Part I

Seeing

The Choices we Make

Eyes have they, but they see not. (Psalms 115:5)

Fay Weldon's short story (1981), *Man With No Eyes*, is a goldmine of pathological family processes (*PFP*s): A downtrodden, anxiety-ridden mother, afraid of her domineering husband, is determined to preserve her marriage

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for the sake of their two young daughters. The story gains special poignancy through repeated references to a scary, mysterious *man with no eyes*, symbolizing both her father (who had deserted his wife and daughter), her husband, who is totally blind to his family's needs, and herself, who ignores the harm that will come to her daughters if she stays in her pathogenic marriage.

Unseeing spouses and parents are not a rarity in real life; they are certainly familiar to those engaged in family therapy. Many people do not see. The consequences of such metaphorical blindness can be far reaching: when there is no insight into our own motives (and into those of others), we are on auto-pilot, we repeat our own past behaviors, dysfunctional as they may have been, unquestioningly copy the acts and opinion of others, bring unhealthy patterns of behavior from our family of origin to our nuclear family, all this without examining what builds relationships and what destroys them. Unless we stop and reflect, we cannot learn from past mistakes, and so we find ourselves in the same painful situations again and again.

It is our contention that such blindness (serving as the subject of Chapter 1) is an acquired response. For some individuals it serves as a defense against painful involvement, so common in human relationships. For them not seeing is first a choice, then a habit. Many others use blindness by default, having been surrounded by unseeing adults in their formative years. This type of learning is of special importance in the life of families. To a large extent, man's being a link in the human chain, "one segment of history," as Erikson (1963, pp. 268–269) put it, is based on our ability to carry out observational learning or modeling. This highly effective and ubiquitous social mechanism was defined by Hogg and Vaughan (2011, p. 651) as "The tendency for a person to reproduce the actions, attitudes and emotional responses exhibited by a real-life or symbolic model." Having observed our parent figures during the early stages of our life, each of us mirrors, to some extent, an internalized version of them. In our turn, we use the same mechanism to shape the generation that follows us: what children see and copy from their parents' conduct, shapes their behavior toward the world in general, and toward their spouse and offspring, in particular. Such shaping is essential for the continuation of culture in all its aspects. It is also the vehicle for the *transgenerational* transmission of PFPs.

Here is how Erich Fromm described this facet of the principle underlying transgenerationality: "The child is usually defeated by the superior strength of the adult, but the defeat does not remain without consequences; it would seem to activate a tendency to overcome the defeat by doing actively what

one was forced to endure passively: to rule when one had to obey; to beat when one was beaten; in short, to do what one was forced to suffer, or to do what one was forbidden to do" (Fromm, 1977, p. 317). Alice Miller, a Swiss psychologist and psychoanalyst, also commented on the transmission of PFPs from one generation to the next: "If these people [who were traumatized, as children] become parents, they will then often direct acts of revenge for their mistreatment in childhood against their own children, whom they use as scapegoats" (Miller, 1990, p. 282). Virginia Satir, a key figure in family therapy (1988, p. 212), used the term "family blueprint" in this context, to emphasize the crucial influence of personal history in parenting: "I have heard parents lament," she wrote, "'I did not want to be like my mother and father, but I am turning out exactly like them.'" Of course, we must point out that not only painful, dysfunctional behaviors are copied from the adults we meet in childhood. In functional families we learn from them to be kind, thoughtful, and empathic; we can imitate a father's sensitivity, a mother's humor, and a grandparent's endless patience, as well.

Knowing that our children grow up "in our own image", that our behavior towards and in front of them is noted, stored, and eventually retrieved is only one aspect of *seeing*. The blindness vs. seeing issue concerns individuals' responsibility for being aware of the needs of other members of their social sphere, as well: first and foremost other family members (though in this book we focus on the latter, circles widen from friends, through colleagues, to society at large). For individuals to be able to gain insight into their own situation and to help themselves and their families (on their own or through a therapist) they need first to identify what troubles them, then to arrive at sounder structure and more congruent communication, and to become aware of the existence of healthy family patterns. For spouses to be able to avoid drawing their children into their marital conflicts, even when they are under stress, they need to comprehend the significance of a healthy spousal coalition; to avoid power struggles, to know that any private victory is a defeat for the family system, they need to understand the value of equality and teamwork. And (to return to parenthood) only those parents who see that the function of families is to satisfy every member's needs for security, affection and appreciation, are in the position to ask themselves and each other, whether the family does indeed provide such satisfaction; only self-aware parents can respect their children and their children's needs, rather than use them for their own needs; only they are able to encourage a sibling coalition, instead of setting their children against each other; only

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they can nourish them during the critical years and let go of them when they mature.

The first part of this book therefore attempts to help the reader identify what happens to and around individuals in their family circle, to encourage them to try out various alternatives, to give them more choices, more conscious control over relationships. It is our position that one can choose not to continue on a dysfunctional path, one can unlearn what has been learned.

1

Blindness, or With Eyes Wide Shut

Go, you seer, flee away. (Amos 7:12)

It takes time for newborns to develop the ability to see the world around them, to focus on stationary objects, to follow the moving ones, and to use the information contained in patterns and colors. Developing another kind of seeing, unrelated to the optic nerve, also takes time. Here we are referring to the ability to look into oneself and into others, to see – somewhat

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paradoxically – of all things, those that are not apparent to the eye. The paradoxical nature of metaphorical seeing was made even more blatant by the existentialist psychotherapist Irwin Yalom (1993, p. 163), one of whose characters says that "sometimes I see better with closed eyes," perhaps because appearances always hide some underlying stratum. Such non-physical, non-literal seeing has important implications for both intra- and interpersonal situations.

In the intra-personal realm many individuals have the ability to arrive at an understanding of themselves through conscious reflection. For some others the clear perception of their own needs and drives may occur suddenly, as in a flash. These two types of seeing respectively correspond to the conscious and preconscious layers of personality. Yet the cornerstone of all psychodynamic theories, such as Freud's or Jung's, is the emphasis on unconscious motivation. The latter implies that a considerable portion of our behavior is driven by motives to which we are blind. Psychotherapy is concerned with the gaining of *insight*, or the bringing to light of hidden, dark corners of one's life (see Chapter 3).

When it comes to social relationships, any inability to see oneself tends to spread to significant others: we cannot see others without first seeing ourselves. A further complication occurs when a person's inability or unwillingness to see leaves unsatisfied the surrounding persons' need to be seen. The gap that occurs may have far-reaching consequences: Murray Bowen, a psychiatrist who was one of the pioneers of family therapy, threw light on the family dynamics that made individuals within families choose pathogenic coping mechanisms, rather than look at the underlying family currents (Kerr and Bowen, 1988).

Seeing one's own needs and motives or those of others involves several stages. First one must stop. This is not an easy undertaking, for we tend to continue our ongoing activities, in spite of various internal and external interruptions. As is the case with the related tendency toward homeostasis (discussed in Chapter 5), this inclination is often very useful, for it keeps us on track. However, occasionally it also prevents us from examining our experiences, from giving ourselves an account of what is happening to us and around us. So first of all – stop. Then reflect. This is another difficult task, requiring conscious effort. Reflection (a form of introspection) involves self-questioning and re-examining one's emotions, thoughts and behaviors; as such, it forms the basis of learning about ourselves and about our relationship to our social environment. Bennett-Levy (2003, p. 18) considered this capacity to re-present and analyze past, present, and future

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events as a unique human skill. Only after having thus stopped and thought reflectively, can one claim to have embarked on the process of gaining insight.

Keeping achieved insights to oneself offers limited benefits within the family context: one must put to use such self-observations by acting upon them and by sharing them with one's intimate circle. A circular process is likely to be set in motion, for the more one shares knowledge about oneself with significant others, the more they will be ready to share their insights, resulting in increased closeness.

Family dynamics, similarly to other interpersonal situations, may be characterized by the type of communication that typically takes place in them (more about family communication patterns on pp. 74–75). Communication, however, is not an entirely transparent process. Every human activity conveys meanings at several levels: concrete and abstract, manifest and latent, iconic and symbolic. Uninvolved, observant outsiders are more likely to see both overt and covert levels than the concerned parties, for the former are not threatened by connotations and associations. Messages used within the family have (at least) three layers of meaning (Kramer-Moore and Moore, 2002, pp. 25–31. For a thorough discussion of the possible interpretation of messages see Eco, 1990). We shall refer to these as an overt, manifest meaning, visible to all (Layer A); a hidden meaning, both intended and disguised by its sender (Layer B); and a deep layer, to which the portrayer is blind, and which is visible to some observers, hidden to others (Layer C; see Box 1.1). Valesio (1980, pp. 41–42) referred to the mechanism underlying the latter as one "that speaks through the speaker-writer, often against his intention." These three layers are analogous to the public, hidden, and blind regions, respectively, of the Johari window of self-awareness (see Luft, 1969). We consider the gaps among the three as the source of dysfunctional communication.

Box 1.1 Circles within circles

Fairy tales are a perfect source for illustrating layers of meaning; not unlike myths, these stories for children contain more than what meets the eye. In his analysis of several popular tales (such as *Jack and the*

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Beanstalk, *Little Red Riding Hood*, and *Cinderella*) the psychologist Bruno Bettelheim (1976) used psychoanalytic techniques to reveal their covert meaning; others (e.g. Tatar, 1992) applied tools taken from additional disciplines to go beyond the surface message delivered by bedtime stories.

We shall use Grimm's (1944) *St. Joseph in the Forest* tale to exemplify the three layers:

Layer A: a mother loves her selfish daughter rather than her well-behaved, pious one. Disguised as a beggar, St. Joseph discovers their true mettle; rewards the good daughter, kills the bad one and punishes their mother.

Layer B: human judgment is erroneous, but God "tries the reins and the heart." Or, we should be always considerate and giving to others, since we do not know who has the power to punish us.

Layer C: a mother may play favorites with her children, as long as she prefers the good one. Furthermore, as a mode of behavior, self-sacrifice is preferred to self-preservation, and even to fair sharing of food. Only the professional reader will see that both of these Layer C messages are pathological from a psychological point of view.

Dangers, Taboos, and Punishments

Seeing is a potentially dangerous exercise: the readiness to look at some previously well-camouflaged areas of our life, and thereby gain the opportunity to employ healthier coping strategies can have painful consequences. Making others see is no less dangerous. The often violent rejection of seers has been told many times both throughout history and literature; it has continued in some modern societies, where those who criticize the establishment or do not turn a blind-eye to corruption can find themselves in physical danger. We know of entire political systems that have invested incredible amounts of energy to prevent their citizens from seeing: the Third Reich disguised its extermination camps as work camps; the Soviet Union flooded its mass media with slogans and lies. Anyone who dared to see presented a threat and was silenced. Seeing and saying – the theme that underlies this book – is a particularly apt description of what whistleblowers do (apologies

for mixing metaphors), quite often exposing themselves to danger by saying what they see.

Within smaller, more intimate groups, such as the family, similar processes occur. Some family members are blind, others can see in varying degrees. Some keep quiet, while a few have both the courage and the energy to speak up. The latter often take on the role of the Identified Patient (IP): This is the symptom-bearing family member (the "official patient" in Nichols and Schwartz, 2006, p. 446), whose asking for help may indicate the presence of an underlying family conflict. In individual therapy it is naturally the IP who is treated, often having been sent by the family, whose overt message is: "There is something wrong with this person, s/he needs to be changed!" But there is an underlying, layer C message, as well: "This person sees too much, make her more blind to the cause of family pain!" Let us hasten to add that IPs can be as blind as the rest of the family to the connection of their plight to some dysfunctionality in the family, yet their involuntary cry for help can draw the therapist's attention to its systemic source.

Identified Patients

We shall diverge for a moment, to point out that the practice of family therapy – not unlike other theory driven endeavors – does not rest on a single, universally accepted psychological theory. Take, for example, the meanings given to the so called Identified Patient by different schools of thought. The founder of structural family therapy Salvador Minuchin (1974; Minuchin and Fishman, 1981), along with other proponents of system theories, suggested that the IP expresses the dysfunctionality of his or her family. Therefore a reduction of the IP's symptoms is made possible only through a change in the entire system. According to the Satir model of family therapy (Satir, 1983) the IP's symptoms are an SOS call regarding family pain. Virginia Satir is also a system theorist: "Each member in the system is a most significant factor in keeping the system going as it is or changing it. Discovering your part in the system and seeing others' parts is an exciting, although sometimes painful, experience" (Satir, 1988, p. 136). NIDA (the American National Institute on Drug Abuse) has taken a similar position: in their publication on family therapy for adolescent drug abuse (2008) it is suggested that the IP (in this case the drug-abusing adolescent) is branded by the family as the problem, not recognizing that the real problem lies in

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the family's habitual and rigid patterns of interaction. Other theorists, especially those identified with constructivism (e.g. Seikkula, 2002), reject the direct and necessary connection between the IP's symptoms and the family's underlying conflicts. Instead, they suggest that the lives of families are, to a large extent, shaped by the stories and beliefs they construct about themselves. These constructions (not unlike the destructive sayings and myths treated in Part II of this book) can be extremely powerful, hindering the family from using alternative options and functional coping mechanisms. Michael White's (2007) narrative therapy approach is an attempt to rewrite these stories, so the family can, as a group, take control over their life, rather than letting the symptoms control it. The constructivist approach recognizes the embeddedness of the family in a larger cultural context which both contributes to the family's construction of the conflict that distresses it, and is continuously constructed by it.

Our clinical experience leads us to believe that IPs, be they children or adults, are inescapably connected to their intimate social circle. If they go into therapy by themselves, at best they can cut themselves off; at worst their family ties them down and uses them to further its own agenda. A systemic approach is needed, where the family dynamic is unraveled and functional communication within the family is established so that the IP can stop being the outlet for family pain. The IP is not the only one who gains from this development: the rest of the group can go on with their lives without feeling obligated to sacrifice themselves "for the sake of the family."

A Continuum of Blindness

As dangerous as seeing may be, the prices of blindness are far greater. The psychologically blind harm both themselves and their significant others: they are not in touch with reality, accept no responsibility for things that do not work, and therefore are unable to correct them. Though they may be physically surrounded by people, emotionally they are alone. What they do not see starts with their own traits and behaviors: "Me, a control freak? You must be kidding!" Blindness then extends to others: their spouse's misery, their daughter's anorexia, their son's depression, another relative's sexual abuse.

Before continuing we must confess to a bias, already apparent in the last passage. Our point of view in this book in general, and vis-à-vis blindness in particular, is influenced by the Western, democratic societies we live in, and

by our orientation as humanistic psychologists. We are aware of the fact that these ideologies are not shared by all (see, for example, Dwairy, 2006) and that, under certain circumstances, not seeing may be preferable to seeing. This might especially be the case in cultures that promote reticence, reserve or shyness, and where not conforming to these values may endanger both one's physical self and psychological well-being (more on this in Chapter 3).

Being able to see is not a matter of all-or-nothing, so we can point out several stages along a continuum:

Total blindness

When interviewing families in which at least one member is miserable, we commonly hear such opening declarations: "We have a great marriage!"; "We treat/love all our children equally!"; "I have no problems"; "Everyone says I'm such a great mom." These individuals see and blame only the external world. They typically take no responsibility for internal processes and do not invest any energy in attempts to understand what lies behind some family members' misery. Disturbing events are all attributed to sources external to self (an example of situational rather than dispositional attribution; see Aronson, Wilson, and Akert, 2010, p. 439). With their self-centeredness, such blind family members are likely to have poor interpersonal relationships, regard those who obstruct them as either bad, manipulative, or stupid, without seeing their own contribution to frustrating events. To protect themselves from the acute suffering that would result from seeing, they refuse to let go of their defense mechanisms, condemning themselves and those around them to chronic misery, with no hope for development and change.

The totally blind – often anxiety ridden and suffering from low self-esteem – do not seek help, but occasionally they are dragged into family therapy by another, better sighted family member. They are likely to become resistant clients who do not benefit from therapy, often adding the therapist to their black list. A frequently heard statement from them is "I don't believe in psychology," whose Layer C is "Don't show me anything that can hurt."

Tunnel vision

Though they also look only for external causes and tend not to realize their own contribution to family suffering, some people may be aware of the existence of a general family problem: for example, "All children

are ungrateful"; "No marriage is perfect, so why keep talking about it?"; "They don't appreciate me out of envy." Each of these speakers admits the existence of a problem but blames someone else for it. Such blaming inevitably entails the belittling of others, thus causing further conflict (more on this in Chapter 8). Yet the recognition that something is wrong may bring such individuals to seek professional help, which is the first step towards regaining sight.

Partial vision

"I see the problem. I realize that I'm at least partially responsible for it." Yet with these persons the pain of this realization (as in "I ruin every relationship I enter") is so great, that they cannot afford to look at the underlying causes either in self or in others. Instead of healthy coping, the process is likely to stop at self-loathing or even to lead to depression. They drown in their misery, unable to see the other, including the other's share in this process. Neither can they analyze what it is in their behavior that contributes to family distress. This stage involves mourning, a feeling of great loss, including the loss of safety that would result from being able to blame others for one's own lack of success. As with other instances of mourning, one has to go through several stages until acceptance is reached. When this partial insight is gained in therapy, the process cannot stop here, for the losses outweigh the gains.

Broad vistas

When individuals can see both their contribution and that of the other, when they are able to discern what in their behavior triggers unpleasant, unwanted responses, they are on the right path. At this stage they are able to assume responsibility for their share in the family's stressful dynamics without blaming themselves or others. The acceptance of imperfection and the ability to perceive the systemic aspects of family life are characteristic also of individuals who have gained much from therapy. Their voyage is not over, for they may still benefit from learning healthy coping mechanisms, for *seeing* and *saying* are both necessary for the maintenance of healthy relationships.

Clear vision

This is probably an unattainable goal. We all have our blind spots; we all resort occasionally to the use of defense mechanisms. It is only befitting,

therefore, to become acquainted with Carl Rogers' (1972) rather utopian description of *The Person of Tomorrow*. Rogers, a founder and key-figure of humanistic psychology, emphasized this emerging person's awareness of and sensitivity to both the thoughts and feelings of self and of others. This ability to see both inwards and outwards is accompanied by a rejection of "sham, facade, or pretense", as well as by openness to experience. The New Person is neither perfect nor strives for perfection. Instead, s/he is "a searching person, without any neat answers," who is communicative, spontaneous, authentic (more about authenticity in Chapter 6). Clearer vision brings with it efficient coping, which is not subject to myths. Clear-sighted persons are connected to the here-and-now without becoming defensive. In Bowen's terminology (1976a), they have solid, rather than pseudo-selves, so they are able to bring authenticity into their interpersonal relationships. As a result, they tend to make healthier choices: invest mostly in satisfying relationships, and divest themselves from those that are chronically frustrating. Every new meaningful interaction is used to further one's insight and empathy towards others.

Surprise, Surprise!

Surprises, particularly unpleasant ones, are usually a result of blindness. Parents are surprised when their child kills self or others; spouses are surprised when their partner cheats, leaves, or asks for divorce; neighbors are surprised, when they cannot believe that "he has done it". "Didn't they see it coming?" we are tempted to ask. But then all of these are blind, for one reason or another. In his book *Blindness*, Nobel laureate Jose Saramago (1998) quoted an old proverb: "No one is more blind than those who don't want to see!" Indeed, those who resort to blindness in order to protect themselves from pain – and that includes all of us, to one extent or another – refuse to acknowledge what is either cognitively or emotionally disturbing. Apparently we are all able to perceive something at one level, only to reject it at another (see the literature on subliminal perception, reviewed in Merikle and Daneman, 1998). And so parents can ignore teachers' observations about their children's behavior, disregard the latter's isolation and near muteness, the misery they project, their dislike for themselves, their ennui, eating disorders or truancy. "It's just a stage, it will pass, it's normal, all their friends do it."

In contrast to those who do not allow themselves to see, the blindness of some is an acquired disability. The transgenerational nature of this PFP is

apparent: We all tend to copy the behavior of our parents. Growing up in a family where one or both adults are psychologically blind, where instead of talking matters out, painful issues simply become "invisible", will transmit this unhealthy coping mechanism from one generation to the other. In his description of the transgenerational aspects of family dysfunction, Bowen (1976a, p. 83) suggested that the severity of impairment is even likely to increase in successive generations. When in therapy, such individuals are surprised not only by what they can now see, but also by the discovery that they now possess such a skill of sight. In family therapy sessions clients frequently exclaim: "I can't believe I didn't see that myself!" or "How could I've been so blind!"

Individuals' failure to see an approaching event, that is to say the fact that they "didn't see it coming," is the direct result of both poor insight and poor communication. Here again the tight connection between *seeing* and *saying* becomes apparent: surprises can be avoided by reflecting on processes, looking one step ahead, discussing these seeing processes with meaningful others. Authentic, direct communication serves as a mirror that reflects at least some parts of perceived reality. Therefore, if one is surprised at a failure (or success) of any member of the intimate social circle, if one is unprepared for what is now happening, this signals failure to see and to engage others in a meaningful dialogue. The task of the therapist begins with helping family members gradually see, and extends to identifying the communication gaps and the use of PFPs, empathizing with the pain of seeing, and expressing acceptance and warmth towards both the IP and his/her family. Therapists have a great advantage: being distanced from the family group, they can see the larger picture and its underlying dynamics, without involvement, pain or anxiety. The Milan model of family therapy (see, for example, Goldenberg and Goldenberg, 2008, pp. 291–292) has taken the concept of distancing, for the purpose of seeing, a step further. The assumption is that the therapist, who is directly involved with the family, also develops blind-spots by becoming emotionally involved. To counteract this, a team of therapists observes the session through a one-way mirror. These outside, neutral observers can see the entire picture and occasionally stop the session to provide the active therapists with fresh, broader points of view.

The Irreversibility of Seeing

Every act of learning can be conceptualized as an act of eye-opening. Learners see facts and connections they did not see earlier, they look at things

from a new perspective. Just as cognitive learning may be a one-trial affair, or a continuing process, insights are sometimes gained suddenly, and sometimes are achieved gradually, by going through stages of therapy or self-analysis. However, once arrived at, unseeing is difficult if not impossible. Once the process of seeing begins – at either the individual or the family level – the process is irreversible. Seers, though sometimes temporarily regressing, cannot return to the protected position held earlier. They are in conflict, because having seen, they now must act, or be continually frustrated. Hannah Green's (1964) description of a 16-year-old schizophrenic adolescent provides a fitting ending to this chapter on blindness: "She had opened her mind to the words the way an eye used to darkness, veiled with its lashes, opens cautiously to the light, and, finding it even a little blinding, closes itself too late. The light had come, and come invincibly, even after the eye had renounced it. It was too late to unsee" (p. 72). Recovery then came slowly, not unopposed: "Deborah kept flying away to Yr's darkness, dissembling, and throwing up dust to hide in. She longed for blindness and ignorance, for now she realized that if she herself saw or recognized anything, it would have to be exposed for discussion, however shameful, fearful, or ugly it might be" (p. 127).

Activities

1 Pin the tail

Trigger: Each family member jots down 3 traits that s/he finds in the others, and attaches the small notes to their back, so they cannot see them. The traits chosen should affect the writer, with at least one being disturbing.

During the ensuing discussion with the therapist everyone says what s/he thinks each other family member thought of him/her, and why. They are then all confronted with what they think others think of them and what the others indeed wrote.

Possible point for discussion:

What do I feel about my hits and my misses?

2 Blind walk

Trigger: One person takes on the role of the blind (and is blindfolded), while another will be his/her guide who helps the blind person cross the room.

They leave the room, and the rest are instructed to interfere with them when they return. They can move the furniture to create obstacles, make noise, stand in their way. The therapist lends a hand. Repeat this either by another two persons or by switching their roles.

Possible points for discussion:

Talk about the kind of help one is comfortable or uncomfortable with, about needed vs. unneeded help, about sensitivity to the other's needs.
Do I know how to ask for help?
Do help and support make me feel good or angry? Where did I learn these responses?
How do I cope with obstacles in the family?

3 Blind spots

Trigger: Make a list of the things people say about you and you're sure they are dead wrong. Check with each person whether s/he wants to share this list with the rest of the family.

Once lists are ready:

What makes you feel they are wrong?
What makes them think that what they say about you is true?
How can you use your family members to understand this gap between what you think about yourself and what others think of you?
Discuss the process.

4 Train ride

Trigger: This is a guided imagination activity. Darken the room, speak slowly, in a relaxed, low voice: Sit in a comfortable position, close your eyes, breathe deeply. You're on a train. The train stops at a station where you felt safe, happy, satisfied with yourself. What made you feel so? Who was there? [pause] The train moves on to a station where you felt uncomfortable, embarrassed, unsure of yourself. Look around: What and whom do you see? [pause] You next stop in a dark tunnel. Here you felt bad about yourself, a failure. Who is at this station? What made you feel this way? [pause] At each station there were many people and factors. Move them aside and look only at yourself. What is it in you that brings about the best and the worst

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feelings and behaviors? [pause] Breathe deeply, move your limbs, open your eyes slowly. Turn on the lights.

Now you're with your family. Talk with them about these parts of you that bring out positive and negative feelings.

5 Picture gallery

Trigger: Give each family member a page with the outline of several picture frames drawn on it; label each with the name of a family member. Each of these pictures is a member of this family. Write on each a trait this person likes about him/herself, but isn't talked about in the family, and another trait this person dislikes, and is also left unspoken [e.g. dedicated mother likes to be in control; sis is a good student but hates being overweight]. Choose which of these are you willing to reveal to the others, so as to reduce "family blindness".

Possible points for discussion:

What do you gain and what do you lose by not talking about these things?
Is it easier to expose your own "blind" traits or those of others?
Is there a person here about whom the others tend to talk too much or too little?

6 To see ourselves as others see us

Trigger: This is a guided imagination activity. Darken the room, speak slowly, in a relaxed, low voice: Sit in a comfortable position, close your eyes, breathe deeply. Find a comfortable place, where you like to spend time at home. A family member enters, gives you feedback about something in you that disturbs him or her, and leaves. [Pause] Breathe deeply, move your limbs, open your eyes slowly. Turn on the lights.

Possible points for discussion:

What was s/he talking about?
Do I dare to find out?
What enables me to listen to feedback, and what makes me become resistant?