Identifying Signature Themes*

Harry J. Aponte and Kami Kissel

Signature themes can be a valuable focus for supervisors and supervisees when they are identifying or noticing supervisees’ “soft spots” or triggers of personal issues as they intersect with therapy. Signature themes are a core component of the person-of-the-therapist (POTT) training model developed by Aponte and colleagues, and typically identified in training exercises. (See also the use of signature themes in Chapters 10 and 18 in the accompanying book.) However, we include them here because they can also be incorporated easily into most individual, triadic, or group supervision. The excerpt in the succeeding text first defines them, then provides guidelines, and concludes with a case example. The guidelines developed by the authors can be given as a handout to supervisees as an exercise to identify their unique signature items in preparation for various supervision formats.

—Editors’ introduction

Signature themes are the lifelong struggles shaping the person’s relationships with self and others (Aponte & Carlsen, 2009). We all live with our very unique-to-each person signature struggles with ourselves and with life. The signature theme has an underlying core, such as the need for control or fear of vulnerability or fear

*Aponte, H. J., & Kissel, K. (2012). “If I can grapple with this I can truly be of use in the therapy room”: Using the therapist’s own emotional struggles to facilitate effective therapy. Journal of Marital and Family Therapy, 40(2), 152–164. Reprinted with permission by Wiley-Blackwell.

of rejection or feelings of low self-esteem. These themes are universal enough to enable therapists to identify and empathize with most clients.

However, the signature theme has another level more specific to the individual that has to do with how the underlying dynamic surrounding the core theme gets played out habitually in the various contexts of that person’s life. This is at the level of the specific qualities and circumstances of the person’s life. Our biology, our family histories, our gender, race, ethnicity, culture, and spirituality, along with the effects of the choices we have made in life, all shape who we are today. Woven into these life experiences are hurts, deprivations, failures and losses that form the core of each person’s lifelong personal emotional vulnerabilities (Aponte & Carlsen, 2009). At this operational level, people’s personal issues inevitably are active factors that tend to get triggered or played out in thematically predictable forms in the various contexts of the drama of life, such as people’s family relationships and jobs, which for therapists would include their relationships with clients—individuals and families. These specific qualities and circumstances, as they manifested in the past and do today in our lives allow for the ability of therapists to identify with and differentiate from their clients’ themes at more context specific levels.

Putting It All Together—Using the Signature Theme to Connect, Assess, and Intervene with Clients: A Clinical Example

We present here in greater detail a clinical situation that exemplifies the use of the self, with a special focus on the signature theme in the three essential tasks of the therapeutic process—the relationship, the assessment, and the intervention. This was the trainee’s third presentation, with the first two focused on identifying her signature theme in the contexts of her personal life and in her clinical practice—fear of and, therefore, tendency to shut herself off from the vulnerability of her emotions. The trainers and the trainee would be working with this in mind.

We describe a session this trainee had with a simulated family that was supervised by the trainers. The trainee understood that she was to work with this family as if she had the family in ongoing treatment. The trainers observed the trainee through closed circuit TV and also communicated with her through an earphone.

The trainers already knew that the trainee therapist would be anxious and that her signature theme would dictate that she should be “strong,” shutting off any feelings of weakness, that is, any sense of vulnerability. In her words,

\[
I\text{ have narrowed it down to difficulty being emotionally vulnerable. Vulnerability applies to telling others my feelings and emotions and letting myself accepting these emotions and feelings. Before I am able to be honest with people with the emotions I have, I need to be able to be honest with myself. I have come to the conclusion that I tend to subconsciously correlate vulnerability with weakness.}
\]

The trainee summed up the clinical issue as:

Chloe is the seventeen-year-old adopted daughter of Jack and Mary who have brought her to family therapy to try and figure out what is going on with Chloe. Her grades have
Chloe, who had been relatively well connected to her parents, has withdrawn from them in the last year, which has them very troubled. The trainee understands that her immediate goal is to help the parents work together to gain their daughter’s trust so they can find out what has gone wrong for her so they can help her right things.

As the trainee was about to enter the interviewing room, the instructions the trainers gave her were intended to help her get around her tight self-protective wall so she could see, feel and relate to her clients. They told her that when she entered the room, she should just concentrate on being fully present in the moment and connect with the clients. “Meet them where they are, and do not worry about what to do next.” The supervisors would be with her every step of the way.

During the session, the trainers would pull the trainee out of the session three times to help her hold clearly in mind her therapeutic goal, while remaining personally grounded in her own emotional space as she reflected on what was happening with the family, between her and the family, and within herself. The first break would be shortly after the trainee gained her first impressions of the family and was setting a direction for her work with the family, the second break would be in mid-course to review the trajectory of the session and reset if necessary, and the third break would take place as the session was coming to an end to help the trainee bring the session to a close in a way that would leave the family with a sense of what they had accomplished in the session, and where they would be headed as the therapy proceeded.

Following the session, the trainee wrote about her experience of the supervision:

When I was pulled out the first time I was asked how I felt and why I did not express this. At this moment I realized how much my signature theme played a role in the therapy room. Not expressing my emotions or feelings has been so embedded in me I do not even realize I am holding back.

When she returned to the room, she put her heart and head together in a way that fit what she was experiencing emotionally with her understanding that the family needed help to trust and communicate. Conscious that the family’s challenges paralleled the trainee’s issues about trust and communication of her emotions, the trainers worked with her as they would have her work with the family. They attended to her tenseness and elicited the vocalization of her anxiety, while supporting her emotionally and affirming her effectiveness with the family.

In the beginning of the session I was feeling a little uneasy and saddenned by what I was feeling in the room. It did not feel like they were a family unit but rather three separate people in the room that happen[ed] to live together. I felt saddenned in the beginning because I sensed all of them felt hopelessness and melancholy.

She was coached to use her connection to the sadness she was feeling for them as a means to deepen her connection to the family. Even more poignantly, she could see a reflection of her own life in the family, her own struggle with trust
that shuts her out of true intimacy with those she cares about. She reentered the room more emotionally accessible to herself and to them, which became the medium for an intervention meant to open them up to each other. She entered the room and:

*Expressed with the clients what I was feeling in the room and it felt like it was much easier to do the rest of the session. Expressing what I was feeling in the room seemed to open the door for the clients to speak about their emotions. It seemed as though this brought them closer together and the line of separation had potential to be erased a little now.*

It was an intervention that was powered by the strength of her emotions.

Part of how the trainees were trained to connect with their clients was through a conscious effort to relate what and how their clients presented about their issues to their own life experiences, that is, to find a way to “see and feel” them through the lenses of their own issues. The immediate challenge for the trainee with this family would be Chloe’s sulking and irritable posture. The trainee relates:

*Chloe would aggravate me at times with her resistance and attitude. I recognize that she was a lot like me when I was younger, very resistant and angry. Relating to that part of who I was is probably why she could aggravate me so much. It made me wonder what is going on beneath that demeanor because I know what it is like to put a wall up when so much is going on inside you and you cannot or feel like you cannot let it out.*

Because she could recognize herself in this young girl, the trainee (24 years old) intuited that this prickly exterior was hiding a troubled interior. She would not be put off by the girl’s exterior and would reach behind the wall. This bit of intuition formed the basis of a hypothesis, a tentative assessment of what was immediately going on in Chloe. Based on that hypothesis, the trainee formulated her immediate approach to dealing with the girl.

*Being able to relate to her behavior with what I was going through at that time in my life, I knew that this had to happen within her own time. I also can relate to how she shuts down and tries to distract people with content to avoid revealing what is inside. This is how I can be, so I went with my gut that told me the way to get something workable out of her was to just keep focus on the questions asked and push a little more for the answer.*

She would work to stay emotionally engaged with Chloe, while not allowing herself to be distracted from the questioning and exploration she was into with her. From her understanding of the case, she had identified one goal, but it was a goal fueled by what she opened herself to feel and recall. She further used her own recollection of her experiences in her family to implement her strategy for beginning to reconnect Chloe to her parents, first through her mother.

*Having such strong positive feelings about my mother being there for us all the time and seeing Chloe’s pain with her mother not being able to be there was saddening and scary.*
I asked questions and found out she does want to be there for her daughter more and be home more. After knowing this I continued having her express this to her daughter. However, she did not make this intervention without awareness of the father. Again, her strategy was given emotional depth in its implementation by memories of her own father that she pulled up for herself at that moment.

I could feel the intensity of Jack feeling marginalized and left out quite vividly because it pulled out my feelings of empathy I have for my father at times. Validating him and telling him we need to take this one step at a time was how I overcame this challenge (to keep him involved while focusing on the mother–daughter relationship). When I felt that he was validated and understood why I was going in the direction with mother and daughter, it made it easier to stay focused on them locking the deal to take time out to talk with one another on a specific day.

The trainee succeeded in getting the mother and daughter to agree to take some time out before the following week’s session to do some shopping together, with no talk about problems. The trainee was rewarded by the actors of the simulated family who fed back to her that they felt she was really connected to them so that they felt safe to let down some of their guard with each other. She herself was surprised about how emotionally accessible she was to herself and to them. She felt she had accomplished something with them and with herself.

At the end of the training, the trainees write a paper summarizing the professional and personal changes they have gone through as a result of the training. The trainee wrote about the ways her work on her signature themes enhanced her clinical work with her clients. She wrote:

The more I worked on my signature theme, the more I was able to connect with my clients…Since I have been able to work on myself and know how hard it was/is to open up to people and admit things to myself, I know how hard it can be for my clients to go through it in the therapy room. This allows me to be patient but also know when it was time to push them further. Interestingly enough, I tend to go for the emotions in my session now more than anything… I feel more and more comfortable asking my clients what they are feeling and recognizing it because I am getting more comfortable in doing it with myself. I have allowed myself to be more open with myself and others and it has allowed me to make more human connections with my clients.

Guide To Identifying Your Signature Theme

In this handout, you will find some questions to help you jumpstart the process of identifying and Clarifying Your Signature Theme. These questions are proposed to start your reflection about your wounds, hang-ups, and those ongoing struggles that manifest in your functioning and relationships. Also, we offer some comments that could help you reach more clarity about what a signature theme is, and what the process of identifying it looks like.
Clarifying Your Signature Theme

Questions

• What is your biggest source of anxiety and/or biggest fear (e.g., being abandoned, rejected, not being enough, and feeling stupid)?
• Is there something about yourself that you would prefer people not know? What do you do to keep people from knowing this?
• Is there a characteristic of yours that somehow limits you in your functioning and relationships (e.g., not wanting to be needy, thus pretending to always being strong and independent, as a result never asking for help and feeling alone when in crisis)?
• How do you usually deal with stress? Is there a reaction to stressful situations or interactions that seems to cause you problems?
• Looking back at your life, can you recognize a recurrent pattern in your functioning and relationships that doesn’t work well for you?

Comments

• Remember that signature themes are not specific events (e.g., a parent’s death) or particular relationships (e.g., the relationship with my ex-boyfriend), although meaningful events and relationships can play a role in the development of your signature themes.
• Signature themes are personal patterns of feeling, thinking, and/or relating that you experience as challenges to your functioning and relating as you would want.
• It is fine if at the beginning of this process you identify several signature themes. Through your class presentations, journals, and experiences during this program you will most likely consolidate these themes into one or two overarching themes.
• Your signature theme grew and developed in a particular environment, under particular circumstances. You will find it there—complex factors that came together to give your signature its very personal character (e.g., your family relationships, your personal relationships, your ethnicity and race, your culture and spirituality, and your socioeconomic circumstances). Look for your signature theme there.


References


Aponte, H. J. and Kissil, K. (2014). “If I can grapple with this I can truly be of use in the therapy room”:

Using the therapist’s own emotional struggles to facilitate effective therapy. *Journal of Marital and Family Therapy, 40*, 152–164.