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What Today's Training  
Approaches are Missing

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# The Therapist's Most Important Tool: Salvador Minuchin on What Today's Training Approaches are Missing

BY MARY SYKES WYLIE

*Psychotherapy trainees today are buried beneath textbooks on theory, bombarded by lectures on current research, and taught to be experts in a variety of therapeutic methods. But where and when do they learn who they are and how to use their own selves in therapy?*

At 92 years old, Salvador Minuchin, the world's most famous living family therapy pioneer and probably the most imitated clinical practitioner ever, is still too young for retirement. Now, nearly 50 years after helping foment a revolution in psychotherapy and becoming himself an icon and an institution, the old lion is back in the arena, and with the publication of his latest book, *The Craft of Family Therapy*, he's once again challenging the therapeutic status quo.

During the mid-1950s, when Minuchin first began his psychiatric career, almost all therapists followed the psychoanalytic rule book. The goal was to bring to light the individual intrapsychic conflicts from which the patient's life problems were thought to originate. Because truly meaningful change was thought to emerge only from within the patient's mind—carefully cultivated and encouraged, but never imposed from without—the therapist wasn't supposed to get in the way. Well-trained clinicians were expected to embody a kind of divinely empty blank screen, maintaining a posture of reticence and neutrality, so as not to interfere with the workings of the holy transference: the patient's subconsciously generated projections onto the therapist of emotionally important figures from his or her deep past. How, it was argued, could the patient see and relate to the therapist as his mean father, her overprotective mother, his seductive older sister—thus revealing the source and lineaments of his psychic distress—if the therapist kept butting in with questions, remarks, opinions, observations, encouragements, or, God forbid, emanations of his or her own personality?

Minuchin and the other family therapy pioneers didn't merely inject a bit of fresh air into this hothouse: they blew the roof right off, taking all the furniture and psychoanalytic tomes along with it. Not only was the focus of their new therapy different, but so was their view of the therapist. No longer the self-contained cipher, sitting mostly silent and sometimes invisible behind the patient's head, this new kind of therapist—dazzlingly exemplified by Minuchin himself—was brash, interventionist, bossy, and frequently in clients' faces. In fact, the therapist's personality—the “self of the therapist,” as it eventually came to be called—

was considered a key player in the sometimes rowdy goings on in session. Who the therapist was and how she showed herself in therapy, the way she'd related to her own family of origin, her personality, and, most of all, her use of her specific, personal self in therapy was vital to the success of the whole therapeutic transaction.

After being trained as a psychiatrist, Minuchin went on the usual pilgrimage to New York City—Psychoanalysis Central in those days—to learn the tricks of the analytic trade. But psychoanalysis wasn't a good fit for a gregarious, assertive, curious, extroverted Argentine Jew, who simply wasn't cut out for the muted, self-suppressing work of listening silently to people verbally meander through their lives and psyches. Bored and dissatisfied, he leapt at an opportunity to work as a psychiatrist at a residential institution for inner-city delinquents, a school called Wyltwyck.

The experience changed his life. The tough, ghetto-raised black kids at Wyltwyck were no more cut out for psychoanalysis than Minuchin was, though for different reasons. They were nothing like the quiet, cooperative, verbally skilled, and introspective middle-class patients most analysts saw. And analytic therapy was useless for them: after months of in-patient treatment, they'd fall back into trouble soon after returning home. As much from desperation as anything else, Minuchin and his colleagues decided they might as well take a look at how these kids acted with their families. After reading an article or two from other far-flung embryonic family systems theorists, they punched a hole in the wall, installed a one-way mirror, and started watching families in vivo.

It was a revelation. They saw immediately that focusing on the “individual motivation” and “intrapsychic processes” of any one family member was beside the point: all the action, all the life, all the juicy emotional “processes” happened between people. The way family members behaved, the feelings they expressed—the yelling, the crying, the stomping around, the fist-shaking, the interrupting—didn't seem to emerge de novo from deep within any one psyche, but in obvious response to the behaviors and expressed feelings of the others. Back and forth and up and down the personal interactions went, in complex, intermingling feedback loops.

Early on, these innovators instructed people to talk to each other, rather than to the therapist, and these “conversations”—staged and kept more or less orderly by the therapist

referee—became the basis of “enactments,” which revealed the family’s entrenched emotional patterns better than any spelunking into the deep psychic caves of the individual participants. Through all of this, the therapist was an active participant. “The idea was to help the dancers dance, and the therapist would be the one leading the do-si-do,” Minuchin recalled later.

To this day, Minuchin’s style, caught in classic videos as entertaining as they are instructive, represents the embodiment of the antianalyst: energetic, active, expressive, now here, now there, now everywhere at once, and anything but retiring—except when retiring, or strategically “stepping back,” becomes itself an active intervention. Minuchin himself is often mesmerizing: he mocks, reassures, flatters, cajoles, charms, needles, encourages, congratulates, and confronts the families he sees. Sometimes, when the family seems terminally stuck in its own roundabout, he looks bored, as if he is mentally checking his watch. At other times, he makes jokes, interrupts, orders people around, touches them, gives them short lectures—all in an Argentine accent that probably thousands of Minuchin wannabes have unconsciously mimicked. These performances (Minuchin has been compared often to a stage director or impresario) are indeed entertaining, funny, serious, and often moving.

Caught up in the overall drama, it’s easy to forget that Minuchin, like most of the great family therapists, is a master in the use of self. It’s his very consciousness of himself, his persona, and how to inject that self into the family’s force field—now coming closer, now distancing himself, now becoming the earnest questioner, now delivering an inspirational pep talk, now shaking a mother gently by the shoulders—that’s so stunning. Always, he’s consciously using himself as what he has called “the central tool,” more important than any particular technique or body of techniques, toward certain ends. In a way, this tool of self, the core of family therapy as Minuchin sees it, was an invention born of necessity, emerging when he and his colleagues were starting from scratch, when, he once said, “we didn’t know anything [and] invented everything.”

But if the family therapy pioneers relied by default less on what they did and more on who they were—if the self came first and the technique followed—the situation is almost entirely reversed today. Currently, the typical young therapist has probably spent much of his or her training in an academic setting being “bombarded,” as Minuchin writes in his new book—excerpted on the following page—by a “multitude of different theories.” Peruse the course list of any graduate-level, university-based clinical psychology program and you’ll find a staggering array of topics and approaches: many different brands of psychodynamic and cognitive behavioral therapies, as well as different takes on trauma, eating disorders, depression, adolescent, families, and couples, not to mention clinical hybrids involving any of the above mixed with somatic, attachment, neurobiological, mindfulness, and schema-based methods. Family therapy itself is a perfect

welter of theories, methods, techniques, and orientations. Students today are buried under an avalanche of textbooks and subject to a cacophony of different lectures. They learn all about theory and technique. They’re taught to become highly proficient technicians, experts in the deployment of many methodologies. But where and when do they learn who they are and how to deploy their own selves in therapy?

Mostly, they don’t. While not exactly like the old rebellion against the taciturn, disappeared persona of the analytic therapist, Minuchin’s new crusade resembles it in its intrepid focus on the indispensable role of the therapist’s own personality in therapy. Mainstream therapists 50 years ago purposely held themselves back because that’s what they were supposed to do. Today’s young therapists, in contrast, seem unable to express themselves fully in sessions because they don’t know how and are scared to try. It doesn’t seem to occur to them, or their teachers, to even look at their own inevitable, if unconscious, participation in the family system. In fact, it seems they haven’t even considered opening the door to their full inner resources to see all the rich and varied garments the self can wear. In the end, Minuchin suggests, therapists are too worried about offending, afraid that if they’re anything but nice, empathic listeners, they’ll drive clients away.

For young therapists, weighted down with multiple tools, methods, approaches, theories, and techniques, what’s missing, in Minuchin’s view, is exactly this capacity for shape-shifting—being able to call on many instruments in the rich, multitoned orchestra of the self. Following is an excerpt from Minuchin’s new book, *The Craft of Family Therapy*, about bringing the too-often buried self of the therapist back into the center of the therapeutic enterprise.

### **From *The Craft of Family Therapy: Challenging Certainties***

by Salvador Minuchin

When a family comes into your office, what do you do? What’s the correct way to start the session? Do you ask about the problem? Do you offer your services as a healer? Do you smile and ask about the trip to the office? Are you silent until one family member begins to talk? Yes, yes, and yes. Therapy is an encounter between strangers preparing themselves for a significant journey together. Therefore, the early joining in the process will be idiosyncratic, depending on the particular family and the particular therapist. It’s a journey that starts in uncertainty.

Most new therapists tend to fall back on theory as a way to reduce their anxiety so they can function. But how do you choose a theory that’ll enable you to be effective? These young therapists look at therapy as a course of action in which the therapist observes a family and implements techniques to help them with their problems. They don’t understand the complexity of the process. The craft of therapy includes not only an understanding of the characteristics of the family and a grasp of techniques that can facilitate change, but an awareness of how they, the therapists, are functioning within

the therapeutic system.

There are many ways of learning how to become a family therapist, and these methods have changed over the last 50 years or so. When family therapy first began, in 1957, there were no family therapy theories. There were no introductory textbooks on different family therapy approaches. The field was not yet established, and the ideas and understandings of how families functioned and what to do with them were hidden within the families that were being seen. Practitioners learned by viewing and doing. The originators of the field—people like Nathan Ackerman, Murray Bowen, Jay Haley, Don Jackson, Virginia Satir, Carl Whitaker, Lyman Wynne, and others—developed their understanding through meeting with families and then evaluating what happened in the session.

Over time, these experiential learnings developed into theories of how to therapeutically engage families, and institutes were created where therapists could learn how to work in this new way. To get training as a family therapist, a clinician, who was probably originally an individual therapist, might attend one of the institutes of family therapy, such as the Mental Research Institute, the Philadelphia Child Guidance Center, the Georgetown Family Institute, or the Ackerman Institute. The therapy room was the classroom, where the learning took place by doing. These institutes mainly provided a particular view of why families have difficulties and what therapists could do to help them. The people who came to learn were offered training that was grounded primarily in one approach. They weren't bombarded with the multitude of different theories that the present generation of students is struggling to assimilate.

Currently, new practitioners in family therapy are trained in university settings, not institutes. Learning comes from textbooks for classes that try to provide a wide foundation for the field, so that people have the knowledge designated as necessary by state licensing boards. The brunt of learning comes in the classroom, rather than the therapy room. Students are expected to digest a variety of approaches, then are asked to use one or more of these theories as a guideline for their practice when they begin to see families.

A few years ago, I was invited by colleagues at Nova Southeastern University to conduct an informal training practicum for bright graduate students, who were just beginning their experience as practitioners. My goal was to offer an alternative to the type of training generally provided, in which they first learn the theories that are the foundations of the diverse schools of family therapy, and then apply theory to practice. Through this procedure, trainees are learning to be restrained, protective, and respectful of the client, to avoid entering into conflict with patients, and to search for the techniques that “truly fit” the problem that the clients present. In effect, they're training for cautiousness, guarding against the imposition of their own framework on problems that the family presents. If my view about this

training is correct, it's a training that discourages students from looking at themselves as resources in the therapeutic practice.

In accepting the invitation of my colleagues at Nova, I joined them in exploring a different, more inductive process of training. We started out without a clear curriculum, simply asking the students to bring videotapes from the therapy sessions they were conducting in practicum situations. We observed the style and nature of their work and talked with them about their experiences. Over time, we were able to move toward the development of a method for training in the craft of family therapy.

Our first observations of the students at work provided important building blocks for this development. As they began to interview families, their styles of interviewing presented some common characteristics. They were, of course, anxious, since they had scant experience with encounters involving more than one person, and they usually proceeded with caution and were polite. They asked questions that were frequently a paraphrasing of the client's last statement, such as “So you said that it troubled you when you saw what your daughter was doing?” They also asked questions that encouraged clients to continue explaining, as well as questions directed at tracking the narrative but without opening up new explorations. Paradoxically, they also became quickly engaged in trying to explain, support, protect, or improve the family drama.

The combination put these new practitioners in a quandary. They were engaged in monitoring narrow aspects of the family presentation before they had a clear knowledge of how the family members related, their history, or their efforts at problem solving. They felt the need to do something to demonstrate their competence and responded to family problems before knowing the family. Most didn't know how to be silent or how to use silence as a tool. And, noticeably, they focused mostly on the pathology the family offered as the reason for requesting help, ignoring the exploration of strength, resilience, and resources by which family members might become helpers of each other.

Our students came with different life experiences, but we noticed a major commonality in their presentation of cases: they didn't include themselves in the process. They'd describe the family dynamics, sometimes with surprising clarity, but always as if they were objective, neutral observers. When we asked for feedback from students observing the tapes, they responded with alternative descriptions of the family's transactions, but the participation of the therapist in producing this behavior wasn't mentioned.

These lacunae, empty spaces in observing and describing the therapeutic process, were surprising to me. I remembered that at the beginning of the family therapist movement, all training programs struggled with the issue of the participation of the therapist in the therapeutic process, and with the therapist's awareness of that reality. At that time, most trainees in family therapy came with some experience

in psychodynamic individual therapy, and many had undergone their own psychotherapy or psychoanalysis. The family therapy trainers needed to address the necessity of providing an alternative to the long, intensive involvement in self-observation that psychodynamic therapy provided.

Many institutes began to include a focus on the self of the therapist in the first year of training. Virginia Satir scheduled retreats with her students and their families, in which the students explored their participation at different stages of development in their families of origin, using the techniques of psychodrama. Carl Whitaker promoted the idea that therapists should access and utilize themselves in the therapy room, and that to do this they'd need to come to terms with their own thoughts. Murray Bowen stated in his 1974 book, *Toward the Differentiation of Self in One's Family of Origin*, "I believe and teach that the family therapist usually has the very same problems in his own family that are present in families he sees professionally, and that he has a responsibility to define himself in his own family if he is to function adequately in his professional work." In other words, all these master therapists believed that training to become a family therapist started with an exploration of one's own self, which would then aid the trainee inside the therapy room.

The university training programs of today, it seems, have shifted from a focus on the self of the therapist to a focus on what has become known as core competencies. These competencies are concerned primarily with how to conceptualize cases and how to structure and engage in therapy sessions. There are several competencies that refer to the therapist's awareness of the impact the family is having on him or her, but, overwhelmingly, the trainee is expected to be thinking about what to do, rather than who they are.

Throughout my professional career, I've considered the therapist's awareness of an intervention to be an essential part of the formation of an effective therapist. In our program, the students started their presentations by describing relevant aspects of their own life and the ways in which these experiences molded their therapeutic style. Only then did they describe the characteristics of the family they were presenting. After that, they examined the techniques and strategies they'd used. In our discussions throughout the training, I continuously invoked the metaphor of a therapist who has formed, on his or her left shoulder, a homunculus who's engaged in observing the therapist's mental processes and is involved in silent dialogues with the therapist as she or he works.

All therapists need a range of tools in order to master their craft, but tools are just that—a means to accomplish an objective. When the carpenter begins with a piece of wood, he has an end goal in mind: to change that wood into something else. The saw, chisel, hammer, and nail are a means of transforming what the carpenter first sees into what he wants it to become. The effective family therapist also uses tools as means to an end, not as ends in themselves. The craft of family therapy lies in how these tools are used to produce

a difference in the family—a useful change. An enactment on its own doesn't move the family. But a therapist who understands that the enactment is a way to view the family's interaction is able to help shift the process.

The most important tool is the therapist's use of self in guiding the process of change; and understanding how to use that tool is the biggest obstacle for beginning therapists. Ultimately, learning how to use the silent dialogue with the homunculus on one's shoulder is central to mastering the essential craft of family therapy.

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*Salvador Minuchin, PhD, made the Philadelphia Child Guidance Center the world's leading family therapy training center and founded the Minuchin Center for the Family.*

Minuchin, S., Reiter, M., & Borda, C. (2013) *The Craft of Family Therapy: Challenging Certainties*, Routledge, NY. Reprinted with permission.