superficial and meaningless. The I-thou relationship is one of reciprocity and for Buber, is the highest expression in the act of confirming the other – mutual confirmation is seen as the key aspect of the definition of the true, real, present and authentic self (Baldwin D, 1987:34; Miller & Baldwin, 1987:148). Miller and Baldwin (1987:148) suggest that when a healer or therapist relates openly and totally with a client, the I-thou relationship facilitates wholeness in both client and healer, and that through awareness of the self, the therapist finds the source of his/her own vulnerability.

The work of Emmanuel Levinas takes the concepts of Buber further, basing the self/other relationship on ethics, a respect for the **Other**, as opposed to the **other** who is knowable

according to positivism. The Other is unknowable, beyond language and outside the purview and control of the self (Levinas, 1991:17).

With regard to the idea of the self in the therapeutic encounter, Shadley (1987:127) refers to a definition of the self as the therapist's "...feeling response to the family members". The felt self is one aspect of the process, together with verbal and non-verbal responses, and appropriate self-disclosure. A definitive description of the use of self in therapy is elusive because of the individual, unique nature of the therapist. However, according to Shadley (1987:128), it encompasses not only professional expertise, but a level of self-awareness that provides clarity regarding which parts of the self to withhold in order to preserve strength, health and integrity. This requires a consideration of various factors such as personality, personal and professional experiences, theoretical orientation and interpersonal context. The implication of this is the necessity of knowing the self in all of the contexts of the therapist's life, and according to McGoldrick and Carter (2005:27-28), maturity is defined as the "...self in context..." which refers to our ability to live in relation to others and the world, to be able to control our impulses, and to think and function for ourselves based on a personal belief and value system that is not contingent on general consensus. It involves too, an ability to empathise, communicate, collaborate and respect the views of those who are different, and interact with our environment in ways that are not exploitative. McGoldrick and Carter (2005:27) expand on the conceptualisation of human development to include a view of the self that integrates race, class, gender and culture as central to individual development.

According to this perspective, gender, class, race and culture form a basic structure around which beliefs, values, emotional expression and ways of relating to others are built. Thus the world view of every person and generation differs since this structure evolves over time (McGoldrick & Carter, 2005:28). This structure significantly influences the parameters of an individual's ability to empathise, communicate and connect with others. If this is so, the researcher speculates that the personal self, and hence the professional self, are profoundly affected by the unique structure that forms the foundation of that individual self.

McGoldrick and Carter (2005:28) believe the most challenging aspect of the development of the self to be one's beliefs about, and interactions with, people who are different from ourselves. Baldwin M (1987:7) concurs, stating that ideas about the self are connected with our emotions and belief systems rather than our intellect, and thus we react strongly to views which differ from our own. Society is quick to assign roles and expectations based on gender, class, race and culture which influence the acquisition of various skills, such as communication, cognition, emotional and social skills. According to Baldwin M (1987:7), the entity of the self is personal and elusive, changing in nature from being the subject to the object of observation. It can never be known in its entirety, since others will never have complete knowledge of our inner experience and we are not aware of some manifestations of our self that are easily perceived by others.

McGoldrick and Carter (2005:28-29) state that the development of a mature, independent self requires an appreciation of our interdependence on each other and on nature, and involves the following skills: the ability to feel safe with both the familiar and the unfamiliar or different; the ability to read emotion, empathise, care for and be cared for; the ability to accept one's self while accepting differences in others, and to relate to others with a generosity that does not depend on their approval or support; and, the ability to consider others and future generations within the context of human and environmental rights. The relevance of these skills in the practice of family therapy is evident.

Thus, the self develops around a structure that contains many variables which interact with one's unique person and environment. The researcher believes that this has clear implications for the development of the personal self and hence, the professional self, impacting on the way in which the client family is viewed as well as on the intervention approach embodied by the individual family therapist.

#### 4.2.1 The Connected Self

According to McGoldrick and Carter (2005:34), the "...connected self..." is based on recognition of the interdependence of people and is seen as critical to the development of

psychological health. Laing (in Baldwin D, 1987:39) concerns himself with the issue of confirming the self, which requires the existence and recognition of the self by another, a view which shares similarity with that of Buber (discussed above). These views focus attention on the interdependence between people in relation to the self, and on the fundamental importance of affirmation of the self to become more real and authentic. Mature human interdependence includes the following skills (McGoldrick & Carter, 2005:34-35):

- Participation in cooperative activities (i.e. at work, home and play).
- Expression of a full range of emotions and tolerance of such emotions in others.
- Expression of differences of belief or opinion without attack or defence.
- Relating with openness, curiosity, tolerance and respect to people who differ from ourselves.
- Nurturing, caring and mentoring of others.
- Accepting the help and mentoring of others.

It can be surmised from the above that the skills deemed necessary for maturity and interdependence are aspects that are immensely relevant to the context of both family therapy and reflecting team practice. The need to participate, express oneself without fear of attack, yet being able to be true to one's self, being able to relate to others, be it team members or client families, and being able to accept and provide care and mentoring are all factors relevant to the reflecting team process and family intervention.

In considering interdependence it is necessary to look again at the notion of differentiation. McGoldrick and Carter (2005:35) define differentiation as conceptualised by Bowen. It is seen as a state of self-knowledge and self-definition that is not contingent on the acceptance of others for one's beliefs, and without the need to attack others or defend oneself. These authors believe that the term 'differentiation' is misused as meaning autonomy or separateness, and that the emphasis on a distinction between thinking and feeling is perceived as elevating male attributes of logic and rationality over female attributes of emotionality. Bowen (in Grosch & Olsen, 1995:280) states that

differentiation is the ability to be in emotional contact with others while remaining autonomous in one's emotional functioning. This correlates with McGoldrick and Carter (2005:35) who suggest differentiation is more concerned with the ability to control emotional reactivity, behaviour and to think about one's responses instead of being in the service of one's impulses, fears and instincts. This still implies emotional authenticity, appropriate expression of emotions, and the ability to connect on an emotional level in personal relationships.

However, the process of unequal socialisation for men and women has resulted in assertiveness and self-directed thinking as being seen as necessary for differentiation, without consideration of the reality that is female socialisation, i.e. putting the needs of others before their own. According to McGoldrick and Carter (2005:45), this has polarised beliefs about men and women – maleness emphasises autonomy and achievement, while femaleness focuses on connectedness in relationships. This imbalance has shifted with the rise of the feminist movement, but persists and permeates one's perceptions of who one is, i.e. one's self. Gilligan (in Collier, 1987:55) challenged theories that were based on male standards and models, stating that women's perceptions of reality centre around experiences of attachment and separation, and that in ignoring differences in male and female personality development, harm is done not only to women, but is an impoverishment of our ability to understand humanity.

Collier (1987:53) states that biological, sociological, political and experiential differences in the development of men and women highlight the necessity of a "...cautious and disciplined use of the self...". According to Collier (1987:53), the practice of family therapy requires consideration of the fact that the large majority of family therapists are women, as are the family members in client families. She suggests that this requires a flexibility of therapeutic response as women speak in a "...different voice...". In the past the assumption has been that there is one model of social experience and interpretation, i.e. male. Differences between the sexes exist, and thus impact on the self, a factor which is brought to the therapeutic encounter, as well as to the experience of therapy for the client family. Collier (1987:57) goes further to suggest that when the entire human

experience is given attention and conceptualised equally, theories and concepts will be more holistic and male and female therapists will be better able to hear the clients' voices, regardless of gender.

The implications of the ideas discussed above are evident. The need for the differentiation of the family therapist is essential if he/she is to be effective in the often emotionally charged arena that is family therapy. However, the socialisation process has far-reaching consequences for men and women, with society valuing certain traits over others, and thus impacting on the development of the self. The higher number of females over males who choose a career in the helping professions suggests that the socialisation process impacts on the choice of career, as well as the way in which women may relate to the family in the therapeutic encounter. As suggested in Chapter 2 in the discussion on feminist family therapy, the family therapist who remains unaware of pervasive gender stereotyping will fail to develop dialogue within the family therapy encounter that could alter the status quo, and hence the subjugation of women.

#### 4.2.2 Optimal Human Development

It is through our lives and life experience that the self is moulded and developed. There exists no perfect human being; personal growth is a process and the development of the self is fluid and changing. An increase in awareness and insight contributes to a more purposeful and fulfilling life, both personally and professionally. Thus while perfection is neither achievable (nor perhaps even desirable), one can enhance the self through pursuing growth, and eschewing stagnation. Human development, be it optimal or not, has implications for the personal, and hence professional self of the therapist.

Durston (2005a) explores the optimally developed human being according to the existentialist concepts of Viktor Frankl, who viewed the human being as primarily spiritual. The following points describe optimal development according to Durston's study of Frankl's work:

- Self-determining action – this involves taking a stand against coercive, inner instincts and drives, as well as the influences of society, in favour of the experience of freedom to take individual, responsible action.
- Realistic perception – this is achieved by self-distancing, in other words, the ability to have a realistic view of the self, knowing and accepting both one’s strengths and shortcomings.
- Humour – this refers to humour at oneself and one’s shortcomings, and not destructive, critical humour aimed at hurting others.
- Self-transcendence – Frankl believed this to be the essence of our humanness and the path to self-actualisation. We must move beyond the self in order to achieve intimate and healthy relationships with the world and with others. According to Baldwin D (1987:38), Frankl saw self-transcendence as an effect, rather than a goal or intention.
- Future directedness – this entails reaching out beyond daily life to pursue goals and achievements that are of value to the individual. The future is experienced as an opportunity to achieve potential, to leave a legacy, while the past is seen as a storehouse of experiences to be cherished.
- Work as a vocation – work is seen as an opportunity to contribute to life, a meaningful engagement of the self.
- Appreciation of goodness, truth and beauty – this involves an appreciation of the world, art and nature, and a desire to preserve this.
- Respect and appreciation for the uniqueness of others – this refers to a search for meaningful encounters with others, without discrimination, prejudice and selfish gain.
- Meaning in suffering – maturity manifests in acceptance of personal tragedy and the view of it as an opportunity for learning and growth, which deepens the meaning of life.

Optimal human development as conceptualised by Frankl encompasses traits that are relevant to the personal and professional self of the therapist and hence the practice of family therapy. Such traits could, in the opinion of the researcher, enhance the sense of authenticity of the practitioner. How one embarks on such a journey towards the development of optimal growth would be an intensely personal experience.

Merry (2002:28) explores the concept of the fully functioning person from a humanistic, person-centred perspective, and according to his thinking, self-development is a process and not an end point. The self has the potential to be congruent with all experiences available to one's awareness, implying that the authentic self does not need to distort or deny experiences. However, the imposition of conditions of worth results in denial or distortion of certain experiences, rendering the self not wholly authentic (Merry, 2002:29). Conditions of worth are acquired through learning that we are acceptable only if we think, feel and behave in ways that are positively valued by others, and experiences which are contrary to these are denied or distorted, creating a state of incongruence between self and experience, and thus the person cannot be fully authentic.

The implications of this for family therapy practice are evident, particularly in a training setting, and in reflecting team practice where a feeling of being judged and not accepted by the team may give rise to incongruency within the therapist, making it difficult to be authentic in the therapeutic encounter. Conditions of worth may inadvertently be imposed by team members upon fellow members who have different approaches to practice – feeling unable to be congruent may render the recipient inauthentic to his/her self and to the process of family therapy practice. The value of knowing one's own true self, while feeling no pressure to distort or deny one's experiences may facilitate congruency and hence being real and authentic in one's professional (and personal) life. Whether such an ideal is always, or sometimes achievable is an important consideration.

In the process of becoming a more fully integrated and authentic self, Rogers (in Merry, 2002:39-40) suggested that there would be a decreasing need to deny or distort experiences into awareness, thus the person would evidence a number of attributes:

- Be more congruent and less defended.
- Be more realistic and able to overcome personal problems.
- Be better adjusted and less vulnerable to threat.
- Be more congruent regarding the ideal self and the actual self.
- Be less tense and anxious.

- Trust one's own values and thus be more confident.
- Be more accepting of self and others.
- Be more realistic, adaptable, expressive and creative.

A comparison of the ideas of Frankl and of Rogers shows many aspects of compatibility and similarity, all of which are relevant to the self of the therapist in both personal and professional life.

According to Merry (2002:44-45), the theory of a more fully functioning person has implications for interpersonal relationships. The counselling relationship is one in which movement towards personal authenticity is likely to be enhanced. Such a relationship would be characterised by: congruence regarding experience, awareness and communication; clear, congruent communication; accurate perception and empathy for another's frame of reference; increased feelings of unconditional positive regard; and, less defence or distortion of perceptions. While such enhancement is aimed at the client, the researcher suggests that the family therapist who has the experience of such a relationship in the context of a reflecting team, who is able to feel comfortable with difference, communicate congruently and so on, would feel more creative in nurturing his/her self-awareness, more confident in his/her ability to be reflexive and thus more authentic.

Gurman (1987:114-116) attempted to measure the attributes of the therapist outside of therapy that are known to be effective for the family therapist. Five categories were identified:

- Personality characteristics including beliefs, attitudes and values about personal/intimate relationships, ethnic differences, mental health and pathology, and how such beliefs impact on intervention. Gurman does not comment on what these effective personality traits may be. For the researcher, this highlights the significance of awareness of the possible dominant discourses that may have consciously and even

unconsciously permeated our thinking and beliefs, and which we then bring to the family therapy encounter.

- Mental health – while some figures in the field of family therapy dismiss or ignore the issue of the therapist’s own mental health, others argue that the mental health and psychological integrity of the therapist is essential in helping families to change. From the perspective of Bowen’s theory, it would be difficult for a family to grow beyond the level of differentiation of the therapist.
- Gender – Gurman (1987:115) suggests that from the limited study of the effects of gender on therapeutic outcome, no evidence indicates that one or another gender is more effective in family therapy.
- Demographic variables such as race, social class and ethnicity influence the interactions between therapist and client family. An absence of shared experience, differing values regarding roles, rules, intimacy, conflict and so on may hamper the development of a therapeutic alliance. This suggests that Gurman believes socio-cultural differences to be a potential obstacle to effective therapeutic intervention. It implies too, a modernist position whereby objective, ‘correct’ values guide the intervention, and which may clash with those of the client family.

An alternative to this is the view of Combs (in Merry, 2002:54) who suggests that the belief system of the counsellor determines the degree of effectiveness. Four identifying areas that distinguish effective helpers are identified:

- A sensitive, empathic focus on the person that attends to personal meanings, rather than external data.
- Positive beliefs about people, such as trustworthiness, basic goodness, and so on.
- A positive self-concept that provides a sense of security for both client and counsellor.
- A broader focus than merely the presenting problem, one that is less concerned with an immediate solution and more concerned with the process of actualisation or growth.

These aspects, in the mind of the researcher, have a more postmodern feel, emphasising family meanings, strengths and potentials, as well as the self of the counsellor, over objective, neutral and correct intervention.

Street (1994:159-160) refers to a desire on the part of the counsellor to understand oneself and to expand one's consciousness. He refers to Bateson who offered three suggestions to acquire a wisdom that comprehends one's part in the larger interactive system. Firstly, we need to develop humility, both on an individual and on a societal level. Secondly, we need to expand our awareness and understanding of the systemic contexts of which we are part. Thirdly, we need to develop our creativity in counselling. We need to understand why we choose to be counsellors, and the context in which we undertake counselling – we need to learn the skills and be creative, and most of all, be our true selves.

In conclusion, while no human being (or family therapist) is perfect, there are aspects relating to the development of the self that may enhance the capacity for reflexivity and authenticity of the family therapist in the context of family therapy. It goes without saying that enhancing the self is reflected in the personal life of the therapist as well as the professional.

In the sections that follow extensive focus on the personal motivations, development and aspirations of the family therapy practitioner will be explored, based on the relevant literature. This literature is not necessarily written with specific reference to the family therapist, but rather concerns the choice of career in the therapeutic helping professions. The researcher proposes the relevance of this literature exploration, as few, if any practitioners are exclusively family therapists, and the self of the therapist is significant, whether intervention is with an individual, couple or family. In addition, it will be clear to the reader that the aspects to be explored, such as personal motivation, the development of the personal and professional self, and the choice of theory as embodied by the self are closely interwoven and overlapping, with much blurring of the boundaries

between the aspects, thus making clear categorisation a challenge that is in any case, unnecessary.

### 4.3 ON BECOMING A FAMILY THERAPIST

Goldberg (1986:5) believes that those who are called to the healing professions tend to have an intense interest in learning about themselves. An ongoing curiosity about examining one's own life and the development of personal growth provides impetus for interest in a conscious examination of the human condition. The view of Keith (1987:61) concurs with that of Goldberg, in that many therapists are drawn to the profession in an attempt to understand and deepen the connection with the self.

Historically, early practitioners of healing created systems for treating people in terms of the meaning they had made of their own suffering and life crises in their personal journey. According to Goldberg (1986:5-6), the theme of a personal journey provides the basis of the developmental process of the healing professions from the early wisdom of the shaman (or traditional healer), through to modern day therapeutic intervention. Goldberg goes on to suggest that effective practitioners utilise their own life experiences as a major source of expertise in guiding others on their journey. While the notion of 'expertise' sits uncomfortably with the values of the researcher, it can nevertheless be appreciated that the personal experiences of the counsellor may enrich empathic understanding of the experiences of clients.

Goldberg (1986:111-120) discusses the motivations of those drawn to practice therapeutic intervention, focusing on a typology conceptualised by Rychlak, which identifies three motives. These are:

- The scholarly motive includes people (e.g. Sigmund Freud) who want to learn about people in the objective sense, to draw general universal principles about human behaviour in order to help with social problems.

- The ethical motive refers to people (e.g. Carl Rogers) who focus on the development of self-determination through effective interpersonal relationships. It represents a conscious vocational choice to help others, and involves the question of human suffering, which those with an ethical motive attempt to understand.
- The creative motive refers to people who are sensitised to and identify with, the emotional pain and suffering of the human condition, and who attempt to find happiness in new and creative ways of being. While no example is provided in this motive category, the researcher speculates that counsellors with a postmodern inclination may lean toward this motivation.

Karter (2002:17) ponders the myriad reasons for choosing to become a practitioner of therapy or counselling, citing Sussman who refers to it as a “curious calling”. Karter suggests that while many altruistic motives exist for the choice of a therapeutic career there are also less magnanimous reasons, such as the need to reclaim a sense of power that has been lost in living in a world that seems “...dehumanized and devoid of purpose” (Karter, 2002:18-19). Viljoen (2004:31-32) concurs, stating that while a desire to help others is a commonly expressed motivation of those entering the helping professions, this sentiment obscures a multitude of reasons for why people want to help others. Sussman (in Viljoen, 2004:32) believes there exists a “...unique constellation of underlying motives and aims...” in the choice of career in the helping professions.

In his very personal exploration of why he became a therapist, Sussman (1995:16-23) reveals a number of motivations or “illusions” that were part of his journey, and which emerged at various times during his development. These include:

- The wish for “magical powers”, to be all-knowing and all-seeing and all-curing, a wish which, despite much academic training, never materialised.
- The hope of being admired and idolised to bolster self-worth, the mastery of which entails recognition of the fact that self-acceptance can never be fulfilled by receiving adulation from clients. Viljoen (2004:36) refers to an unconscious need for affection

and acceptance, rooted in early development, and which manifests in a need for appreciation or confirmation of the self within the therapeutic setting.

- The hope of repairing family-of-origin issues, which Sussman (1995:17) believes will fail to assuage the need to ‘rescue’ clients and thus compounds a sense of guilt if the ‘rescue’ fails.
- The hope to transcend feelings of aggression and destructiveness – the therapeutic encounter does not provide a refuge from negative emotions, but in fact recreates the re-enactment of painful scenarios which may resonate consciously and/or unconsciously with the therapist. Refusing to acknowledge and accept one’s “shadow side” poses dangers for all participants in the therapeutic encounter. Viljoen (2004:35) refers to an unconscious need to exert power and control in a socially sanctioned way, which is confirmed in the authority conferred on the helping professions.
- The hope to escape personal problems by focusing on those of other people – according to Sussman (1995:20), the most misguided notion of all. Counselling and therapeutic work demands continuous monitoring of one’s internal processes, and constantly stirs up one’s own emotions, anxieties, conflicts and vulnerabilities, requiring personal therapy on a regular basis. A further aspect mentioned by Karter (2002:21) is the idealisation of a personal experience of therapy and a therapeutic process that proved meaningful, and the wish to impart a similar experience to the client. Also mentioned by Karter (2002:22) is a desire to learn to cope with loss, an aspect which is inherent in the ending of the therapeutic process. The continual exposure to the pain of people’s stories can lead to a “sadness of the soul” (Chessick in Sussman, 1995:21).
- The wish to achieve a deep level of intimacy within a safe context – while the therapeutic encounter can provide a level of closeness and intimacy (within the boundaries of a professional relationship) there are limits to this type of intimacy in that it is one-directional and one-sided. Sussman (1995:21) believes that in attempting to meet the emotional demands of the therapeutic relationship, few reserves may be maintained for one’s private life. Viljoen (2004:35) too mentions the meeting of intimacy needs within the context of the therapeutic relationship,

where no emotional commitment is required, yet short periods of intense intimacy may satisfy a frustrated need. It is further suggested that the helping relationship is essentially an unnatural one wherein complementarity and mutual growth are limited (Viljoen, 2004:38). The idea of mutual growth within the therapeutic relationship will be explored further on in this section.

- The hope of meeting dependency needs through vicarious attention to those of the client – the therapeutic relationship can fulfil the dependency needs of both therapist and client, however problems occur when the containment is either rejected or is overwhelming in its demands. Cancellations, no-shows and premature endings may trigger painful feelings of loss, rejection and abandonment.
- The belief that one may become free of the limitations of socialisation, adaptation and conformity, and enable clients to free themselves of those restrictions – the inevitability of certain limitations (e.g. knowledge, skill, emotional reserves, influence on clients, policy) will consistently challenge the therapist, requiring a level of acceptance.

Sussman (1995:23) concludes that the loss of such illusions may be viewed as cynical and jaded. He believes however, that a process of disillusionment is inevitable and represents a crucial, yet painful transition in the personal evolution of the therapist, preparing the way for a more accurate perception and a fuller acceptance of reality. No therapist enters the profession free of illusion, and thus Sussman (1994:24) believes that a “...mature sense of disillusionment ... necessary for our full professional development, can only come within the context of accumulated clinical experience”.

Out of this disillusionment come the strengths which are the reality of therapeutic practice, connecting with people who have lost trust, providing understanding and compassion for those who are emotionally wounded, nurturing growth in those who are stagnating and, according to Sussman (1995:24), gaining an appreciation of how practice facilitates personal growth both through allowing us to use the best of our selves while providing opportunities to face and accept our shadow sides. From the perspective of the researcher, the potential for growth afforded by reflecting team practice that is both

nurturing and challenging for the team members offers immense opportunity for the development of strengths and acceptance of one's shortcomings. In addition, the sense of disillusionment explored by Sussman has some resonance for the researcher, in that the initial entry by novice counsellors into the family therapeutic field seems to bring certain idealistic notions of how families should be, should function and so on (dominant discourses perhaps?), while experience may bring the sense of realism and acceptance that Sussman alludes to.

Certain motivations are also explored by Dale (in Karter, 2002:19-20), who discusses aspects similar to those expressed by Sussman. In addition to what he believes are the obvious motives of the challenge of the unknown and intellectual curiosity, a love of the truth, interest in people and compassion, less overt motives included in his discussion are: the need to make reparation for our personal experiences of pain, loss and despair; feelings of guilt relating to anger and destructive emotions; displacement as a defence against having to acknowledge one's own hidden issues; the need to have control, to manipulate and have a sense of power; vicarious healing which occurs through unconscious identification with the pain of the client, i.e. the concept of the 'wounded healer'; and, vicarious living whereby life is experienced through the experiences of the clients.

The concept of the 'wounded healer' arises often in the literature, and was initially introduced by Jung as an extension of countertransference issues (Viljoen, 2004:28; Miller & Baldwin, 1987:139). It refers to the personal hurts and wounds of the therapist that motivate not only the choice of vocation, but also the power to heal. Typically viewed in a negative light and seen as a quality of the impaired counsellor, it presents a dichotomous view of mental health, suggesting that in order to heal, the healer must him/herself be free of pathology. However, Guggenheim-Craig (in Miller & Baldwin, 1987:141) offers a more positive view, maintaining that every person has an individual healer within, which becomes activated when ill. When the intra-psychic healer is unable to heal, the person may seek an external healer (i.e. a therapist). The external healer's own vulnerability is activated by contact with the ill person, and projected onto him or

her – healing however, will only take place as the client starts to access his or her own inner healer, through being aware of the wounds and accepting them. Hubble, Duncan and Miller (1999:14) suggest a parallel idea, that the client’s own “...generative, self-healing capacities...” allow them to take whatever the intervention has to offer and use it in a self-healing way. This self-healing capacity transcends the differences in therapeutic approaches and techniques.

Guy (in Viljoen, 2004:29) believes that people possessing the characteristic of empathy are attracted to the mental health professions, and that the ability to draw on one’s own experiences is necessary in order to be truly empathic. This does not imply that the therapist has to have experienced the same difficulties as the client, but must have a sense of some similar experience. Empathy makes considerable demands on the person of the counsellor, and Viljoen (2004:30) cites various authors who describe consequences such as empathy contagion, empathy fatigue and empathy depletion. Such consequences link to the issue of burnout, and will be discussed later in the chapter.

In an exploration into the backgrounds of therapists, Goldberg (1986:53) proposes that a therapeutic calling has its origin in being “...sensitized to the emotional substratum of human life...” with regard to how people interact and feel about themselves. The helping professional tends to observe and be reflective, wondering about other people’s motives as well as their own, and has often been cast into the role of helper or nurturer in their family-of-origin. Goldberg (1986:55) cites research that suggests that the majority of healers come from families in which a serious problem existed, either physical or psychological. Family position also plays some part in the role of family nurturer, with many therapists identifying themselves as the dominant sibling.

A further factor appears to be experience of distress in early life (e.g. illness), periods of loneliness and sometimes loss, all of which appear to “...foster an exquisite sense of the inner life of others, which becomes the hallmark of the therapist’s calling” (Goldberg, 1986:57-58). Of relevance however, is that the therapist in early life became sensitised to the suffering and struggles of others and of self, perhaps leaving a residue of

powerlessness in the face of human suffering. Thus, in choosing a career in the healing professions, the therapist in adulthood ‘chooses’ the educational and life experiences that allow him/her to feel more adequate in dealing with human suffering. Goldberg (1986:59-60) further suggests that for many practitioners, their clients provide a “...psychological route...” to the riddle of their own family-of-origin.

Strean (in Karter, 2002:21) states that a certain “...voyeuristic pleasure...” derives from peering at people who are “...emotionally naked...”. While altruism is a noble enterprise, Strean believes a sense of superiority may at times permeate the therapeutic relationship, a sense of feeling stronger and more competent than the client. However, there are times too, when the wisdom and insight of a client can cause the therapist to feel less than adequate. Viljoen (2004:34) also mentions voyeurism as an unconscious motivation for the choice of profession, suggesting that there is a wish to view tabooed scenes without having to be involved in them. Within the context of reflecting team practice the idea of voyeuristic motivations, while repugnant to the researcher, is something to consider – the very act of viewing the family through the one-way mirror lends it a voyeuristic aspect. However, the relative equality of the reflecting process at least allows the client family the opportunity to reciprocate.

According to Viljoen (2004:39), motivation for entering the field of counselling may centre on the conscious and unconscious hope that personal needs will be satisfied in the therapeutic relationship. Needs that are not met in non-therapeutic contexts, or are not addressed in supervision or personal therapy may enter the therapeutic encounter in an attempt to be satisfied. Counsellors are human beings with their own needs and issues – however, the therapeutic relationship is not the appropriate place to look for gratification of these needs or exploration of these issues. Nevertheless, Viljoen (2004:40) states that it is inevitable that the counsellor will look for need satisfaction in the professional context. Lack of awareness and insight into our motives is clearly hazardous, both to our selves and to our clients, hence requiring a continuously reflexive attitude with regard to our work.

While it may be argued that some of this data is dated, and worrying if it holds true that most therapists are from troubled backgrounds, Goldberg (1986:60) suggests that professions such as social work offered women the opportunity to be equal to men in the healing professions, and that by virtue of their gender, women are more specifically suited to being nurturant than are men. Clearly, this is in keeping with the previously explored aspects relating to female socialisation and the development of the self. Goldberg (1986:60) further proposes that the struggle with suffering is a universal human condition and that denial of one's own suffering poses a problem for the client in his/her own personal journey of suffering. Personal struggle is necessary for the practitioner's growth as a therapist, and serves as a resource for the client (Goldberg, 1986:61). In the opinion of the researcher, awareness of personal issues and a willingness to explore and resolve these is the crux, rather than **if** the therapist has personal issues, an inevitable aspect of being human.

Thus it seems that the motives for entering the healing professions may be objective or subjective, and both have something to contribute in practice. Questioning one's motives for becoming a family therapist enables one to more deeply reflect on the choice of profession, and highlights the importance of re-examining this on an ongoing basis. The capacity for self-reflection is essential for anyone choosing to journey along this professional path.

#### 4.3.1 The Personal and Professional Self

Zeddies (1999:231) states that the relationship between a therapist's personal and professional identity is continuous, reflecting a dynamic relationship between what is meaningful or significant on a personal level and the theoretical/technical aspects that are learned and practiced. Practice in whichever arena, be it family therapy or other types of therapeutic intervention, is not just something one does – it is part of our lived experience. Developing a therapeutic style that is both personal and professional is a central developmental task. According to Rogers (in Baldwin M, 1987b:50), to be a fully authentic therapist, one has to feel fully secure as a person, allowing oneself to surrender

to the process of which one is part, and admit that understanding is never complete. This involves acknowledgement that one is imperfect, with vulnerabilities and blindspots.

According to Haber (1994:269), before we come face to face with a client family, we are confronted with influences that shape our professional role. These include culture, education, legal and health systems, professional organisations, referral sources and work settings, as well as our social system and family-of-origin experiences. Haber (1994:270) believes that the ‘role’ (of counsellor) is given more credence than that of the ‘self’, which is more mysterious, unconventional and less conscious. The self is described as using the language of dreams, metaphors, symbols, feelings and intuition. Optimally the role and the self of the therapist exist in an “...acknowledged, functional, creative and respectful marriage” wherein the self of the therapist is a co-therapist or consultant to the role of the therapist (Haber, 1994:270). For the researcher, a conscious self used as a consultant would be an asset in the complex arena of family therapy, and from experience it would seem that participation in a reflecting team is useful in fostering awareness of the self, perhaps bringing the shadow side to fuller integration.

In an earlier article, Haber (1990:376) quotes Andolfi and Angelo who state that the therapist is able to use personal affective responses in the form of images, moods and symbols to initiate and develop the therapeutic process, and that these are a constant source of information that allows the therapist to be more congruent, flexible and creative. However, this involves a risk, whereby the therapist becomes undifferentiated in the family system, loses perspective and is unable to facilitate the construction of new perspectives and solutions. The influences of culture, gender, family-of-origin issues and other idiosyncratic aspects may “...handicap...” the therapeutic process, resulting in an impasse (Haber, 1990:377).

The process of becoming a therapist is both exciting and challenging, and the path taken is diverse. Addressing the personal nature of therapeutic work, Zeddies (1999:231) believes that the emotional process the therapist undergoes while treating clients has been underemphasised in training. An aspect of working with clients (families) that is

consistently challenging is understanding the influence of one's own values, beliefs, theories and principles upon the client. To illustrate this point, Zeddies (1999:229) quotes Mitchell, who believes that the transformative power of therapy is experienced by both parties, i.e. therapist and client. Thus according to this view, the therapist not only facilitates new meanings and transformations of the client's relational patterns, but also new understandings and transformations of the relational patterns of the therapist in the countertransference. The therapist is both the "...agent and subject of change" (Zeddies, 1999:229).

To be able to provide this type of experience for clients, the ability of the therapist to form interpersonal attachments, experience life emotionally, and be able to tolerate the vulnerability and exposure inherent in the therapeutic process are key elements. The path of the therapeutic journey is often ambiguous, unexpected, even unknown, and the therapist needs to be comfortable with 'not knowing' and with being open to learning (Zeddies, 1999:230). The notion of therapist attachment style and the impact on the therapeutic relationship is also discussed by Bachelor and Horvath (1999:158). The therapist with secure attachment was found to respond more effectively to the dependency needs of clients, to be more proficient in developing a therapeutic alliance, and to respond in more depth during intervention.

These comments have immense resonance for the researcher, when related to the intricacy that is the family therapy process. The family therapist needs to be able to form attachments with a number of people simultaneously, be able to empathise with their feelings as well as access personal emotions in order to monitor internal processes, and withstand the sense of exposure inherent in the process. However, in the experience of the researcher, the presence of the reflecting team members may reduce the sense of having to 'do it all', as meanings not picked up, or therapeutic paths missed, will almost certainly be addressed by team members in the reflecting process. In addition, the support and at times challenge, of colleagues provides a sense of security as well as the impetus for growth in one's professional (and hence personal) role.

White (1990:88) suggests that counsellors come to family therapy with a story that he refers to as a “...counselling career...” which has a significant effect on the course of training and hence, practice. Initial inquiries into the histories of counsellors’ careers tends to generate information about formal training, degrees, experience and employment history, as well as feelings concerning the need to improve their family therapy skills. White felt a sense of dissatisfaction with the formal and general nature of these stories, and began to ask questions that he hoped would bring forth a unique account of their counselling careers. The nature of these questions concerned personal crises experienced in their careers, how these were handled, how resolution was achieved, and what new outcomes and conclusions became available that may have contributed to shaping the counselling career.

According to White (1990:88-89), the responses to such questions generated new meaning to the path chosen to pursue family counselling, but the retelling of the career story also had positive effects on counsellors’ work and lives in general. From a narrative perspective, it is to be expected that the re-authoring of counsellors’ stories would have such effects. White (1990:89) quotes Bruner who states that the development of an “...autobiography...” is an essential, yet seldom undertaken, personal research project. The training and development of the self in family counselling is an invitation to bring a different frame of reference and new lenses with which to see the world and therapeutic possibilities. According to White (1990:92), this can only be “...authenticated...through the expression of their own lived experience.” Sharing the view of White, Street (1994:159) believes we come to the profession with a story that led us to helping others and that we need to address the issues and processes of our stories that may prevent our being authentic in our interactions with clients.

In conclusion, the development of the personal and professional self is an interrelated process demanding awareness of the many aspects that combine to form the self, from our own personal history to the theories that resonate with that self, and an understanding of how the self impacts on the therapeutic encounter with a client family.

#### 4.4 THE RELATIONSHIP BETWEEN CHOICE OF THEORY AND THE SELF

According to Karter (2002:66), theory is a crucial element in our understanding and implementation of therapeutic practice - however it is an aspect, and not the primary force. Theory is necessary to illuminate our understanding of our clients, and can be seen as a foundation for the development of our therapeutic style. Being preoccupied with theory may “...obscure ...the latent communication...” behind each client’s “...analytic discourse” (McDougall in Karter, 2002:67). Without the enrichment of self-knowledge, theory may be an obstacle rather than an aid to our listening to our clients. The development of the self and a theory that is personally meaningful is highly individual, personal and creative (Comb in Merry, 2002:55).

The views of Keith (1987:61) suggest that professional training may obscure or “...put to sleep...” the self. The self is “...suffocated by education, blinded by theory and burdened by its own intelligence”. A preoccupation with models and approaches may inhibit any spontaneous behaviour and thought of the therapist – in addition, the self of the therapist is seen to be a danger to the client, who must be protected from such an encounter. Keith (1987:62) states however, that if the therapist cannot be her self, neither can the client. Rogers (in Baldwin M, 1987:8) commented that healing takes place within the context of being close to one’s inner, intuitive self, rendering one’s presence as releasing and healing.

Goldenberg and Goldenberg (1996:365) explore the journey of professional growth which includes learning theoretical constructs and intervention skills, mastering specific interventions, and the discovery of a therapeutic style. In the process of learning from more experienced colleagues, there is a danger of becoming over-dependent on the direction of others, and of losing the unique sense of self that each therapist brings to the therapeutic relationship. Asay and Lambert (1999:39) state that a conviction of the abilities of a particular model and related interventions will prove disappointing in terms of efficacy, since comparative studies suggest little superiority of one model over another. Gilbert, Hughes and Dryden (1989:8) suggest that the more insecure the

therapist, the more likely he/she is to hide behind the use of technique, without listening and exploring with the family. Technique can hinder the development and process of the therapeutic relationship, removing the person of the therapist. The personal characteristics of the therapist determine how a particular intervention is presented to the family. Lebow (in Hanna & Brown, 1999:79) suggests that therapists need to find a way of operating that is both comfortable to them and incorporates the skills and techniques of their espoused theory or theories.

According to Satir (1987:19), techniques and approaches are tools that have different results when used by different therapists, and she suggests that the impact of the self of the therapist upon the client occurs regardless of, and in addition to the approach used. The significance of this comment by Satir resonates with the researcher in her observations of family therapy sessions – the impact of the self in interaction with the family and the therapeutic alliance are often so in evidence during a session, while technique and approach take a back seat. This observation concurs with that of Zeddies (1999:230) who believes that reliance on therapeutic techniques and skills is insufficient without taking into account the person of the therapist and his/her relational and emotional responsiveness to the client. Valkin (1994:63) explores the issue of the danger of hiding behind theory, stating that the dynamics of therapy are in the person of the therapist, rather than in the techniques and methods used. While theory and techniques are essential they should not be used defensively to avoid or minimise connection to clients.

Yalom (in Baldwin M, 1987:8) points out that it may seem that a client is responding to a particular technique, when the crucial variable is the humanity within the therapeutic relationship. Satir (in Baldwin M, 1987:9) makes a distinction between “...stylistic variables and core similarities or differences...”, when it comes to the use of the self in the therapeutic encounter. She suggests that the latter refers to a shared agreement or similarity (or not), for example regarding the sacredness of the individual and their potential for growth, which therapists may have in common, while the former refers to personality, ways of working and technique, which may be very different.

Orange (in Zeddies, 1999:230) believes therapists need to “...hold theory lightly...” and be prepared to revise ideas, opinions and viewpoints in response to new information. It is necessary to be aware of the personal biases and theoretical positions that inform one’s perception of the client, and to shift attention away from what one thinks one knows, towards the unfolding relational process. Baldwin M (1987:8) states that any therapy involves interaction between at least two people, and while the focus is on the client, the self of the therapist impacts on the process – denial of this impact eliminates awareness of the self as a key element of therapy.

In a discussion that conceptualises emotional availability and personal allegiances, Zeddies (1999:229) suggests that the former is at the centre of therapeutic responsiveness, while the latter may limit emotional availability to the clients. Emotional availability within the therapeutic process can represent a difficult developmental task. According to Zeddies (1999:231), focusing on ‘doing’ therapy may compromise emotional availability with clients, which inhibits understanding and is a pitfall for both new and experienced therapists. The former are struggling to form their professional identity, while the latter may not have continued to be reflective about subjective experience and personal dynamics. A defensive clinging to a particular theory may shield a therapist from exploration of difficult or painful personal issues. If we cannot explore our own emotions, we limit the extent of “...the human affective landscape...” to where therapist and client can travel (Spezzano in Zeddies, 1999:231). The therapist must not lose touch with her subjective experience.

Being emotionally available to clients relates to one’s emotional maturity generally. Zeddies (1999:231) believes that training experiences in part determine how therapists use their own psychological and emotional resources in their work as therapists. However, emotional availability is related to, and perhaps limited by, personal allegiances, that is, attachment to or identification with a particular theory, therapist or supervisor. If beliefs about aspects of human nature are rigid and stagnant, it will prove difficult to examine new ideas, theories and techniques to which one is exposed (Zeddies, 1999:232). Overinvestment in a theoretical approach encourages the development of

blindspots in therapeutic perception. While allegiances are necessary, therapists should strive to be “...decentered...” from knowledges which may inhibit understanding of clients’ meanings and experiences. This involves an increasingly reflective position about how theoretical commitments and personal/professional allegiances influence the therapeutic encounter (Zeddies, 1999:233). Zeddies (1999:233) states that knowledge held rigidly may create an impersonal and authoritarian atmosphere that restricts the “...range of therapeutic understanding and effectiveness”.

The implications of the issues explored above highlight the importance of developing increased awareness of, and sensitivity towards, the significance of our personal history, beliefs and values, and the impact of the self in interaction with learned theories and techniques.

Spinelli and Marshall (2001:1) believe that of all the aspects considered regarding therapists, the one given little attention is the relationship with their chosen theoretical approach. These authors pose the question of how a lived attitude towards the preferred approach shapes not only what therapists do and how they present themselves during interaction with clients, but also how it reflects and impacts upon their general lived experience and the attitudes and ideas which embody it. One’s choice of theoretical approach gives meaning and purpose to one’s work. Most therapists can directly answer a question concerning the theoretical framework they use, as well as easily outline the main features of that framework. Spinelli and Marshall (2001:2) believe that an autobiographical account relating to this question would likely be presented without too much difficulty. Various accounts of personal journeys of exploration leading to a choice of particular approach have been undertaken. What is seldom considered however, is how these theories and approaches have been interpreted and re-interpreted from an “...embodied standpoint” (Spinelli & Marshall, 2001:2).

According to Gilbert *et al.* (1989:10), the theoretical orientation of a therapist reflects “...complex personal construct systems...” and ways of viewing life in general, in other words, one’s personal philosophy. A positivist view of change sees the source as external

and subject to control and manipulation, while a constructivist lens views humans as the source of change related to growth, development and insight. An essential difference is evident regarding the therapist who focuses on the subjective, personal construction of meaning, memory and experience, and the therapist who focuses on objective events and behaviour.

Gilbert *et al.* (1989:10-11) refer to the distinction between “facilitators” and “regulators”, typologies put forward by Raphael-Leff, and apply it to the therapeutic style. These authors suggest that facilitators focus on the subjective life of the client, see therapy as exploratory and involving growth and the development of insight – the focus is on ‘being with’ rather than ‘doing to’. In contrast, regulators are more concerned with performance-based therapy, learning skills and behavioural change. While neither style is more valid than the other, Gilbert *et al.* (1989:11) state that the important factor is the ability of the therapist to recognise when there is a need for one direction or another in the session. Extreme adherence to either position may be problematic, with facilitators being prone to over-identification and difficulty in setting limits, while regulators may not make sufficient contact with clients and fail to provide a safe, trusting environment in which to explore feelings.

In addition to the abovementioned therapeutic styles, Gilbert *et al.* (1989:11) make the distinction between styles of containment and confronting. Containment involves a focus on empathy and acceptance of the clients’ feelings, comments, and actions. This is the basis of unconditional positive regard, viewed as a core factor in the humanistically orientated therapeutic relationship. Confronting occurs when the therapist puts pressure on the client to talk about sensitive issues they may prefer to avoid, or to approach various feared situations or stimuli. Again, rigid adherence to either position may be inappropriate to the needs of different clients.

Goldner (in Haber, 1994:273) advises therapists to take “...an ethically reflexive position...” which involves observing our own thinking and practice preferences in order to avoid mistaking **our** truths for **the** truth. The practice of family therapy (or any

intervention) requires one to be mindful of how theories, values, techniques and personhood affect the therapeutic process.

A theory may have an immediate “fit”, feeling as if it was made for the therapist, or it may initially feel odd and unusual. Certain aspects of the theory may be appreciated and valued, while others may cause concern, irritate or even be ignored. Understanding of how we embody certain theories is necessary since all therapists are representatives of their chosen model – the way in which a theory is put into practice may challenge and inform the therapist’s professional and personal context (Spinelli & Marshall, 2001:6).

An invitation to provide an account of the personal journey of various therapists resulted in a collection of narratives which Spinelli and Marshall (2001:156) overviewed. The motivation was a curiosity toward whatever would emerge, without assumptions, preconceptions or comparisons. The narratives proved highly individualistic and idiosyncratic, provoking interest regarding aspects such as the impact of the chosen theory upon the therapist, and whether the process confirmed previously held views or opened the way for a new way of looking at things, people, oneself. According to their analysis of the personal accounts, Spinelli and Marshall (2001:166) suggest that the initial encounter with a ‘chosen’ or ‘found’ theory is a significant part of their relationship with it. A number of authors described a feeling of “...coming home”, indicating a level of comfort, affirmation and resonance (Spinelli & Marshall, 2001:166-167). However, who we are at the time of the encounter with a theory will play a part in how we respond to it at that time. Some practitioners seem to be closely involved in the establishment of their chosen approach, while others are engaged in its evolution and continuing development. In the researcher’s view the self of the therapist, as it develops, may find a particular theory that resonates at a particular time, while a previous encounter with the same theory may have proved unmemorable.

Spinelli and Marshall (2001:168) pose the question of what elements of the therapeutic encounter between therapist and client contribute to the experience of benefit. The significant element that appears to emerge is the extent to which the approach and the

way in which it is expressed resonate with the individual therapist. It would seem that a fit between the chosen approach and the therapist facilitates the encounter being experienced as rewarding. In addition, a perfect fit is not essential – some degree of dissonance or even disagreement can be growth-enhancing and creative, although the ‘felt’ recognition tends to be vivid and even startling in its impact (Spinelli & Marshall, 2001:169). Thus an approach that feels ‘right’ for the therapist is more likely to be practiced in a way that is authentic to the person of the therapist, and to be of benefit to the therapeutic relationship.

In conclusion, theory and technique, while necessary to the practice of family therapy are not sufficient without consideration of the impact of the self of the practitioner in the context of the therapeutic encounter. It seems that it is the relationship, rather than a particular theory that is experienced as having value for the client family. However, the fit between theory and the self is a significant aspect in practice that is experienced as authentic and meaningful for both client and therapist.

#### 4.4.1 A Paradigm Shift

Historically the practice of psychotherapy has shifted, from the authoritarian doctor-patient relationship of the Freudian model of therapy, to one that includes the ‘patient’ as a partner. Freud advocated therapist neutrality for the protection of the patient, in the belief that the unaware self of the therapist could be potentially damaging (Baldwin M, 1987:10). According to Carlson and Erickson (1999:59), a great deal of literature exists that explores the significance of an awareness of personal values in the therapeutic encounter, with the general consensus being that absolute value neutrality is neither possible nor even beneficial. Value positions are taken continually in practice and according to these authors the very nature of counselling involves the sharing, discussion and consideration of values. The researcher inclines towards the view that neutrality is not possible and awareness of self in the therapeutic encounter is thus an imperative. Being aware that one is never neutral, since one’s own history (personal and professional) impacts upon the self and hence on the client family, may require of the therapist an

exploration of their counselling autobiography and a more conscious choice with regard to theoretical orientation.

According to Sexton (1997:11), a radical departure from traditional modernist assumptions has taken place, requiring alterations to paradigms that have guided our thinking. The paradigm shift from the observed to the observing system within the context of family therapy has changed the way family therapy is practiced. In postmodern-oriented practice, the therapist facilitates change through active engagement in the perceptions and experiences within the family system, rather than acting on the system.

This paradigm shift is equated with Bateson's concept of second-order change, wherein change occurs in the structure of the organisation of knowledge through accommodation. Sexton (1997:11-12) suggests that such a paradigm shift requires "...a dramatic refocusing..." of the theories we use to explain culture, gender, human development and behaviour, with implications for practice, training and research. This may involve resistance and struggle, since the reformulation of our beliefs challenges our sense of security. In a study on reflecting team practice, Hanford (2004:105) states that paradigmatic shift may be a long and difficult process, a process in which she herself experienced confusion, 'stuckness' and loss of confidence in practice. This appears to be especially so for practitioners trained in more traditional approaches wherein a hierarchical therapeutic relationship is the norm and the role of expert is deemed necessary. Whilst the researcher is in no way suggesting that a family therapy practitioner must undergo a paradigmatic shift, the epistemology in the field of practice has changed significantly, emphasising the need for paradigmatic exploration, if only to consolidate one's original position, or to contemplate a possible shift.

Amundson *et al.* (1993:111-112) refer to the twin temptations of power and certainty, and state that when therapists do not adequately facilitate exploration of the clients' position, we "...fall prey to the temptation of certainty". When we impose 'treatment' from such certainty we "...fall victim to the temptation of power". These authors eloquently refer

to “...colonization...in therapy” where a commitment to expert knowledge blinds us to the experience of the family and fosters a “...colonial discourse”. Similarly, in the view of the researcher, without reflection of one’s paradigmatic position, there is a risk of the therapist being ‘colonised’ by un-contemplated theoretical models. Epistemological change requires exploration of and reflection on, our assumptions and knowledge - as family therapists it is essential to know our selves, what motivates us, what our beliefs are about the people in whose lives we intervene, and why a certain approach feels ‘right’, or if we still have to discover one that does. Perhaps the apparent embracing of new approaches implies that therapists have not yet found one that fits for them, or perhaps the fit changes over time, as we grow into who we are still in the process of becoming.

According to Amundson *et al.* (1993:113), clients respond to such ‘colonisation’ in various ways. Those who are disposed to insights or are sufficiently malleable are viewed as the ideal therapeutic population – these clients embrace the worldview of the therapist, persist with therapy, and make progress or get better. Other clients have problems which persist - they fail to ‘understand’ what the therapist says, and have a tenacious hold on their own view of the issue, on personal knowledge. These clients are viewed as ‘resistant’ and if therapists persist in their efforts to hold onto the power of their expert knowledge they may limit options to solutions. Creating a therapeutic encounter that facilitates the co-negotiation of solutions requires dialogue, curiosity and empowerment, rather than certainty and power (Amundson, *et al.*, 1993:117). This perspective links with the myth that therapy is the panacea for our psychosocial ills (Spinelli & Marshall, 2001:4). These authors believe this view to be a misunderstanding and diminishment of the value of therapy. Rather than seeing the therapeutic encounter as aimed at attaining certainty and security, it is more a recognition of the uncertainty that is part of living, and an opportunity to explore options that may enhance quality of life.

Amundson *et al.* (1993:118-119) set out a comparison of therapy guided by certainty versus curiosity, and of power versus empowerment, which to the researcher, appear to embody the paradigm shift explored in this thesis. Their points include the following:

**Certainty:**

- Is uncomfortable with ambiguity, needs structure.
- Diagnoses are made, with adherence to treatment based on diagnosis.
- Relies on problem-saturated descriptions of the story.
- Questions focus on linear causality.
- Observations are based on own constructions and meanings.
- Operates from a first-order perspective and does not consider the therapist/client system.
- Is concerned with teaching, explaining and expert knowledge.
- Discounts or overlooks clients' resources and strengths.

**Curiosity:**

- Can tolerate uncertainty and ambiguity without moving to premature closure.
- Considers the clients' meanings and experience in defining the problem.
- Takes care to discover exceptions to the dominant problem-saturated story.
- Questions are circular and explore effects of the problem.
- Observations focus on many system levels.
- Operates from a second-order perspective and considers the therapist/client system.
- Seeks the local, indigenous knowledge of the client.
- Looks for strengths and potential resources.

**Power:**

- Tends to be hierarchical.
- May act as an agent of social control rather than choice.
- Seeks to get the client to respond to therapy.
- May tend to rescue the client, do things for them.
- May foster dependence.
- Uses jargon to convince client of expert knowledge.
- May create a passive context.
- When frustrated, tends to restrict therapeutic variety, do more of the same.

- May unilaterally set goals for the family and be influenced by agency policy or court mandate.

**Empowerment:**

- Tends to be collaborative (heterarchical).
- Considers the consequences of social control.
- Seeks for the therapy to respond to the client.
- Resists temptation to rescue clients and seeks for client competencies and resources.
- Seeks to foster independence, competence and confidence.
- Avoids jargon, uses the clients' language and metaphors.
- Tends to create a context of discovery.
- When frustrated, attempts to move to therapeutic improvisation.
- Co-constructs goals and solutions with clients.

Maturana and Varela (in Amundson, *et al.*, 1993:120) prescribe an attitude of "...permanent vigilance..." if one is to keep issues of power and certainty in check. In the practice of family therapy at the organisation wherein this study occurred, curiosity and empowerment are the spoken and unspoken goals of family therapy. However, without the necessary self-awareness and embodiment of a theoretical approach that is meaningful and genuine to the self of the therapist, issues of power and certainty may arise.

According to Satir (1987:20), power has "...two faces...". One is controlling, the other is empowering, and the use of power is a function of the self of the therapist, related to self-worth. Satir believes that the use of power is independent of approach or technique, although some approaches are based on therapist superiority. A lack of therapist awareness regarding choice of an approach and a fit that coheres with the values and beliefs of the self, and unawareness of own ego needs may result in denying, distorting or projecting needs. For the researcher, it is not a question of an approach being right or wrong, but right or wrong for the authentic self of the therapist, and thus for the meaningfulness of the therapeutic encounter.

Constructivism embraces the possibility of multiple perspectives, and according to Hayes and Oppenheim (1997:32), this means that both counsellor and client should engage in a process of continual self-reflection. These authors quote Schon who suggests that in view of the complexity of human problems encountered in practice, professional education should focus on enhancing the counsellors' ability for "...reflection-in-action". The expansion of the self as a meaning-making system is the aim of postmodern education and of developmental counselling practice. According to Hayes and Oppenheim (1997:35), critical self-reflection, together with ongoing dialogue is the key element in democratic efforts to find "...unity in diversity..." and an extension of constructivism into practice.

Therefore, awareness of one's chosen approach, the fit with the self and an ongoing process of self-reflection is necessary if the family therapy practitioner is to become true to him/herself, thus enhancing authenticity in family therapy practice.

#### 4.4.2 Experiential Aspects of Becoming a Family Therapist

Regarding the complexity of the journey towards becoming a family therapist, Haber (1990:378-379) looks beyond the usual aspects of training such as theory, techniques, live supervision and so on, to the experiential method. Experiential methods provide the opportunity to focus on the issues of the therapist and enhance awareness of how the self interacts with challenging family therapy situations. Carlson and Erickson (1999:57-58) also explore issues concerning the person of the therapist in family therapy, stating that in the past, this type of personal exploration was deficit-based, focusing on identifying biases and prejudices, and searching for problems in the family-of-origin. Understanding of personal values and beliefs about the work and so on were largely excluded.

Controversy exists concerning the fine line between experiential training and therapy. Haley (in Haber, 1990:379) supported a bill of rights that prohibited inquiry into the personal life of a trainee unless the information was relevant to the immediate therapy situation and could specifically change the therapist's behaviour in the desired way. On

the other hand, Kantor and Kupferman (in Haber, 1990:379) emphasise the necessity of experiential methods in training, believing more "...casualties..." occur when this exercise is omitted. Unidentified therapist issues can trigger serious problems in client families that may contribute to exacerbation of the family's difficulties. From an ethical perspective, exploration of personal issues that is based upon identified patterns in therapeutic work does not intrude upon Haley's viewpoint, and has as its goal, the personal and professional growth of the therapist.

The purpose of such exploration is to increase trainee/therapist awareness of situations wherein he/she may be contributing to the therapeutic impasse. Haber (1990:379-380) suggests a process that addresses personal/professional limitations that may result in a constricted therapeutic role. The process is designed to facilitate the development of the therapist in training by expanding the use of self in family therapy. The aim of this process is extensive identification of repetitive patterns occurring in therapeutic work, rather than specific cases, and encouragement to define personal responses that may be contributing to the therapeutic impasse. The researcher proposes that this process could be undertaken in the context of supervision, or on a more personal and private level through journaling. Exploration may cover some of the following issues (Haber, 1990:380):

- One's role in the therapeutic impasse.
- The manner in which one is defensive.
- The fears beneath the defence system.
- Attempted solutions for resolving the impasse.
- Gains or positive aspects in maintaining the repetitive pattern.
- Investment in maintaining the repetitive pattern.
- Parts of the story that seem to be missing, such as position in the family system or in the family-of-origin.

Haber (1990:381-382) further suggests that the internal dilemma could be externalised through the use of role-players (team members) who construct a simulated family

sculpture with a story that emphasises the relevant patterns and deals creatively with the issue in focus. The integration of various aspects of the self (e.g. flexible/rigid, warm/cool) allows the therapist a wider repertoire of behavioural alternatives to deal with diverse families and situations.

Awareness of a therapeutic impasse may alert the family therapist to consider the influence of the self within the therapeutic system. Sharing family-of-origin history offers family therapists the opportunity to evolve personally and professionally, and may assist in the dissolving of blindspots that impede the therapeutic process. In the reflecting team facilitated by the researcher, it often happens quite spontaneously that team members will share something from their family-of-origin or family-of-procreation that has resonated from the session with the client family. It seems, from the perspective of the researcher that such sharing enhances self-exploration and in consequence, self-awareness.

Dexter (in Karter, 2002:31-32) explores the negative aspects of experiential counselling training which focuses on the achievement of enhanced self-awareness as a basis for helping others towards personal growth. Dexter states that there are some risks inherent in enhanced self-awareness. With a greater understanding and knowledge of one's values may come a self-condemnation relating to past behaviour, while awareness of what is meaningful in one's life may create disillusionment with present relationships and life. The very ordinariness of daily existence may feel unsatisfying, leading to a disengagement from social and personal life.

New discoveries into psychological terrains may be disturbing and disorientating, and the process of becoming a family therapist brings risk of confusion and self-doubt, as well as possible negative effects on personal life and relationships. From a systemic perspective any change in one member of the system affects the dynamics of the system as a whole. However, according to Karter (2002:33), any turmoil and distress is a necessary consequence of experiential training, leading ultimately to a path of enhanced benefits in professional practice.

The self-reflective process promotes an ethos of self-questioning and self-monitoring which brings change that may be both beneficial and painful to the self of the family therapist, but is necessary to the process of enhancing reflexivity and authenticity.

\* The researcher would like to stress that experiential methods, while not specifically part of the training at Family Life Centre, may be part of the contract between individual supervisor and supervisee. It is **not** the intention of the researcher that the qualitative research undertaken in this thesis should be an attempt to provide such experiential training for family therapists working at the organisation.

#### 4.5 THE THERAPEUTIC RELATIONSHIP

Hubble *et al.* (1999:14) state that “...the therapeutic relationship lies at the very heart of psychotherapy”. Tallman and Bohart (1999:101-102) pose the question of how the therapeutic relationship proves helpful, and suggest a number of possibilities. Firstly, the relationship may provide a corrective emotional experience which is inherently healing, repairing damage caused by toxic relationships. Also suggested is that the therapeutic relationship may provide an environment in which more appropriate behaviours are positively reinforced, and that it provides a learning opportunity for more effective relationship skills. Finally, the therapeutic relationship may provide an empathic safety net in which the client can re-experience emotion and restructure the self. Tallman and Bohart (1999:102) state however, that these factors are insufficient to explain the therapeutic change process, believing that the therapeutic relationship be reinterpreted as a resource that facilitates, supports and focuses the client’s self-healing ability.

According to Asay and Lambert (1999:34), the value of therapist relationship skills has been demonstrated unequivocally, and the basis of human relational skills seems to be warmth, empathy, understanding and affirmation and an absence of blame, judgement, criticism and attack. If, as Asay and Lambert (1999:43) claim, the best predictor and even cause of therapeutic success is the therapeutic relationship, a focus on the importance of including relationship skills in training is essential, since these are “... the

foundation on which all other skills and techniques are built”. These authors suggest too, that a periodic re-assessment of the use of relationship skills may be prudent for more experienced practitioners.

Arons and Siegel (1995:126) state that most therapeutic traditions acknowledge the therapist as a central component of the therapeutic encounter, but also stress that the fears, conflicts and unresolved issues of the therapist may interfere with intervention. Different terminology is used in different approaches to refer to these issues – i.e. countertransference in psychodynamic literature; being ‘inducted’ into the family system in family systemic theory; observer bias in behavioural therapy; and a lack of congruence in person-centred therapy. Characteristic of the person-centred therapeutic practice of Carl Rogers are three basic conditions: the authenticity, genuineness or congruence of the therapist; unconditional positive regard; and empathic understanding (Du Toit, Grobler & Schenck, 1998:ix; Baldwin M, 1987b:45). Thus for Rogers, the effective therapist should strive to be authentically him/herself, being directly available to the client, and creating a non-threatening environment in which exploration and full experience of the client’s feelings is facilitated.

Congruence is a position of authenticity with regard to one’s feelings, experience and behaviour, and engenders trust in the therapeutic relationship. According to Satir (1987:21), it is the basis of emotional honesty between therapist and client, and is the key to healing. Denial or distortion of some aspect of the therapist creates an atmosphere of emotional dishonesty which makes the therapeutic process unsafe for the client. Satir (1987:21) believes that this could be interpreted by the therapist as client resistance, rather than a legitimate self-protectiveness against the therapist’s incongruence. Attempts to break down the defence of the client may result in a power struggle, a win-lose situation which, according to Satir (1987:22), may replicate the client’s experience within their family-of-origin. These statements resonate strongly for the researcher, emphasising the necessity for finding an approach that is true to the self of the therapist, as well as congruency within the self, so that the therapeutic encounter is experienced by the client family as congruent and secure. In addition, the researcher believes that being

able to be congruent and authentic in the session allows the family counsellor to be more relaxed and confident, and less anxious.

Lantz (1993:37) states that effective Franklian intervention requires a commitment to authentic communication, and that the role of the therapist cannot be "...divested of its essential humanness". This view is shared by Satir (in Baldwin M, 1987:10) who believes that the self of the therapist can and must be used to achieve positive therapeutic results, viewing the context of therapy as empowering and healing which can only be achieved through the "...meeting of the deepest self of the therapist with the deepest self of the client". An early study on the findings of relationship factors in family therapy was undertaken by Beck and Jones in 1973, and is explored in Sprenkle *et al.* (1999:335). These researchers state that the most potent variable contributing to a positive therapeutic outcome is the counsellor-client relationship. This factor was found to be the most powerful predictor of outcome, while an unsatisfactory relationship was highly associated with family disengagement and negative outcomes for the family. Later research explored by Sprenkle *et al.* (1999:335-337), supports the conclusion of the centrality of a positive relationship with the family when evaluating outcome. Issues such as warmth, positive regard and respect are more significant than correct hypotheses and interventions. However, Sprenkle *et al.* (1999:337) caution that relationship skills alone are insufficient for effective therapeutic outcomes. The relationship is the "...vehicle..." for facilitating the process.

From an existential perspective an essential issue is the manner in which the therapist and family work together. According to Lantz (1993:37), the therapist can both facilitate and inhibit engagement opportunities in the therapeutic encounter, and hence an opportunity to discover meaning. The impact of the therapist upon the family's opportunity to discover meaning is extremely important, and effective intervention is based on certain assumptions: a commitment to authentic communication; the therapist's essential human role; the therapist's concerns as similar to the families'. The parallels between the works of Roger, Satir and Frankl regarding authentic communication and the authentic self in

the therapeutic relationship are evident, thus emphasising the importance of these elements in the therapeutic process.

Intervention involves the view of a joint venture between therapist and family with active participation in helping the family to discover meaning. The relationship is a meaning-making process, most effective when the therapist models self-transcendence. This occurs through subjective response to the family during intervention. Authentic communication is active, innovative, supportive, encouraging, explicit, engaging, observant, clarifying and optimistic – it is also, according to Lantz (1993:38) confronting, provocative, frank and challenging. Hanna and Brown (1999:77-78) believe that the hallmark of effective family therapy is the ability of the therapist to develop positive relationships with diverse people, some of whom may be in conflict with one another. The challenge of engaging diverse people, who are in conflict during the therapy session, is enormous and relates to how the therapist responds to their own and others' conflicts. An exploration of one's own patterns of thought and emotion during interpersonal conflict, the identification of coping strategies and their usefulness in professional settings may enhance awareness of this personal process, as well as the appropriateness of how such personal patterns may or may not fit with clients. According to Hanna and Brown (1999:79), perception and attitudes are aspects that relate to the goal of becoming "...relationally versatile...".

The Franklian family therapist will not present him/herself as a blank screen or as an external, strategic manipulator of the system. Frankl (in Lantz, 1993:39) suggested that client and therapist are more alike than different, that every human being must face tragedy, suffering, existential anxiety and death. The presence of human tragedy in the lives of therapist and client family has consequences to the outcome of intervention. Acceptance by both can lead to engagement and self-transcendence, while denial cheats both the family and the therapist of an authenticity that is based on the shared experience of finding meaning in a "...chaotic and painful universe" (Lantz, 1993:39).

Meaningful communication between family and therapist depends upon the acceptance by the therapist of his/her own evolution. The realisation that one is never fully 'trained' or all-knowing allows a fundamental creativity, and according to Lantz (1993:38), the therapist's own willingness to change may be a vital asset in helping others. The potential to help is linked with the changing relationship to the self, others and the world in general. The effective family therapist cannot be a mechanical, programmed 'robot' with a set of techniques in response to family distress. In the experience of the researcher, communication with client families that is authentic, spontaneous, and creative seems to enhance a therapeutic connection that facilitates movement and growth.

Conscious emotional responses can provide important sources of information, revealing subtle processes in the therapeutic relationship. Arons and Siegel (1995:126) believe that problems arise when emotional responses are unconscious, and that to be effective as counsellors we need to recognise and understand the source of our emotional responses. Concurring with this view, Rogers (in Baldwin M, 1987b:46) stresses the importance of being aware of one's own feelings, and should these be contrary to the conditions of the therapy, require expression if they are an issue in the encounter. It is important to be aware of when it is appropriate to express one's feelings. This involves an understanding of all one's facets and characteristics, recognising when these should be included in the therapy, and when not. Congruence is being aware and willing to express the feelings of the moment, not every feeling as it arises within the counsellor.

The views of Buber on the therapeutic relationship are explored by Baldwin D (1987:34-35). Buber believes the helping relationship to be one-sided and unequal, focusing on the experience of the client. True dialogue occurs when partners turn to "...one another in truth...express themselves without reserve and are free of the desire for semblance...". This implies that neither person is governed by thought of the effect on the other, thus according to Buber, even the most authentic and genuine therapeutic relationship is not really a genuine dialogue between equals with equal perception of each other's experience and reality. The fundamental quality of therapy is authentic presence, being totally available and in tune with the other. Going beyond the concept of unconditional

positive regard of Carl Rogers, Buber advocated the offering of one's total being to the other. The therapist who does not 'know' in advance is receptive, ready to be surprised and cannot know what method will be used beforehand. Buber (in Baldwin D, 1987:35) believes it is far easier to impose one's self on the client than to leave him/her untouched and to him/herself, stating that the "...real master responds to uniqueness". For the researcher, this quote of Buber is significant - certain approaches used by a family therapy practitioner may be experienced by the client family as an imposition. However, incongruent practice on the part of the therapist, e.g. using a humanistic, or postmodern approach that is not authentic to the self may render the counselling process unsafe. Far better to be aware of one's values, beliefs and so on regarding families and change than to feign a theoretical fit that is incongruent.

Karter (2002:107) quotes from a study done by Stern, Sander and Nahum who came to the conclusion that anecdotal evidence suggests two significant aspects in the perception of successful intervention: the first is key interpretations that assisted in the creation of meaning; the second concerns the authentic personal relationship. Failure or premature termination of counselling was not because of incorrect interpretations but because of a lack of meaningful connection between the therapeutic participants. A further discussion by Clarkson (in Karter, 2002:107-108) stresses the importance of the therapeutic alliance, which has the ability to undermine the quality of the therapy more seriously than any other aspect, including the chosen approach or model. Hanna and Brown (1999:77) concur that the therapeutic relationship is a crucial factor in the effectiveness of intervention, citing research which suggests that the espoused model of intervention had little to do with clients' reported experience. Therapists attributed therapeutic success to the use of certain techniques (in this case, solution-focused) while the clients consistently reported a strong therapeutic relationship as a critical aspect of the outcome of therapy. The researcher questions whether a family therapy practitioner can facilitate a strong therapeutic alliance while in the insecure position of trying to practice an approach that does not fit with the self.

The ability to be real in the relationship is a key factor, and according to Karter (2002:112), this entails being authentic or true to oneself in the face of pressures from supervisors and theories that can act as a “...therapeutic straitjacket”. In accepting that we can never be perfect, nor aspire to be, we are allowed to relax into the therapeutic encounter and be more perceptive to the needs of clients. As discussed in the previous section, too much focus on technique and theoretical application may hinder the development of the therapeutic relationship. The issue of pressure from supervisors and theories upon the self of the therapist mentioned above, strikes a chord in the mind of the researcher. In the reflecting team practise, members may feel this pressure, perhaps to emulate the style of others, ‘practice’ techniques, achieve goals (their own rather than the family’s), and so on, in preference to developing the therapeutic relationship, which may be slower and more process-orientated.

Lebow (2005:91) states that research typically focuses on different therapeutic interventions while ignoring the person who makes use of such interventions. The skills, personality and experience of the therapist are usually viewed as side issues to be controlled for, in order to ensure comparable research results, but according to Lebow, studies that do consider the personal styles and relational skills of therapists have shown that these qualities have a greater impact on outcome than the interventions used. In addition, comparative studies of different interventions often show more variation within a group receiving one type of intervention than between groups getting different kinds of intervention. This outcome variation stems from relationship factors. Lebow (2005:91) believes that individual characteristics are probably the most important factor in the success or failure of therapeutic intervention.

A recent study by Orlinsky (in Lebow, 2005:91-92) explored what factors therapists bring to the therapeutic relationship, specifically personal and professional aspects, and experience of the therapeutic process at different stages of their careers. Orlinsky identified two distinct patterns of practice, referred to as “**healing involvement**” and “**stressful involvement**”. The former refers to therapists experiencing themselves as fully engaged with high levels of empathy, good communication skills, feelings of

effectiveness and confidence in dealing with difficulties constructively. In contrast, the latter entails feelings of boredom and anxiety during sessions, and difficulties with clients which tend to be dealt with by avoiding engagement. Lebow (2005:92) believes that most therapists will recognise both patterns in practice.

Orlinsky (in Lebow, 2005:92) goes further in his exploration of these patterns, identifying four sub-patterns. These are: **effective practice** which is characterised by much healing involvement and little stressful involvement; **challenging practice** which includes much healing but also much stressful involvement; **distressing practice** which has high stressful and little healing involvement; and, **disengaged practice** characterised by little healing or stressful involvement. The findings of this study revealed that more than 50% of therapists felt they experienced effective practice, with 25% experiencing challenging practice, and the remainder experiencing practice as distressed and/or disengaged. In the opinion of the researcher the implied outcome of around 25% of therapists being distressed or disengaged in practice is cause for concern. Further studies by Orlinsky and Ronnestad (in Lebow, 2005:92-93) looked at therapists over their professional life cycle. Their findings included:

- Most therapists view growth as a lifetime task and value continuing development – feeling that they are not developing increases susceptibility to distressed or disengaged practice.
- Experience increases healing involvement and lessens stressful involvement – beginning therapists experience the highest levels of stressful involvement.
- High levels of theoretical breadth, variety in case loads and current experience of growth increase healing involvement and effectiveness.

The findings suggest that continued renewal and change, as well as professional growth and a sense of improving over time are essential for remaining effective as a therapist. In the context of family therapy practice at Family Life Centre, the researcher believes that reflecting team practice offers a potentially enriching growth experience, certainly from an experiential point of view, and hopefully in the future, enhancing the theoretical

component. In addition, it provides the opportunity for variety in practice. Increased theoretical breadth and development of the self may enhance ‘healing involvement’ as defined by Orlinsky (above).

According to Worden (1999:49), therapists bring to the therapeutic relationship not only their academic/theoretical training experiences but also their personal experiences and own issues involving their family-of-origin and life cycle stage. These factors shape the unique worldview of each therapist and impact on the capacity to form therapeutic alliances. Therapists carry with them the “...paradigm of their family-of-origin” and are thus susceptible to family systems at work (Worden, 1999:50). There may be many shared elements, e.g. religion, culture, values, life cycle stage, and so on which enable both client family and therapist to feel comfortable and connected. However, the danger could lie in a mirroring of family dynamics which may prolong a sense of being ‘stuck’ and make change more difficult.

Arguments exist for both exploration of therapist’s family-of-origin issues (i.e. Bowenian theory which suggests family work as essential to developing therapist neutrality) and structural and strategic schools who do not believe this to be relevant to success as a family therapist (Worden, 1999:51). Constructivist approaches would argue against the concept of therapist neutrality, and the researcher believes that self-awareness into one’s family-of-origin issues is necessary in working with families, if only to enhance sensitivity to the potential impact of our personal paradigm on the families with whom we intervene. The researcher has witnessed in practice how parallels in the dynamics of the client family and the therapist can become hooked into one another, resulting in blindspots, and echoes of pain, discomfort or loss.

The therapist’s paradigm strongly influences the therapy process. Weakland (in Hoyt, 1998:9) states that just as one cannot not communicate, one cannot not influence. Therapists both influence and are influenced by their clients and, according to Weakland, our choice is to do so deliberately and responsibly, or without reflection and possibly even with an element of denial. The implication of this is evident, requiring of the

therapist the consideration of every aspect of intervention. While this does not mean that the therapist has all the knowledge, power and control, we also cannot pretend that we have no influence and are not contributing to the therapeutic process. From a constructivist perspective, therapy exposes power and privilege that subjugates people, and practice is aimed at co-creation, collaboration and self-determination in a venture that is an exercise in ethics (Hoyt, 1998:10-11). The argument against issues of power and certainty which were discussed in the previous section (4.4.1) is also relevant in the context of the therapeutic relationship in that an attempt to ‘colonise’ the client family with our own perspectives, viewpoints and assessments impacts on the therapeutic relationship in ways that may render the process meaningless and unhelpful, or even worse, harmful.

Baldwin D (1987:41-42) states that the use of self is an essential element in therapy and that the relinquishing of control is precisely what enables clients to rediscover and regain their own sense of control over their own lives. However this act loses its authenticity if used as a technique – rather it is a real and personal belief in one’s self and in the self of the other. Paradoxically, the use of self implies a deliberate ‘non-use’ or suspension of self in the usual sense (Baldwin D, 1987:42). Baldwin D goes on to suggest that depending on the personal beliefs or needs of therapists, this position may prove impossible, nor is it the preserve of any one approach or theory. It also does not imply that knowledge, skill and experience are irrelevant. These views highlight the necessity of enhanced knowledge of the self, the theory espoused, and understanding the impact and relevance of the self upon the therapeutic relationship.

From the above discussion, it is apparent that the therapeutic relationship is the most significant aspect of the counselling process, regardless of the approach followed. Awareness of the therapist's own emotional responses, family history and understanding of the significance of the impact of the self upon the therapeutic encounter are important aspects relating to the therapeutic process and outcome.

#### 4.5.1 Cautionary Aspects in the Therapeutic Relationship

According to Viljoen (2004:23), the hazards of practice are extensively described in the literature. In his own review of the literature, Viljoen (2004:23- 28) focuses on four aspects considered to be potentially problematic. These are:

- **The impact of professional relationships on personal life**

A study of attitudes towards relationships by Henry, Sims and Spray (in Viljoen, 2004:23) states that a “...unidimensional attitude...” tends to be adopted by most practicing therapists which is based on therapeutic style, and which impacts on everyday relationships. Thus for example, an empathic style may preclude reciprocal self-disclosure in non-therapeutic relationships, or a style based on everyday conduct in non-therapeutic relationships may have implications for the efficacy of counselling. Viljoen (2004:24) hypothesises that different theoretical approaches may make the therapist vulnerable to different demands, e.g. the systemic therapist may become undifferentiated in the family system and lose a sense of perspective; a psychoanalytic therapist may over-interpret events from childhood.

- **The dangers of reflection**

While reflection and monitoring on one’s practice, professional development and own needs is an essential and positive quality of an effective practitioner, Viljoen (2004:25) suggests that it can contribute to a sense of social isolation. Continuous professional reflection allows the personal life to become more accurately understood and integrated into the professional life, allowing painful personal issues to be used in ways that may be helpful for the client. If however, the process of professional individuation has not taken place through continuous reflection, the therapist may be ‘wounded’ and act in ways that are harmful to the client (Viljoen, 2004:26). A reflexive attitude in non-therapeutic contexts may preclude spontaneous interaction and a danger of assuming an observer role in one’s personal life. The issue of the wounded healer was explored in a previous section (section 4.3).

- **The loss of intimacy**

The time and energy expended on clients may cause the therapist to lose sight of their own personal health, priorities and needs, as well as of the needs of family and friends. In facilitating a therapeutic climate in which the client can explore painful themes, hurtful emotions may be projected onto the therapist (in the transference process), and even contribute to the relationship being experienced as traumatic. The conscious or unconscious satisfaction of social needs on the part of the therapist may result in him/her becoming isolated, disappointed and disillusioned (Viljoen, 2004:27).

- **Stress, burnout and secondary trauma**

Many symptoms of stress associated with the mental health professions are evident, for example, exhaustion, depression, disillusionment, irritability, empathy or compassion fatigue, insomnia, a sense of meaninglessness, as well as psychosomatic symptoms such as headaches, muscle tension and hypertension (Viljoen, 2004:28). Secondary traumatic stress, relating to working with traumatised clients is a further risk for the therapist, with symptoms similar to post-traumatic stress disorder. The issue of burnout will be discussed in more detail in section 4.7.

Haber (1990:377) describes some cues that may alert the family therapist to issues of fusion or disassociation within a family system. Obviously these are deeply personal and depend on the therapist's personality and fit with the family, as well as the issue of healing versus stressful involvement mentioned by Lebow (2005:91) and explored earlier in this chapter. These may be:

- Dreading appointments with certain clients.
- Watching the clock.
- Being incongruent in not expressing silent boredom, anger or other feelings with a family.
- Aligning with one family member.
- Blaming one individual for the problem.
- Feeling impatient.

- Lecturing or debating with the family.
- Feeling guilty about the session.

According to Haber (1990:377-378), aspects such as these or similar, may indicate that the therapist is utilising a limited range of behaviours that may become polarised (e.g. helpful/helpless, tough/soft) and limit flexibility. The ability to see one's own contribution to a therapeutic impasse allows options for correcting the situation and may prove to be a learning experience for both therapist and family. In the experience of the researcher, while such aspects may arise in the context of family therapy, the reflecting team format (ideally) provides a supportive structure in which to explore such feelings, as well as enhancing awareness of how the self may be impacting upon the therapeutic encounter with the client family.

Goldberg (1986:73-74) explores some "...unconscious satisfactions..." that may adversely impact on the therapeutic relationship. In being given the 'power' to ask clients questions regarding their feelings, actions, relationships and so on, therapists are given a privilege that may be misused if there is a lack of integrity and/or unawareness of our own unfinished business. Unconscious defence mechanisms may be acted out in the therapeutic encounter.

It is evident that there are many dangers inherent in the therapeutic relationship that have the potential to be harmful to both the recipients of family therapy, and to the therapist him/herself. However, awareness and the opportunity to explore these aspects, should they arise, in a safe, non-judgemental context may help to minimise the risks to all involved.

#### 4.5.2 The Therapeutic Role and Evaluation

Worden (1999:53) defines his personal view of the therapeutic role: the therapist is responsible for promoting an atmosphere conducive to change, and in doing so, forms an alliance in collaboration with the family. Therapy thus becomes a joint effort between

therapist and family, with therapist as facilitator, participant and observer. While showing the way through supporting, questioning, or challenging the family, the therapist gives the utmost respect to the family's capacity or willingness to change, accepting that change is both their responsibility and choice.

Lankton, Lankton and Matthews (in Hanna & Brown, 1999:80) generalise about two qualities of the therapist that are significant in therapy. The first is that the therapist has an extensive, pragmatic understanding of people and of coping with the stresses of life. The second is the ability to step outside oneself into the world of another person, while at the same time retaining an awareness of the pragmatic understanding of people and stress (in other words, the operational aspect of empathy). In addition, the research of Figley and Nelson (in Hanna & Brown, 1999:82) explores therapist flexibility. Being respectful of difference and understanding that one reality does not work for everyone are characteristics of a family therapist who has learned to be flexible. The constructivist position is central to the view that reality is subjective and individualistic. In the absence of a specific view of reality, the therapist is free to consider different realities, rather than imposing a theoretical reality onto the client.

Hubble *et al.* (1999:7) discuss various studies related to the effectiveness of therapies, and explore the work of Frank and Frank who identified four common features in effective therapeutic outcomes. They are: a confiding relationship of emotional availability with a helper; a healing environment; a rationale or cognitive scheme that provides a meaningful explanation for the clients' problems; and, a ritual or procedure that requires the active participation of both client and therapist which is perceived as a means of restoring emotional wellbeing. Hubble *et al.* (1999:6-7) suggest that the search for what works in effective therapy is reflected in the plethora of models and approaches available, none of which have proved superior to others. Research has shown that therapy works but our understanding of why remains elusive.

A further study by Lambert (in Hubble, *et al.*, 1999:8-10) proposed four therapeutic factors as the key elements relating to improvement of client issues. The first is

**client/extratherapeutic factors**, which refers to aspects that are part of the client's life that assist healing – they may be the client's own strengths and resources, environmental factors and chance events, such as a new job. These factors are estimated to account for 40% of outcome variance. **Relationship factors** represent 30% of successful outcome variance, and are found in the therapeutic encounter regardless of approach used. They include empathy, warmth, acceptance, affirmation, encouragement, and more. Such factors are judged to be responsible for most of the therapeutic gain in intervention. The third factor is **placebo/hope/expectations** which, according to Lambert (in Hubble, *et al.*, 1999:9) contribute to 15% to therapeutic outcome. The knowledge of being assessed and 'treated' according to a therapeutic rationale creates an expectation of "...restorative power...". The final factor is **model/technique**, seen to account for 15% of improvement. Depending on the theoretical orientation of the therapist, different content will be emphasised in counselling. Despite this difference, most therapies share the quality of expecting the client to engage in some actions relating to change.

According to Hanna and Brown (1999:267), therapists should take the opportunity to evaluate the therapeutic processes. Reflecting on the expectations for the self, the client and the process are important aspects to consider. They suggest certain questions that may help with an evaluation:

- Is the therapist expecting too much from the family?
- Is the therapist becoming dependent on the client's behaviour for a feeling of success?
- Does the therapist utilise the strengths and resources of the family in proposed solutions?
- Has the therapist found a way to value the unique and idiosyncratic style of the family?

Questions such as the above may provide a form of self-supervision that may further therapist development. Obviously formal supervision and objective evaluations of the therapeutic process are also part of such development. Again, in the view of the researcher, participation in a reflecting team may enhance awareness of evaluative

aspects, through post-session reflections upon the therapeutic process – this may include self-reflection on the emotions, experience and behaviour of the primary therapist, but also those of team members. In the experience of the researcher many, if not most practitioners engage in this type of evaluation quite spontaneously after a session, and are often insightful and at times critical of their intervention. The support of the reflecting team, which may also include challenge, may be encouraging and promote reflexivity.

In exploring the self of the therapist in the family therapy arena, the researcher believes that the ‘voice’ and experience of the family with regard to this type of intervention is extremely relevant. Thus, certain aspects relating to the clients’ experience of family therapy will be briefly examined, as a component of evaluation.

Coulehan, Friedlander and Heatherington (1998:17) conducted research to explore aspects of family therapy sessions that were judged as successful in terms of transformation of the initial construction of the problem. The findings of their research showed the following results (Coulehan, *et al.*, 1998:25-29):

- Family members were given the opportunity to express their individual views – despite distractions and disruptions, the therapist was persistent in pursuing each member’s response to the problem, expressing interest and curiosity about each person’s view.
- Interpersonal aspects of the problem or potential solution/s were highlighted – discussion concerned not only the problem and the ‘identified patient’ but also the relationships of family members to one another, to the problem (their contribution) and the solution.
- Exceptions or differences regarding the problem – successful sessions entailed discussion of differences, differing viewpoints, degree to which change has already occurred and exceptions to the problem, highlighted and elaborated upon by the therapist.

- Acknowledgement by family members of positive attributes of the ‘identified patient’ – therapists who are attuned to blame may explore, block, reinterpret or reframe blame when expressed by family members.
- Recognition of the contribution of family history/structure – therapists explored important and relevant aspects of the family’s history, viewed as factors that may contribute to the problem.
- Identification of family strengths and values associated with change – therapists highlighted or introduced values that could be related to transformation.
- Acknowledging the hope or possibility of change – the therapeutic climate was marked by a shift in affective tone, from blame to a more hopeful, supportive stance. This entailed a response by the therapist to the emotional expressions of love or commitment, and an invitation to the family members to express their feelings.

Coulehan *et al.* (1998:32) believe that these aspects provide a better understanding of how to facilitate transformation in family therapy sessions. However, they caution that successful outcomes may be the result of mutual understanding concerning the goals and process of treatment, as well as the emotional bond between therapist and family members.

Treacher (1995:197-219) explores a number of guidelines developed during his work with families that promote what he refers to as “...user-friendly practice...”. A summary of these guidelines follows:

- User-friendly family therapy is based on the core assumption that ethical issues are of primary, not secondary importance – therapy is recognised as essentially a human encounter first, and a therapeutic encounter second, and that the power difference between therapist and user is recognised as a source of danger and difficulty that must be addressed – failure to address this power differential opens the way to abusive practice. Treacher (1995:198-199) believes that ethical considerations have not been at the forefront of the thinking of leading theoreticians of family therapy, and that the notion of scientific neutrality is a smoke-screen behind which to hide. In practice,

many forms of unethical frameworks have structured family therapy in the past, and Treacher believes that in addition to a professional code of ethics, a more personal ethically based practice could be both possible and meaningful.

- User-friendly family therapy is based on the assumption that the development of a therapeutic alliance between therapist and client is crucial to the success of therapy (an aspect discussed in detail in previous sections of this chapter). Collaboration in working together seems to be the overall significant factor in whether counselling is judged to be successful or not (Hunt in Treacher, 1995:199). Hunt (in Treacher, 1995:200) quotes Strupp who believes that the creation of a good therapeutic relationship is the challenge that every therapist must meet. A stance of warmth, acceptance, respect and understanding, coupled with deliberate efforts to avoid criticism, judgement, or react emotionally to provocation creates a framework and atmosphere unmatched in any other human relationship – how to create that relationship and use it to empower clients represents a challenge for the therapist. According to Treacher (1995:201), it may even prove necessary to have a conversation with clients about relationship issues; to ask clients directly about their sense of liking and trust of the therapist places the therapeutic alliance at the centre of therapy, and although this may seem risky, failure to ask such a question may result in a therapeutic impasse sooner or later. In addition, Treacher (1995:203) believes that a therapeutic alliance with different families may take different forms, with families aspiring to various levels of goal achievement. It is also possible that some families may not share a belief in the importance of the therapeutic bond, perhaps wanting advice rather than engaging in a relationship-building process with the therapist.
- User-friendly family therapy recognises that the structure of the therapeutic alliance is unbalanced and that successful intervention partly depends on the creation of a context that facilitates change. The therapist must do his/her best to ensure that the therapeutic relationship is developed, and create a context that is not disempowering by enabling clients to make an equal contribution to the process. Every therapist has both strengths and vulnerabilities, and in spite of his/her best efforts may be unable to form strong alliances with some clients. Treacher (1995:205) believes that it is no

dishonour to respectfully transfer a family to a colleague if the therapist can acknowledge his/her inability to help a particular family.

- User-friendly family therapy recognises that therapists generally fail to understand the stress and distress experienced by families, especially at the first encounter with the agency. According to Treacher (1995:205), therapists may be insensitive to the fact that families may find it difficult to come for therapy. The impact that any agency has on a client encompasses aspects such as the initial phone call, reception, waiting room, and so on, to the actual therapeutic encounter which may include the use of videos and one-way mirrors (as is the case in Family Life Centre). Providing users with information about the process of family therapy is essential – this requires informed consent and being made aware of their rights. At Family Life Centre, clients are informed, prior to the first session, of reflecting team practice at the Centre and have a choice regarding team observation and feedback, and being videotaped. From the researchers experience however, the actual initial session often comes as quite a shock. Treacher (1995:207) believes that a longer initial session with a less hurried pace may allow users to feel more comfortable and facilitate the engagement process, an opinion with which the researcher concurs.
- A user-friendly approach recognises that family members cannot be treated as if they are identical members of a system – class, gender, sexual orientation, age, disability, ethnic origin, religion and socio-economic background are some of the more obvious sources of difference which require consideration if intervention is to be successful. According to Treacher (1995:208), therapists need to prepare themselves to avoid stereotyping in their work with clients who differ from themselves. The researcher suggests that even when clients come from similar backgrounds to the therapist, we need to remain acutely sensitive to the individuality and uniqueness of their experience. Treacher (1995:208) goes on to state that knowledge of the family construct system enables the therapist to be more aware of the way the family sees the world and avoids many of the errors inherent in the ‘expert’ position which may mislead the therapist into believing that he/she knows how a family functions, based on generalisations about apparently similar families. Every family has its own “...microculture” (Treacher, 1995:209).

- A user-friendly approach to family therapy assumes that integrated models of therapy offer clients ways of working that are likely to suit them. No one model of counselling suits all possible clients. According to Treacher (1995:210), integrated models seem to be the way forward because they address the basic issue that clients may require different interventions at different times in their experience of therapy. The idea of integration was explored in Chapter 2. If integration is to be considered, the researcher stresses the importance of reflexive practice in knowing which approach feels genuine and authentic to the self, and if one is purist in practice, to be aware that that approach may not be the most appropriate for a particular family.
- User-friendly family therapy emphasises the necessity of therapists developing a position of self-reflexivity – this may include attending their own therapy to address difficulties. Treacher (1995:212) believes that therapists who seek to remain aloof and distant in the therapeutic encounter run the risk of internalising the stress that is inherent in the profession. According to Treacher (1995:213), if we value the significance of the therapist’s contribution to creating a therapeutic alliance, issues such as job satisfaction, level of self-esteem, enthusiasm and flexibility are aspects for contemplation by agencies which provide nurturance and support for their counsellors. These aspects link with the concept of burnout, which will be discussed later in the chapter.
- A user-friendly approach to family therapy recognises the need for research to contribute to the development of theory and practice. The use of therapies that are not supported by research data exploring the efficacy of a particular approach are open to criticism, while the experience of families and their satisfaction with services must be evaluated and form a crucial aspect of the assessment of any service (Treacher, 1995:213). Unmonitored practice cannot be defended from an ethical standpoint. This relates back to the first guideline – that therapists require an independent monitoring and audit of their work. In addition, according to Treacher (1995:215), active engagement in reflective practices incorporates reflection on the family’s experience of therapy – the use of diaries, self-report checklists, and so on may contribute to reflective processes. As previously mentioned, the researcher believes that the reflecting team process has the potential to enhance reflective practice.

- User-friendly family therapy emphasises the importance of training and professional development in influencing the attitudes of therapists. Thus, family therapy training needs to be trainee-friendly, and based on ethically sound principles. Treacher (1995:216-217) believes that authoritarian positions have permeated family therapy training programs, neglecting trainee perspectives and perpetuating a theme of neglecting family perspectives. The ethics of training should reflect respect for the skills and person of the therapist, and the creation of a training environment in which a relationship of trust can be built. Apart from a position of cooperativeness between trainer and trainee, a user-friendly approach espouses the belief that therapists undertake personal work of many kinds to enhance their role as a therapist which is crucial in determining the outcome of the therapy process. Aponte (in Treacher, 1995:217) suggests that training integrate existential and human aspects of the therapeutic relationship with the more technical aspects – this requires the therapist to be trained in the use of the self, in being able to utilise aspects of their personal history and style to help create new therapeutic possibilities for clients. This position has immense resonance for the researcher, since it reinforces the personal belief in the significance of a holistic approach to theory, training, self and reflexivity for authentic practice.
- User-friendly family therapy recognises that therapy has limitations in helping clients and that some families may need support in gaining access to material resources that affect their well-being. A therapeutic approach that does not address the practical problems of families (e.g. housing, illness) cannot succeed in helping clients to become empowered and in control of their lives. At times it is necessary to utilise professional networks to attempt to create change for the family, to find allies and advocates who can help people to secure the basic necessities of life (Treacher, 1995:217-218). Therapists may create a ‘gatekeeper’ position to other resources (e.g. self-help groups) in their failure to inform clients of possibilities that may assist them.

In the opinion of the researcher, ongoing evaluation of family therapy intervention is essential. At Family Life Centre it is seldom undertaken in any formal manner, an issue requiring further contemplation. While not the primary focus of this study, the

exploration above concerning user-friendly practice raises awareness relating to important aspects that require consideration and could prove helpful in evaluating intervention.

Goldenberg and Goldenberg (1996:374) discuss possible learning objectives of a family therapy training program, which may have relevance in considering the concept of evaluation. Depending on the theoretical and therapeutic outlook of the training organisation, goals may include a focus on the acquisition of theory, skills and experience in the field, as well as on personal growth and development. In a seminal work from the 1970s, Cleghorn and Levin (in Goldenberg & Goldenberg, 1996:375) specified some training goals, which still have relevance today. (The researcher would like to qualify, perhaps presumptuously, by suggesting that certain of these goals are modernist in outlook, while others fit more comfortably into a postmodern perspective.) These are:

**Executive skills:**

- Developing a collaborative working relationship with the family.
- Establishing a therapeutic contract.
- Clarifying communication and stimulating transactions.
- Helping the family to label the effects of interactions.
- Remaining outside the family system – this aspect is, in the opinion of the researcher, contingent on the approach being adhered to.
- Focusing on the problem.

**Perceptual and conceptual skills:**

- Recognise and describe interactions and transactions.
- Describe a family systematically and assess the presenting problem – again, in the researcher’s view, depending on the approach being used.
- Recognise the effect of the family on one’s self.
- Recognise and describe the experience of being part of the family system.
- Recognise one’s idiosyncratic reactions to family members.

The essential role of the therapist is to facilitate constructive problem-solving communication. Cleghorn and Levin (in Goldenberg & Goldenberg, 1996:376) suggest further advanced training goals aimed at assisting 'stuck' families with unproductive transactional patterns.

**Executive skills:**

- Redefine the therapeutic contract periodically.
- Demonstrate a relationship between transactions and the symptomatic problem – the researcher speculates that from a postmodern perspective, perhaps contemplation of the meaning of the problem for the family members?
- Be a facilitator for change, not a member of the group.
- Develop a style of interviewing consistent with one's personality.
- Take control of problematic transactions (e.g. reframing, confronting).
- Work out new adaptive behaviours and rewards for them, again depending on the approach followed – solution-focused therapists may empower families to do this for themselves.
- Relinquish control of the family when adaptive patterns occur – a very modernist perspective, in the opinion of the researcher.

**Perceptual and conceptual skills:**

Regarding the family:

- Understand symptomatic behaviour as a function of the family system.
- Assess the capacity of the family for change.
- Recognise that change in the family is more threatening than recognition of the problem.
- Define key concepts operationally.

Regarding oneself:

- Deal with feelings about being a change agent, not merely a helper.
- Become aware of how one's personal characteristics influence one's way of being a family therapist.

- Assess the effectiveness of one's interventions and explore alternatives.
- Articulate rewards to be gained by family members making certain changes.

While many of the abovementioned aspects seem to relate to a modernist style of family intervention, it is not the intention of the researcher to promote one epistemology over another, merely to raise awareness of one's personal paradigm in order to better understand one's role, and thus practice in a way that is more authentic to the self of the therapist.

The importance of understanding one's role and the aspects incumbent upon the family therapist are highlighted in the discussion above. Of significance too, are the views and opinions of family therapy recipients in order to consider aspects relating to evaluation and the experience of family therapy from those who receive it.

#### 4.6 ENHANCING SELF-AWARENESS AND REFLEXIVITY

Various authors suggest possibilities to enhance self-awareness and gain insight into the unconscious processes that may interfere with the therapeutic relationship and hence, intervention (Karter, 2002:40; Arons & Siegel, 1995:126-127; Grosch & Olsen, 1995:284). While some of the aspects to be discussed are also applicable in the context of burnout prevention (section 4.7), they are explored here in relation to enhancing reflexivity.

Individual therapy is recommended to explore and raise consciousness of personal issues that may impact on professional intervention with clients. Family-of-origin work may help therapists to explore any unresolved issues emanating from their own families that may interfere with the family therapy process. Supervision can serve to heighten consciousness regarding the interplay of personal and client issues that may impact on the therapeutic relationship and thus on the outcome of intervention.

Satir (1987:21) suggests that in family therapy it is likely that at some point, the therapist will experience a scenario similar to his/her own family-of-origin. Difficulties not yet resolved will impact on the therapy, perhaps leaving the family stranded because the therapist him/herself is lost. In the voiced experiences of fellow family therapy practitioners, the researcher has observed that team members may be affected by similarities to client families relating to life cycle stages of self, children, and even environmental similarities such as schools. In being able to discuss these aspects, consciousness is raised in ways that may be less available in non-reflecting team intervention, and the impact upon the client family and the self can be explored in an empathic setting (the post-family therapy team meeting) that provides a sense of peer support.

Haber (1994:278) specifies some questions to be asked of oneself to explore one's story in relation to the client family. These are:

- Who am I (self and role) in this family? Who am I closest to, more distant from, who seems rigid, who do I feel needs support, who do I want to challenge?
- Where do I fit on the family genogram? i.e. which generation – parent, grandparent, child?
- What is my role in that position?
- When do I occupy more or less of that role during the session?
- Why am I occupying that position? Is it a role from my family-of-origin, pressure from the organisation or referral source? Do I feel compelled to play such a role to keep the family in counselling?
- How do I feel about the role? Energetic, creative, defeated, fearful?

Haber (1994:278-279) believes that the answers to these questions can develop awareness of unacknowledged motivations and choices in our role in the therapeutic encounter. The self can be a consultant to the role, not a supervisor – it can generate information and images, while the role decides whether and how to use the information. The researcher

speculates that answers to these valuable questions may evoke a sense of heightened reflexivity which benefits all participants in the therapeutic encounter.

Aponte and Winter (1987:86) pose the question of how to develop the competency of the “person of the therapist?”, in other words, a holistic perspective. Four skills are identified as essential in order to achieve a positive therapeutic outcome: **external skills**, i.e. techniques; **internal skills**, or the personal integration of the self and experience of the therapist which aid effective intervention; **theoretical skills**, i.e. acquiring the conceptual framework needed to guide the therapeutic process; **collaborative skills**, which refers to the ability to coordinate intervention with other professionals to provide the most effective intervention for the client family. The skills resonate in importance for the researcher, being aspects deemed vital in contributing towards effective family intervention.

According to Aponte and Winter (1987:94-96), the therapeutic encounter may prove to be a catalyst for change within the therapist. These authors suggest that in the continuous process of reflection on a client’s struggles, the therapist’s own inner world cannot remain untouched – personal issues are constantly brought to the fore, requiring resolution. In seeking to improve one’s intervention, one’s self is improved through the stimulation of awareness, in having the courage to journey into unknown terrain with a client, and thus releasing personal growth and change. The paradox of change is the fact that attention is not focused on the therapist, thus lessening defences, and creating a “...potent indirect passageway to the therapist’s psyche...” (Aponte & Winter, 1987:95). Through participation in the developmental process of the client, vicarious change may occur without the therapist being fully aware of it. Thus the process of therapy may generate movement for both client and therapist. However, the successful use of the self requires an elevated awareness of one’s personal issues and the impact these could have in an unaware encounter with a client family. The use of one’s personal qualities in professional intervention is central in the use of the self in therapy.

In the context of training, Baldwin and Satir (1987:154) suggest that the development of the self is fostered through education, guidance, encouragement and more importantly, through respectful recognition and support. The avoidance of this implies that the self is either insignificant, innate or is so simple or difficult that it must be ignored. A focus on theory, skills and techniques fails to address the issue of the self of the therapist which, according to Baldwin and Satir (1987:155), is elusive and delicate, requiring a non-judgemental environment in which to flourish. These authors stress the importance of a conscious recognition and awareness of the importance of developing and nurturing “...this remarkable therapeutic tool”.

For the researcher, the comments of these authors have significance in that, while Family Life Centre is a training setting for family therapy practitioners, the reflecting team process allows for many of these variables to be operationalised, albeit that the self aspect requires more attention. Whether such attention would be through supervision, personal therapy or self-searching is a journey that requires intense contemplation.

Aron and Siegel (1995:127) explore the idea of extra-therapeutic encounters (both real and imagined) as a tool to raise awareness of our reactions to clients. Typically, in the existing literature, references to extra-therapeutic encounters focus on their impact on the client rather than on the therapist. In their findings on a study of therapist reactions to real or imagined chance encounters with clients, valuable information on therapeutic stance, professional persona, attitudes, conflicts and concerns relating to certain clients may be revealed. These authors designed specific exercises that consist of guided fantasies of extra-therapeutic meetings with clients, questions about actual chance meetings with clients, and descriptions of themselves inside and outside the professional setting. Aspects of these exercises include (Aron & Siegel, 1995:136-137):

- Recalling the most uncomfortable actual extra-therapeutic encounter, inner feelings and outward behaviour.
- Consideration of which clients you would **not** like to encounter outside the therapy setting, what would feel uncomfortable? Are there certain clients you would not mind

encountering outside the therapy setting, and what would feel more comfortable about this encounter?

- What places or activities would feel especially uncomfortable or more comfortable?
- How your view of the ideal therapist, clients' view of you and view of yourself in the therapy setting compare?
- Do these comparisons help to illuminate any issues or concerns for you?

These questions strike a chord for the researcher, since the geographic location of Family Life Centre is central to many outlying suburbs, and extra-therapeutic encounters between client family members with different family therapists who live in the surrounding areas seem to occur quite frequently. Consideration of real and imagined encounters could provide important information that may have been below the level of consciousness, but are capable of impacting on the therapeutic encounter.

Karter (2002:115-117) also explores the impact of extra-therapeutic encounters with clients, suggesting that they can evoke overwhelming feelings of anxiety and exposure. A greeting and a brief interchange is suggested as a way of maintaining a form of boundary that offers the client a feeling of safety, and prevents the therapeutic relationship being transformed into a social one. According to Karter (2002:118), the sense of panic that may arise as a result of an unplanned contact may stem from a fear of being seen as an ordinary human being, as well as being seen to be spending the client's money.

For those therapists espousing a psychodynamic approach, knowledge of any personal details of the therapist's life is seen as a block to the development of transferences which are necessary to client growth. On the subject of transference, Rogers (in Baldwin M, 1987b:46) believed the concept to be overrated, that positive or negative feelings towards the therapist are natural and should be allowed to be expressed and explored. In reality, extra-therapeutic encounters do occur and require some consideration of how they will be handled. Karter (2002:118) makes reference to a Tavistock seminar on unplanned contact with clients, the outcome of which was agreement that any unplanned meetings

be acknowledged as soon as possible after the incident. The exact timing is however, crucial – if raised too early the effect of intrusion may be increased; too late may imbue the encounter with other meanings. Should the client bring up the issue, it is suggested by Karter (2002:119) that it be explored in dialogue around the imperfection of therapeutic boundaries and the issue of the therapist being ‘human’ and thus fallible.

Direct, personal questions from clients can be disconcerting for the therapist and, according to Karter (2002:120) questions relating to counselling experience, or the lack of it, may evoke anxiety for the counsellor. Exploring the clients perhaps unconscious fears that the counselling may prove harmful or inadequate can help to clear the air, and the issue of experience or lack thereof may become less significant. Further questioning from the client on the topic requires an honest response with regard to one’s level of experience.

One can respond to the issue of direct questions in an empathic way and assist the client to examine any underlying fears or concerns. However, not every question posed has a hidden meaning – some are just social questions, requiring a brief social response. The issue of self-disclosure is contentious, and while most approaches agree that this may focus attention on the therapist rather than the client, retaining total anonymity and inscrutability is impossible (Karter, 2002:121). Clients discern many clues about the counsellor, from his/her demeanour, the therapeutic interaction, unconscious messages, to the reality of the room in which the encounter takes place. Self-disclosure should only occur if it is for the benefit of the client – Karter (2002:122) suggests that if one is in doubt, refrain.

Fromm (in Karter, 2002:122) states that a direct answer to questions which a client has a right to know and that are on public record (e.g. training, experience, age) is necessary. Questions that are personal in nature require exploration of the interest on the part of the client, or the need to reverse the therapeutic situation and analyse the therapist. Perhaps an issue too, is how comfortable we feel about ourselves as therapists when we are in the spotlight instead of the client.

In conclusion, there are a number of ways in which self-awareness and reflexivity can be enhanced. Typically, supervision, individual therapy and exploration of one's own family-of-origin (or family-of-procreation) may prove useful, in addition to less usual ways such as the visualisation of actual or imagined encounters with clients outside of the therapeutic setting.

#### 4.7 BURNOUT

Berger (1995:303) explores the topic of sustaining the professional self over the career span, stating that little has been researched regarding this issue until recently. Of the studies that are available, a trend relating to dissatisfaction with work, emotional depletion, isolation and burnout are identified consequences of the toll taken by therapeutic work. In addition, Berger (1995:304) cites studies that suggest a negative impact on the personal lives of therapists (i.e. family, friendships, and social functioning) as well as incidences of depression and an increase in suicide risk. An article by Wheelis (in Berger, 1995:304) identifies "...midcareer disillusionment and disappointment ..." which may occur as the initial motivation for entering the helping professions becomes frustrated in the process of the therapist developing a realistic understanding of practice. Wheelis observes that it is only in mid-career that one can see the profession clearly – it is after many years of experience, training, emotional and financial investment that one sees in reality what one has chosen. The significance of this statement is obvious and important – it seems to the researcher that with enhanced self-awareness may come a deeper understanding of one's original motives, as well as the evolving realities of practice in the complex field of family therapy.

Contrary to the view that the therapeutic relationship is one-directional with regard to intimacy (as discussed in section 4.3) a study by Berger (1995:307) revealed that the majority of psychotherapists appear to enjoy a real sense of closeness and sharing with their clients, and that satisfaction is derived from the therapeutic relationship. Work satisfaction was reflected in a proactive position, with attention given to variety, balance and the arrangement of professional life in a way that is sustaining. This could involve

designing a work schedule that allows free time, limiting work with client populations who prove difficult to work with on a personal level for a particular therapist, and becoming involved in stimulating opportunities for professional growth (e.g. research, teaching).

Of significance too, is a sense of personal competence and confidence that develops over time and with experience (Berger, 1995:311). The need to 'get it right' and fit actual intervention into a theoretical model can result in anxiety, self-consciousness and rigidity. The development and evolution of an individual style allows greater freedom and spontaneity, and a lessened need for the approval of others. The researcher is of the opinion that the integration of theory with the growing maturity of the therapist facilitates both confidence and humility in practice, and that one becomes more comfortable with uncertainty. This concurs with Berger (1995:312) who states that one comes to understand one's limitations, and accept and respect them, thus lessening self-criticism, pressure and unrealistic expectations. Such a shift implies a loss of idealism that one is able to help everyone encountered in therapeutic settings.

The concept of the wounded healer was explored earlier in this chapter, but in the context of burnout, Miller and Baldwin (1987:149) quote Adler who claimed that healing power is activated within the healer by his or her own wounds, and in a sense the purpose of the wound is to enhance awareness of our own healing power. Thus the healing encounter generates a flow of energy which may be a source of sustenance to the healer. Miller and Baldwin (1987:149) go further, suggesting that the healer who cannot access this profound source is more likely to experience a loss of professional energy and effectiveness, resulting over time in burnout. Denial and repression of one's vulnerabilities and wounds may deprive the therapist of the psychic energy that sustains him/her.

Miller and Baldwin (1987:149-150) hypothesise that burnout will be greater in professionals using problem and technique focused approaches (i.e. cognitive-behavioural or medication oriented solutions used by psychiatrists). According to these

authors, such approaches typify the I-it interaction, whereby subject deals with object, vulnerability is denied and wounded aspects of the self remain unintegrated. In the process of self-discovery and integration of the polarities of the self, creative insight and energy is generated. The importance of conscious awareness and attention to our own vulnerabilities contributes to a sense of wholeness, enabling the client to do the same, thus empowering the healer in both client and therapist.

Karter (2002:52-54) explores various aspects relating to burnout, quoting Storr who states that it is essential for the therapist to find some area of self-expression to ameliorate the sense of becoming a non-person through living vicariously through one's clients. Maintaining a life outside of the therapeutic world is vital to minimise stress and burnout, and this involves keeping up relationships with family and friends, taking holiday breaks, and engaging in physical exercise. On a more subtle but insidious level, Karter (2002:23) refers to a theme of experienced therapists feeling under "...psychological attack..." by the more disturbed client, resulting in serious damage to health and well-being. According to Asay and Lambert (1999:44), when therapists become fatigued or experience burnout, the first skill that suffers is the ability to empathise with clients and express warmth and acceptance. Given the significance of the therapeutic relationship, a deterioration of relationship skills will impact on therapeutic effectiveness, but may provide the practitioner with a warning of impending burnout, thus illuminating the necessity of making changes.

Grosch and Olsen (1995:275) state that working long hours has become a "...badge of honor..." among certain professions. Along with the complaints is a sense of pride and importance that justifies avoidance and indulgence in other areas of life, and according to these authors this is most prevalent in the helping professions. A combination of environmental, work and personal circumstances may result in the experience of burnout and stress, which according to Grosch and Olsen (1995:275), is reaching epidemic proportions. Obvious and simplistic preventative suggestions such as balancing work and play, exercise, hobbies and so on, leave people feeling guilty and frustrated if attempts are not made or are inadequately carried through.

According to Grosch and Olsen (1995:275), a theory of burnout prevention must consider the personality issues of the individual, the complexities of the mental health system and one's position in it, and ways of finding meaning and balance in life. Aspects relating to prevention of burnout focus on self-assessment; investigation of the impact of the family-of-origin; understanding of own narcissistic issues; the use of support groups and effective supervision; and, finding balance in life (Grosch & Olsen, 1995:276-286).

- **Self-assessment**

According to Grosch and Olsen (1995:276), self-assessment must take place on several levels. Firstly, those in the helping professions need to assess their experience in various areas of their lives. This includes questioning one's experience of enjoyment and satisfaction at work, such as feelings of enthusiasm and optimism, and being sensitive to feelings of dread, boredom, tiredness and pessimism about the future. It includes being aware of fantasies about a new position, or even a new career. Assessment also includes looking at the balance of one's activities, reflecting on whether they are one-dimensional and relate mainly to professional life. In addition, assessment involves looking at one's family life and the experience of oneself by spouse and children. Grosch and Olsen (1995:276-277) suggest "...cross-training..." which refers to varying one's work to alleviate early symptoms of burnout. Ongoing tiredness, flatness and boredom suggest that burnout is more advanced, but it is difficult to distinguish between burnout and tiredness. While a holiday may rejuvenate the practitioner, the sense of ennui that comes with burnout does not disappear after a holiday, and requires further assessment as outlined below. Rogers (in Baldwin M, 1987b:46) states that the therapist has the right to give, but not become worn out by giving, and that therapists have differing levels of tolerance with regard to giving.

- **Family-of-origin work**

In the experience of burnout, the therapist tends to focus on her exhaustion, sense of disillusionment with work, and the stresses of home life, and according to Grosch and Olsen (1995:277-278), one's family-of-origin seems unrelated to the primary problem. However, these authors suggest that the "...imprint..." of our families creates roles,

patterns and expectations that are played out in the arena of marriage and of work. A lack of understanding and resolution of these aspects may result in becoming trapped in self-defeating approaches to love and work. Berger (1995:314), on the other hand, found that the sense of commitment to one's work in the therapeutic field, which can be traced back to significant experiences in the family-of-origin, provides the raw material for professional growth. In common with the views of Grosch and Olsen however, Berger (1995:314-315) also believes that both positive and negative family experiences have a profound impact on an interest in psychotherapeutic practice – they can provide motivation, a sense of purpose, and contribute to the development of compassion and sensitivity, as well as attitudes and beliefs regarding helping others. The issue for the researcher here however, is the capacity for self-awareness so that any influences, be they positive or negative, are brought into conscious awareness to lessen their impact on an unconscious level within the therapeutic encounter.

On a personal level, the outcome of Berger's study was his own exploration on a deeper level, of the impact of his family-of-origin upon his career choice, and the realisation that many of his stressors and frustrations regarding his work were paralleled in the dynamics of his earlier family life. While family-of-origin issues remain relevant to professional practice, the sense of perpetuating long assigned family roles needs resolution (Berger, 1995:316-317). Duhl (1987:74-75) too suggests the significance of knowing the systems within the self, being aware of one's thinking and beliefs relating to the stages of life, exploring the myths, rules and stories of one's own family and others in order to become aware of how we get hooked into certain scenarios and thus become reactive.

A genogram can facilitate exploration of relevant themes which may pertain to one's work – e.g. conflict, assertiveness, the value of work versus play, perfectionism. In addition, one's role in the family-of-origin is significant – e.g. the 'successful' one, the parent substitute, over- and under-functioning which translates into one's work ethos. Insight into how these roles and patterns are replicated in the work environment is a step towards the prevention of burnout. A lack of differentiation from one's family-of-origin may interfere with the ability to set boundaries and be assertive in the work environment.

According to Grosch and Olsen (1995:281), knowledge of family systems and dynamics does **not** mean that the practitioner has achieved a measure of differentiation from her own family-of-origin. This view highlights the necessity of knowing the self in conjunction with one's chosen theoretical approach – the latter without the former is insufficient and potentially harmful.

- **Assessing the cohesiveness of the self**

Grosch and Olsen (1995:282) suggest that the practitioner needs to assess the fundamental need for appreciation and the desire to be liked and admired. The paradox of professional burnout is that the need to help may be motivated by the need to **be** loved, rather than to give it. As long as we can secure positive feedback, attention and admiration for hard work, even overwork which is often rewarded, we risk burnout. Gratification of our self-esteem can lead to emotional entanglements with clients, which can result in the abuse of power in the therapeutic relationship. Historically, Freud recognised the power of the therapist, and developed the idea of mandatory analysis for all psychotherapists to understand and deal with their own conflicts and neuroses (Satir, 1987:19). Grosch and Olsen (1995:282) believe that in order to find balance in love and work we need to accept our own need for appreciation and admiration. Personal therapy and/or peer support groups may be a way to come to terms with our narcissistic vulnerability. Awareness of our narcissistic needs may mean we are less likely to overwork to fulfil these needs. Merry (2002:163) also discusses a number of advantages relating to personal counselling for the counsellor, focusing on the importance of the experience of being a client, as well as the opportunity to experience first hand the approach in which one has been trained. The researcher speculates that this may consolidate the feeling of 'fit' with one's chosen approach, or may even give the therapist cause to question such a fit. In addition, if the experience of therapy is from an alternative perspective, curiosity may be evoked to learn more about different theories. Merry (2002:164) states however, that no clear evidence exists to support the view that personal counselling results in one being a more effective counsellor.

- **Support groups for mental health professionals**

According to Grosch and Olsen (1995:283), a professional support group is an excellent way in which to deal with the issues of differentiation and unmet needs. Such a group must be structured to ensure trust, confidence to explore issues (personal and relating to the work environment), and confidentiality, and should be outside of the primary work setting. Berger (1995:308) mentions the importance of support systems to sustain energy and vitality. This entails not only formal support, as mentioned by Grosch and Olsen, but also informal support with friends and colleagues. Berger (1995:309-310) believes that with peer support, the boundaries between the personal and professional life of the therapist become blurred, resulting in the whole person (intellectual and emotional) being nourished and replenished in the supportive relationship. In addition, the experience of isolation is lessened, while validation and appreciation enhance personal and professional growth. In the opinion of the researcher, the latter point may reduce the dangers of one's narcissistic needs coming to the fore in the therapeutic encounter.

- **Supervision**

Effective supervision is a way to prevent burnout, and according to Grosch and Olsen (1995:284), supervision should take place outside the work setting, have no evaluative function and provide a theoretical orientation that is suited to that espoused by the supervisee. While cost may be a consideration, the benefits in terms of growth and burnout prevention are far outweighed. However, according to Merry (2002:172), the experience of supervision may prove to be mixed, some of it helpful, some not. An atmosphere of being policed, judged or 'fixed' is not conducive to growth and learning, while being supported and encouraged by a knowledgeable mentor is extremely valuable. Supervision groups can also help to reduce the financial commitment and increase the ability to work effectively and with more confidence. Peer supervision groups can also be growth-enhancing through creative input from colleagues. According to Merry (2002:182), peer supervision is more suitable for relatively experienced counsellors, or to supplement individual supervision. Advantages include support, encouragement and learning from the experiences of colleagues – disadvantages may be that less confident or less open therapists may be unwilling to explore cases, and hide within the group context.

Merry (2002:183) also mentions facilitated group supervision where an experienced counsellor provides supervision for a group of counsellors who take turns to present a case, and co-supervision wherein two counsellors supervise one another. This latter type of supervision is deemed best suited to experienced counsellors or to less experienced ones as a supplement to other forms of supervision. Dangers of co-supervision include difficulties if both counsellors work within the same organisation, as work relationships may impinge on counselling work and the supervision may be unchallenging if the relationship is too familiar (Merry, 2002:183-184). Berger (1995:310) states in his research conclusions that satisfied therapists were committed to their support systems, which function to enhance personal relationships and emotional health.

- **Finding balance**

Balancing love, work and play without attending to the above-mentioned issues, will prove difficult (Grosch and Olsen, 1995:285). Balance includes taking care of primary relationships as well as physical, emotional and spiritual needs. Berger (1995:319) believes that therapeutic work does not get easier over time. While skill and experience increase, the degree of difficulty in the psychosocial sense does not lessen. Therapeutic work is difficult on a daily basis and the necessity of learning to care for and sustain oneself over time impacts both our own lives and on the quality of our work.

In conclusion, exploring family-of-origin issues, differentiation of self and healthy narcissism can be part of the prevention of burnout. Effective supervision and finding a balance in one's life are ways of enhancing professional growth.

#### 4.8 SUMMARY

The development of the self of the therapist is a continuous and ongoing process, easily relegated to the back-burner in the routine of daily life and work. The consequences of such neglect are unfortunate, and potentially destructive for the client family. A vibrant and alive self is a source of energy and creativity, one that benefits the therapeutic process, as well as the therapist him/herself.

In this chapter of the literature review, the concept of the self was explored, in terms of the connectedness of the self in interpersonal relationships as well as optimal human development on a personal, and hence professional level. Motivations and ideals relating to therapeutic work were explored as part of the process of enhancing self-awareness.

The relationship between the self and one's chosen theory is significant when considering the importance of authenticity in practice. Thus, the embodiment of theory was explored to raise awareness of the importance of knowing why a particular theory fits with the self of the therapist, and its impact on the therapeutic relationship. The notion of the therapeutic relationship is an essential aspect of the therapeutic encounter, transcending the mere use of skills and techniques which may become mechanical if the relationship is neglected. It is vital for the therapist to consider and evaluate his/her role, and thus the perceptions of clients were considered in terms of how to render practice more user-friendly.

The development of self-awareness and reflexivity is an ongoing and important task and certain suggestions from the literature were considered as a way of enhancing this process. An exploration of issues relating to burnout was undertaken, consideration of which may provide an opportunity to enable the therapist to become more realistic in her expectations, and augment the ability to take care of the self over the course of the therapeutic career.

The following chapter explores the findings of the study, linking them to the relevant literature as discussed.