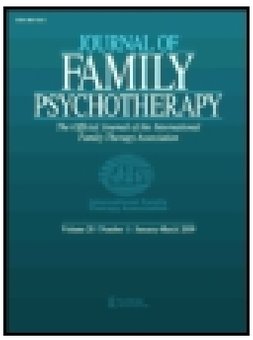

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The Self of the Therapist in Epistemological Context: A Multicultural Relational Perspective

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ABSTRACT

A multicultural relational perspective to self of the therapist work is introduced as a philosophical stance and approach to clinical practice and training. It is based on three core interrelated tenets: (1) reality is a subjective experience; (2) the "self" is a major organizing principle in relationships; and (3) The "self" is comprised of multiple dimensions. While the approach recognizes the centrality of family of origin experiences and subsequent personality dynamics in the shaping of one's role and temperament as a therapist, it also places considerable emphasis on the dimensions of diversity as well. Thus, trainees are not just encouraged to explore their respective family of origin experiences but also their experiences with power, privilege, and subjugation as it relates to race, class, gender, sexual orientation and all of the other sociocultural factors that help comprise who they are. This, according to the multicultural relational perspective, is one of the first critical steps toward becoming a more accountable, socially just, and culturally attuned practitioner.

KEYWORDS

Self of the Therapist; training; therapy; multiculturalism

A multicultural relational perspective (MRP) to self of the therapist (SOT) work will be discussed, including illustrations from my group supervision and clinical practice. In many ways, the MRP to SOT work is as much a philosophical stance as it is a method or an approach. It is a way of thinking about the world and particularly about how we locate ourselves in it (Hardy & Bobes, 2016). As Watts Jones (2016) argues, the location of self "…is a process that can be engaged by supervisors and supervisees to strengthen their ability to recognize and negotiate places in supervision and in therapy where their intersection of locations is creating some discord or therapeutic constraint. Location of self makes no demand of perfection, only a willingness to stand in the heat of ugly, painful legacies in us and others, to persist into skillfulness and its variations, and to take heart in authentic showing-up" (p.23).

The MRP stresses *self in relation* to other, which emphasizes the systemic nature of behavior and the fact that the self is fluid and is profoundly shaped by the interactions within which one participates. This approach is based on

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three core interrelated tenets: (1) reality is a subjective experience; (2) the "self" is a major organizing principle in relationships; and (3) the "self" is comprised of multiple dimensions.

Reality as a subjective experience

A major premise of a MRP to SOT work is predicated on the assertion that reality is a subjective experience that is shaped not only by what is observed, but also, by the prism through which an observer observes. Thus, a salient tenet of this view is that each of us, to some extent, sees what we look for, and ultimately what we see is shaped by all or some aspect of our subjective selves. This is perhaps why, for example, it is relatively easy for therapists who are strengths-based to see strengths in clients where their counterparts tend to see pathology. This construct was quite evident in a recent group supervision case involving a case presented by Shoshanna, a white Jewish, female therapist. (Please note that all names throughout have been changed to maintain confidentiality.)

The Latin lover

> Shoshanna, a very experienced family therapist, presented the case of a couple she was working with where she often felt quite frustrated with the husband. She reported to the group that she had no idea where to go with the couple because the husband, José, a 34-year-old Puerto Rican man, consistently cheated on his 30-year-old Puerto Rican wife, Adrianna, who continued to tolerate it. As the group began to question her regarding her frustration and hopelessness about the case, Shoshanna mentioned that she currently had three other couples in therapy, all involving infidelity but this one was by far the most challenging. As the conversation, prodding, and periods of exploration continued, Shoshanna finally had a clinical epiphany. She mentioned to the group that the Rodriguez case was different from her other cases because "affairs are accepted in Puerto Rican culture and that all Hispanic/Latino men have affairs. I know it probably sounds racist and ridiculous… but the term 'Latin lover' refers to the fact that it is acceptable and expected that Latin men will have several partners… I have been told this by Latinos themselves… and this has been my experience with one as well."

There were several interesting points that were noteworthy about Shoshanna's assertion. While it was intentionally omitted from the vignette, all of the couples dealing with infidelity that Shoshanna had in treatment involved men who were unfaithful to their partners. Shoshanna initially and consistently neglected to mention or acknowledge this fact in our supervision. It was a significant omission because it raised a question for our supervision team regarding why Shoshanna was more apt to generate clinical hypotheses based on José's cultural identity than she was based on the fact that he was male. Moreover, she never hypothesized that the affairs

committed by the other men on her caseload were attributable to their race, ethnicity, culture or any other sociocultural variable. Moreover, since she was treating 4 cases, all involving affairs and all with men who were unfaithful, why did this NOT lead her to generate a single clinical hypothesis about **men and affairs** (emphasis added intentionally)? Also, three of the four men who were having affairs were white and yet she advanced no hypotheses about white men and affairs. Given the commonality involving gender, it would certainly have been plausible for Shoshanna to at least question whether gender might be a critical intervening variable across the four cases. Unfortunately, she never did.

This case, in a variety of ways, underscores the layers of complexity involved in doing good clinical work and SOT work, respectively. On the one hand, as a SOT-influenced supervisor and clinical educator, I am delighted when supervisees demonstrate an ability to "think culturally." I believe that clinicians are thinking culturally when they demonstrate an ability to consider the multitudinous ways in which the dynamics of culture and the presenting problem may be intricately intertwined, as well as when they consider how these dynamics also contribute to the shaping of the therapist-client relational process. Shoshanna's attention to José's ethnic/cultural background was a consideration that I welcomed, even though I disagreed with her assertion. More importantly and certainly more significantly for me was the fact that this occurred to the exclusion of any examination of his gender, or the race and gender of the men involved in the other cases.

Of course, I believe that Shoshanna "saw what she was looking for" in the case of José. She had an unexamined belief, which she later disclosed: that Latin men were Casanovas. She further suggested that this belief probably "unconsciously" fueled her attraction to Miguel, a Latin male who eventually became her partner and one who, unfortunately, cheated on her. I am aware that one plausible hypothesis about this case would be that Shoshanna was dealing with a counter-transference issue and that her unresolved feelings about Miguel may have been inappropriately directed toward José and Adrianna. While I don't necessarily endorse this hypothesis, the underlying dynamics are more systemic and complex. I believe, for example, that Shoshanna possessed well developed ideas, perhaps even prejudices and biases about Latinos that pre-dated her relationship with Miguel. Similarly, I believe that Shoshanna's lack of attention to gender and race (e.g., whiteness) also had much to do with well entrenched, preconceived beliefs that she had about white men that had little to do with the psychodynamics of her relationship with Miguel. Interestingly, she "saw" both Miguel and José as unfaithful Latinos and not as unfaithful men. In terms of our paradigm, it is conceivable that Shoshanna is much more likely to "see" infidelity with

Latino men because she is more likely to look for it. Like so many of us, she sees what she looks for!

The phenomenon of "seeing what we look for" is very closely related to the process of self-referencing. Postmodernist theorists have used the term "self-referencing" to refer to the process whereby we construct reality based on extractions from our subjective experiences that we ultimately treat as objective truths. The process of self-referencing and the construction of reality are almost always inextricably tied together. The following vignette provides a poignant example of this phenomenon.

Small feet

It was only my second therapy session with Cassandra before she became obsessed with the size of my feet. Five minutes into the session, she stated rather wryly and inexplicably, "you have small feet." I didn't know her very well and was uncertain what to make of the ill-timed, seemingly random, and irrelevant disclosure. So, I ignored her comment. Minutes later with a slightly elevated sense of amusement and animation she stated, "Damn! You REALLY have small feet." This time, I offered a slight, somewhat forced smile, nodded my head affirmatively and gave a cursory response, "uhm." After 10 minutes of discussion about her son, she interrupted herself and abruptly stated, "YOU REALLY HAVE SMALL FEET!!!!!!!!" Her utter amazement, persistence, and animation made it impossible for me to ignore her claims any longer. Still unsure about how to respond to her observation, I found myself thinking in ways that I rarely do clinically. "Is she psychotic?" "Is this some form of foot fetish?" "Is there something about her feet that I should be curious about?" I was at a loss about where to go with her persistent intrusive outbursts. As I took a few minutes to gather my thoughts, and the minutes began to feel like hours, I decided to quickly look at my feet, and as I glimpsed at mine, I also noticed her feet. Now, at least some part of our interaction began to make sense to me. Her feet (at least by my subjective standard) were huge! While I was unsure about the actual catalyst for her observations and assertions, it was clear to me that my feet were very (amazingly) small when compared to hers.' I, on the other hand, found her feet to be very (amazingly) large based on my notion about what constitutes small (self-referencing). As it turned out after many sessions of feverishly searching for a deeper hidden meaning, I decided her discussion about my small feet was actually about my small feet (and perhaps especially in relation to her large feet).

This vignette offers an excellent example of the nuances of self-referencing. While both my and Cassandra's assessments of each other's respective foot size appeared to be based on an independent objective observation, we both, I assume, used our selves (i.e., feet) as reference points.

Interestingly, I was reminded of the pervasiveness of self-referencing while giving a speech recently to a large group of social workers. I told the story of my client Cassandra in the exact same way I have documented it in this article. Immediately following my speech, a red-faced, visibly irate, heavily breathing female member of the audience raised her hand to ask a question. However, before she could completely ask her question, she began screaming at me. She was obviously upset. She began by stating, "You are a hypocrite! You of all people. You're constantly talking about diversity and cultural competence and do something like you did here today for a cheap laugh. Yeah, it was funny and you got a good laugh from the audience BUT at whose expense? At whose expense, Ken? I will tell you at whose expense… WOMEN!!!!!" The room of 300+ people was overcome by a deafening silence. The air in the room was thick and tense and I was unsure exactly what I had done. As I stood quietly but attentively at the podium, she continued, "I can't believe how oblivious you seem to be to the fact that your cute little story perpetuates the ways in which women have to constantly worry about meeting sexist and patriarchal notions of beauty. I resent the fact that you, particularly in light of what you claim you stand for, would support the crap that suggests that women have to have small feet, flat stomachs, big "boobs" etc., etc. I can't believe you would support this, Ken, and I am hurt and disappointed in you."

The interaction between the unnamed audience member and me once again highlighted the significance and pervasiveness of self-referencing, although the manifestation of it differed slightly from the example highlighted in the vignette. The interaction, moreover, mirrored the countless number of exchanges that often occur between and among well-intentioned people on a daily basis.

It was interesting to me that the audience member construed my remarks as an assault on women and that I had remained virtually oblivious to this possible interpretation. As I thought critically about her feedback, one of my initial thoughts was "but I never stated that she had big feet **for a woman**!" The more I thought about it, the more I was absolutely convinced that had Cassandra been a man, I still would have considered her feet to be huge (largely based on the size of my feet). So, I found myself increasingly perplexed by the feedback that I had received from the audience member. As I continued to reflect on this experience and to discuss it with colleagues, I was able to develop a deeper level of understanding about the dynamics of the interaction. Although I never asserted that Cassandra had big feet for a woman… she was a woman… AND… I was a man making the observation. In fact, I am certain, at least now that the SELF that I referenced in the interaction was not just the part of my SELF with substantially smaller feet, but also the part of my SELF that was, in fact, male.

Similarly, I am now convinced that the audience member's reaction and feedback to me was profoundly shaped by the part of her SELF that was female, and who had been teased most of her life, as she later reported, for having "large feet for a female." Not only did the incessant teasing anger her, but it also left many unhealed scars, she later admitted to in a somewhat sullen tone of voice. It was intriguing to me that while she was thinking acutely about the gender implications of the small feet story, that she didn't (nor did I at the time) consider that maybe Cassandra's fascination with my small feet was also informed by gender. I later thought "was she (Cassandra) saying to me that I had small feet 'for a man'?" Or, as several male colleagues later pointed out to me, "Come on man, you know she WASN'T really talkin' about your feet… you know what they say about men with small feet and small fingers!"…carrying obvious sexual anatomical implications.

My point in painstakingly alluding to the details of these interactions is to emphasize how significant and widespread self-referencing is in our everyday interactions. It is my intention to highlight just how complicated and convoluted seemingly simple interactions can become when laced by unacknowledged acts of self-referencing. The self is a powerful filter through which most, if not all, of our interactions flow.

The self as a major organizing principle

The ubiquitous nature of the self as an organizing principle is the second major tenet of a SOT Philosophy. Hardy and Laszloffy (1995) describe an organizing principle as a basic construct that shapes attitudes, beliefs, and behaviors. As such, the self is a major prism through which we both see and experience the world. It not only dictates what we see, but also has an appreciable influence over how we see others, how we see ourselves, and how we believe others see us. As clinicians, so many of the questions we pursue or the "facts" that we "choose" to explore or ignore are all shaped by notions of the self. For example, as an African American Clinical Supervisor I cannot count the number of times that I have directly observed well-intentioned white therapists ask clients of color: "So, how do you feel about working with a white therapist like me?" While these types of questions appear benign and culturally sensitive at first glance, they often mask the more complex thoughts, reactions, and emotions that prompt the question. The SOT is revealed through the question although not overtly.

In asking the question, is the therapist saying but not saying, "I am feeling very white at the moment and I am wondering if I am going to be accepted by you"…or… "I am aware that I am a little uncomfortable with you and I am wondering if you are feeling the same" …or… "it would certainly help me to relax more if I knew how you (client of color) felt about me racially"? I am not issuing a *cease and desist order* with regard to questions like these. However, I

am suggesting that even in a seemingly simple question that may appear clinically indicated, the self is of paramount significance and warrants careful scrutiny. The process of scrutinizing the self is much easier stated than done. There are two recurring issues that often impede even the best of the well-intentioned therapists from successfully examining the self. These issues are: (a) untrained eyes; and (b) simplistic and static definition of the self.

Untrained eyes

The eyes have to be trained to thoroughly and adequately examine the self. Assigning (untrained) eyes the task of scrutinizing the self is a challenging undertaking. The emotional connections involved in self-scrutiny, for example, make the process more challenging than when one is the subject of an external review. Being embedded in a network of relationships, especially where there are emotional connections and entanglements, significantly shapes how we see things and the judgments that we employ. Whether in the case of a therapist or surgeon working with a family member or a police department investigating itself, the individuals' respective realities and decision-making will be significantly influenced by their emotional and interpersonal entanglements in the system.

Fortunately, in the world of therapy, untrained eyes can be trained to see one's self more comprehensively. When therapists' eyes are trained, they become more self-inquisitive. They are not only curious about their clients' lives and the process of therapy, but become curious about themselves as well. They begin to ask as many self-reflective questions about themselves as they may ask clients. Furthermore, they are much more likely to be aware of the reciprocal nature of the therapeutic process. In other words, when their eyes are trained, therapists are not only cognizant of how they impact clients' lives but are equally aware of the ways in which they are affected by their clients and the therapeutic process. In this regard, the therapist does not perceive one's self as a *tabula rasa*, i.e., a blank slate. The therapist with trained eyes *sees* one's self as a potentially fallible soul who is the depository of an ever-widening array of experiences that shape how s/he sees the world as well as how one is seen.

Over the years, I have trained and supervised several hundreds of therapists so it would suffice without saying that I have seen virtually every type of clinical scenario and therapist imaginable. Because the bulk of the work that I do is based on a SOT philosophy, I work with many therapists with untrained eyes. Rasheea, a middle-aged, African American female therapist with over 10 years of clinical experience in working with couples and families, was my most recent example. She is a very skilled therapist who easily establishes rapport with all of her clients. The following vignette is based on a live supervision session I had with her months into our training.

It ain't nobody's business

It was Rasheea's first session with her new client Clarice, and most of the session was devoted to acquiring basic background information that would help her create an effective treatment plan. She asked Clarice a host of personal questions ranging from her marital status to her sexual history. After 20 minutes of asking a host of well-conceived, well executed, and appropriate systemic questions, Rasheea seemed to have a good understanding of Clarice and the life circumstances that brought her into therapy. Clarice, in turn, felt understood. She became increasingly relaxed during the session and her words began to flow more smoothly. She appeared relieved and appreciative of what appeared to be a nicely developing bond with her therapist. Some time later, Rasheea asked: "…so do you have any questions… is there anything else that I can address for you?" Clarice paused momentarily and then said "yes, how old are you?" Rasheea seemed slightly stunned and perplexed by Clarice's question. She hesitated, turning her head from side to side before glancing up at the ceiling around her office, with a blank face, as if looking for an answer. After a prolonged pause, she replied: "I am not sure why you need to know that. My age is irrelevant." Clarice sat quietly and appeared embarrassed. As she continued to sit quietly and motionless, the tension in the room seemed to increase dramatically. Both Rasheea and Clarice were visibly uncomfortable. Finally, after the elapse of what felt like a very long minute and a half, Rasheea again turned to Clarice in a soft and definitive tone and once again said, "Yeah, I don't think my age is of any importance here."

Unfortunately, and predictably, Rasheea was without any self-focused curiosity. She was only free to generate hypotheses about Clarice's *real* intention for raising the question in the first place. She was convinced that Clarice was being evasive and manipulative by raising the question. Clarice's intention, according to Rasheea, was to remove the intense scrutiny from herself and place it on the therapist. It is certainly conceivable that she wanted to avoid additional scrutiny and deflect attention away from herself. Even with this assertion as a distinct possibility, I remained curious about Rasheea's reaction to the question.

I, along with the remainder of the supervision team, encouraged Rasheea to think more critically about her emotional reaction to the question and how she managed it clinically. Her response was interesting and revealing! "I don't care why she was asking or why she might have believed that she needed to know my age, my age is my age and it ain't nobody's business, I don't care what the context is." All of you can sit here and pretend to be stupid all you want. You don't ask someone, especially a woman, and publicly (referring to the team) what her age is unless, of course, she is 21.

Our supervisory discussions were helpful and elucidating. Rasheea had a number of deeply entrenched gender-related messages about age that tended to taint her interactions with Clarice. Many of her internalized messages about age were solidly embedded in our society's script for middle-aged and older individuals, especially women. During the more vulnerable moments of our supervision, Rasheea talked openly and painfully about what it meant to be a graying, aging older woman. "No matter what you know, or where you have been or what you have contributed to society, it is so much harder to be noticed now. And, when I am, the subtle messages often suggest that I am outdated, beyond my time with little to nothing to offer. It seems unfair and it is very difficult to swallow," she tearfully stated to the team. The presence of these issues made it near impossible for Rasheea to respond in a more helpful way to Clarice when she inquired about her age.

Trained eyes unfortunately will not de facto erase all the feelings and internalized messages that Rasheea has about age and the aging process. However, the process of developing trained eyes will assist her in beginning to examine what her age means to her and others more critically. It will also help Rasheea become more curious about her reactions, actions, inactions, etc., especially in regard to, although not limited to, age and gender. With trained eyes, therapists like Rasheea will be much better able to generate clinical hypotheses about themselves as well as their clients. They will be able to understand intuitively, over time, that a good therapeutic assessment involves as many questions and curiosities *about the therapist and the therapeutic process as it does about clients*. And finally, the development of trained eyes plays a crucial role in helping therapists think about their "selves" in a much more complex way.

Simplistic and Static Definition of the Self. Thinking of the self much too narrowly and simplistically really makes it difficult if not impossible to thoroughly examine the self. It is rather commonplace to think of the self in singular static terms. Terms such as *your self* and/or *my self* certainly perpetuate the notion that 'the self' is comprised of a singular entity. In this regard, many of us are encouraged to think of the self in very simplistic terms. We are also socialized to think that the self is static, that is, constant over time, space, and place. This view of the self has given rise to most of our conceptualizations about concepts such as self-esteem and self-concept. These concepts imply that the way(s) in which we appraise ourselves occur(s) in isolation, stripped of relational influences. For example, low self-esteem and/or possessing a negative self-concept are often considered individual phenomena. These concepts are seldom considered relationally and/or contextually. Thus, it is possible for one's sense of self to shift as one's context shifts. A more holistic, fluid, relationally-based definition of self is a necessary precursor to developing the skill to see one's self with sharper scrutiny.

Both *untrained eyes* and *simplistic/static definitions* of the self create a kind of (self) blindness that is akin to having one's pupils dilated. Although some separation of these concepts was necessary in this paper for explanative purposes, in actuality the two are highly interlinked. Thus, one of the first major steps in developing trained eyes is having the ability to see the self more complexly, yet accomplishing this feat requires one to have trained eyes. The point here is that the process of seeing one's self is a process. It is challenging work that is ongoing, complex, and multifaceted. All of this leads to the third and final tenet of a SOT philosophy.

The self is comprised of multiple dimensions

One of the hallmarks of this approach to SOT work is based on the idea of a *multidimensional self*. Each of us in a sense has several *selves*. Although our language is constructed in a way that makes it easier to talk, for example, about my*self* rather than my *selves*, the latter is probably a more useful way of conceptualizing the self. However, in light of the linguistic awkwardness of talking about multiples selves, the use of terms like the *Multidimensional Self* or *the multiple dimensions of the self* to refer to this concept are recommended and preferred. The belief in a multidimensional self is largely tied to two core assumptions related to the evolution of the self. The first is that the self is developed within a web of relational connectedness; and secondly, the self is always embedded in context, which is a powerful and pervasive organizing principle. Because the self participates in numerous relationships, across a variety of contexts, in multitudinous ways over a protracted period of time, there are potentially an infinite number of dimensions that comprise the self, and the relative significance of these may vary from circumstance to circumstance, individual to individual.

The self and relationships

Given the relational view that is espoused here and within the SOT framework, this section could easily be entitled the *self "in" relationships*. The self both powerfully shapes relationships and is powerfully shaped by relationships. It is virtually impossible to focus on the self without devoting keen attention to the significance of relationships and relational connectedness. Many theorists dating back to the germinal works of Sigmund Freud (1961), Harry Stack Sullivan (1968), John Bowlby (1969), and Erik Erikson (1963), as well as the contemporary works of Judith Jordan (2002) and Deborah Luepnitz (2002), have written about the relationship between the developing self and relational/interpersonal connectedness. Many of these works have attested to the significant impact that relationships, particularly during the early developmental years of the human being, have on a wide range of personal factors ranging from personality development to one's capacity for

bonding and attachment. Unfortunately, fewer works, on the other hand, have examined the developing self over the lifecycle and the impact that all types of relationships have on notions about the self.

This MRP that informs this SOT philosophy is based on the premise that as human beings we are always in relationships, and that all relationships are influential, although the actual degree may vary from circumstance to circumstance. As such, there are no disposable relationships and all relationships impact us—good ones, bad ones, ambivalent ones, and sacred ones. It is the participation in multiple relational networks that helps to nurture the various dimensions of the self. The clinical vignette highlighting Rasheea's work with Clarice is an excellent example of this point. Although their clinical relationship ended rather abruptly, Rasheea "benefited" from the experience nonetheless. Her interactions with Clarice were instrumental in helping her to develop a much more sharply focused sense of the dimension of (her) self that was defined by age. The supervisory process enabled Rasheea to explore the numerous ways in which she was struggling with the aging process and it was reshaping her view of herself and how she believed others' perceived her. One of the perspectives that informs this SOT approach is that relationships provide a window through which we can gaze at the soul of our *selves* and begin to develop a more comprehensive and integrated multidimensional perspective.

The self and context

It is just as difficult to consider the self void of context as it is to view the self detached from relationships. Since "context" as discussed in this paper is comprised of relationships, we consider "relationships" and "context" to be one and the same, yet they are different. Context not only involves and/or refers to "relationships" but also to the experiences connected to them. When introduced to someone who has *grown up in a context of poverty*, for instance, what is being referenced, albeit implicitly, has to do with a specific experience (poverty) that is also presumed to be one that is shared with others (relationship). Context, within this SOT framework, is much broader and inclusive than is the reference to relationships.

Context is the social, psychological, emotional, and cultural "place" in which we are embedded. It is physical as well as metaphysical. Context provides a particular and often unique vantage point from which we view the world, the self, and others. As in the case with relationships, context shapes the self and the self profoundly shapes our contexts. As our contexts shift so do our relationships, and as these shift so does our sense of self—as our sense of self shifts so does our reality—as our realities shift so do our contexts. Thus, the multidimensional self is the culmination of our relational connectedness and embeddedness in contexts.

The self and social identity construction

The multidimensional self is also inextricably tied to various social identities that each of us possesses. Each of us has a myriad of identities that are socially constructed and derive their meaning from the sociocultural/sociopolitical contexts in which they are embedded. Race, class, gender, ethnicity, religion, sexual orientation, and age are all excellent examples of identities that are socially constructed. Each of these informs the other and is informed by the other. For example, one's religious identity will in fact shape how one thinks of one's gender… how one defines one's gender identity will also affect how one perceives one's religious identity. The number of selves that contribute to who and how we are vary in scope and number. For example, I am not just a therapist. Instead, I am a therapist who is also African American, cis-gender heterosexual male, middleclass, able bodied, English speaking, and a USA born citizen. Each of these selves provides a prism through which I see the world around me and how I believe the world sees and responds to me. The processes oftherapy and supervision do not alter or obliterate these realities just because we proclaim them to be objective and value-free.

Conclusion

Training and supervision informed by a SOT approach that is shaped by a MRP is centered on encouraging trainees to engage in a perpetual process of self-examination, self-interrogation, and self-reflection (Hardy & Bobes, 2017). Whether trainees are actively engaged in didactic courses or clinical practice, the focus on developing a comprehensive understanding of a *multidimensional view of the self* as well as the process of *self in relationship to other* is an ongoing process. As noted earlier, developing trained eyes, embracing the subjectivity of reality, and developing a much more fluid definition of the self are the rudimentary conceptual skills that are a precursor to the development of a concept of a multidimensional self. Trained eyes enable one to see both the interrelatedness and complexity of the human spirit; to see the ways in which we are always entangled in a web of mutuality; and finally, to be ever mindful of the ways in which one affects and is affected by those with whom they interact.

The enhanced ability to see one's world more complexly and more relationally paves the way for appreciating the subjectivity of reality, and how the *what/how* one sees largely depends on where one stands. Understanding, accepting, and appreciating how I see the world based on my context vis-à-vis how another sees it based on their context and vice versa is the foundation of the self in relationship to other process. This dynamic is magnified when one begins to develop a multidimensional view of the self and recognizes that "the self" is comprised of many dimensions.

The MRP approach to SOT work when applied to training and supervision is designed to assist trainees develop a more comprehensive and complex understanding of who they are and how this affects their roles as therapists. While this approach recognizes the centrality of family of origin experiences and subsequent personality dynamics in the shaping of one's role and temperament as a therapist, it also places considerable emphasis on the dimensions of diversity (e.g., race, class, and gender) as well. To this end, trainees are not just encouraged to explore their respective family of origin experiences but also to their experiences with power, privilege, and subjugation as it relates to race, class, gender, sexual orientation and all of the other sociocultural factors that help comprise who they are (Hardy & Bobes, 2016). This is the first step toward ensuring the provision of a more accountable, socially just, and culturally attuned therapy.

Declaration of interest

No potential conflict of interest was reported by the authors.

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