

## **Therapist Toolbox Article – ICCEFT newsletter winter 2013/2014,**

### **Tools for Accessing the Therapist's Own Attachment Story in Supervision**

In this Toolbox article, I want to describe two questions that I developed to encourage supervisees to access triggers that make them vulnerable to getting caught in the couple's negative cycle. While not wanting to suggest that the primary focus of supervision be upon the therapist's personal triggers, I have discovered that addressing a therapist's internal dialogue can be a valid aspect of supervision. It has been encouraging and reassuring for me to see how the self of the therapist has become a focus for attention - both in North America and here in the Netherlands.

We all know that there are times that, as therapists, we get triggered by our couples' issues or dynamics. There are times, when our own internal emotional responses or reactions to what clients share with us in the sessions can get in the way of staying present fully with them. There are times when we need to think on our feet to try and make sense of our own sudden or intense reactions to a client so that this response can be digested and used in a therapeutic way.

I like referring to this process as "the internal dialogue of the therapist". In psychoanalytic literature, this is referred to as transference and counter transference. In systemic literature, it is also called parallel process, resonating with the system or even becoming part of the system. In EFT, it is sometimes called "getting caught in the negative cycle".

There seem to be different layers to which these inner dialogues can refer: On a professional level, we may ask, "What shall I do now in terms of the model?" On a personal level, we may ask, "What shall I do about these particular emotions or feelings I am experiencing? What can I do to make sense of these emotions in a safe way, in the heat of moment?" A therapist may simply realize he/she has encountered something that needs to be explored more after the session, either by her/himself or with a supervisor or in peer consultation.

I would like to elaborate briefly on the personal layer of inner dialogue, to suggest basic focus questions to shape these supervision or self-supervision conversations. This will be followed by examples of how awareness and exploration of personal blocks opened the door to enhanced capacities for empathy and fluid responsiveness toward clients.

Addressing "the self of the therapist" or inner dialogue has always been an important part of my work in supervision; It has always seemed that supervision needs to be safe enough to have these kinds of conversations without the supervision session turning into a therapy session. At times in supervision, we have explored what the personal wounds or issues were that needed to be explored or named so as to be able to help a therapist have more self-confidence, or simply make good sense of these internal responses. I used to wait for these

more personal conversations to evolve when something in a therapy session triggered either supervisor or supervisee to want to explore this internal dialogue in a more personal way. At that point, however, because we were already in the midst of it, usually a supervisee felt stuck or ill at ease about something.

Recently I began to reflect on how I left these conversations to unfold by chance, without knowing much about the personal background of the supervisee. So I started to talk about this with my supervisees, asking them all, "What do you think would be good for me to know and understand about you and your own attachment fears or pains, so that when these get triggered in your work, we both already have some idea of these issues? Might it be helpful to have a brief conversation about this now, or would you like to think about this question and tell me the next time?" I have started to ask this in the 1<sup>st</sup> supervision session as well as with those therapists who already were in supervision.

Following are some examples of therapists bringing their own personal blocks or automatic patterns into awareness, thereby freeing them to attune more fully to clients and address these issues in their own lives. One supervisee answered my question and said, "Well, I was so much the protector of my mother and her confidante. I saw her unhappiness with my father's unfaithfulness and her concern for my disabled brother. So as a young girl, I felt a great need to help her, to be on her side so as not to burden her, and not make things worse for her."

We were watching a video of her therapy session where a young woman finally chose to talk about having been unfaithful to her partner. She is very brave and wants to share with her partner how guilty she is feeling and how she knows this hurt her partner. I saw the therapist turn very quickly to the partner, moving away from this brave and courageous wife. I asked the therapist, "What happened?" She said, "I don't know. I couldn't bear to stay with this opening of the woman and felt I needed to protect her."

We linked how she had felt such a need to protect her mother when she was young to her automatic tendency to protect her client from experiencing and expressing her pain and guilt. In making this link, she recognized that she didn't have to do this in the same way anymore. She could be comfortable to support this woman to say some important things to her husband which would help them heal, and that helping her to share openly was actually the most 'protective' thing she could offer. In a subsequent session she did beautiful work in processing attachment fears.

Another therapist says in answer to my question about her possible triggers, "My mother was in a concentration camp. So whenever there is a client whose parents were in a concentration camp, I feel great empathy with this person, and at times align myself too much with them." But later she said, "I have been thinking about your question. It is more complicated than that; the husband in this couple reminds me of my own husband; I love my husband very much but he can be such a bully and my children suffer. None of us can

address this with him. He will not allow us to talk about this with him and so we all walk on eggshells around him. This man in the couple does the same. So I feel blocked and afraid to go there with him.”

Now that I have seen how I get blocked with this client, I know 2 things more clearly: I must try and find a way to talk to my own husband and I will try and not shy away from this man in my couple. I feel less blocked now.”

In subsequent sessions, the therapist was able to explore how, as a young boy, the husband in this couple had suffered from his own bullying father, and how he had sworn he would never end up being a bully like his own father, and here he was, being told by his wife that at times he was just that. He found it almost unbearably painful to feel these feelings. It took a lot of sensitivity and courage on the therapist’s part to get permission to walk around this painful place, however briefly, with the husband. Both supervisor and supervisee concur that without having identified this parallel, she would not have been able to effectively attune to this client and to explore these primary emotions.

The answers I have gotten to my questions about therapists’ attachment fears or injuries have touched me in many ways. I have felt that it has helped create an atmosphere in which there is this mutual understanding that we are all human and we all experience shame and fear and pain. I have a sense that dwelling briefly on this question at the start of supervision normalises the fact that we all, at times, will get triggered as human beings. It hopefully sets a tone and is an invitation when necessary to briefly dwell on these aspects of our inner dialogue.

This brief process gives us a chance to deepen our empathy for our clients, having been encouraged to become more aware of, or explicit about, something that touched us. It also helps us deepen our understanding of what it is like to get caught up in the negative cycle of the particular couple we are working with. It is as if we, as therapists, like the couples we are working with, are learning to make friends with parts of ourselves which we had pushed away out of fear or shame. By recognizing the human beings we are, it seems that we can return to being fully available and emotionally present to our clients. After all, this is what all of us, as EFT therapists, aspire to do.

I want to thank the supervisees who gave me permission to use the above examples of their process.

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