

WHAT IS A MASTER THERAPIST ANYWAY— AND HOW DO YOU GET TO BE ONE?

Raise your hand if you consider yourself a “master therapist.”

If you’re feeling uncertain, or perhaps too modest, then consider someone you know—a former teacher, supervisor, mentor, or perhaps a cherished colleague—whom you consider to be of extraordinary skill and expertise.

What qualifies someone to be identified in this lofty category of exemplary professional? Often, such judgments are made based on so-called “reputation” in the community, or the recommendation of colleagues, or perhaps acknowledgment of scholarly achievement, none of which may have a direct connection to clinical excellence. As we begin our journey together to explore what it means to be a therapeutic “master,” we must acknowledge at the outset that there is hardly a consensus in our field about what exactly this means. Are master therapists those who have attained eminence as a function of their longevity, position of power and influence, or publication record? Do they represent clinicians with a full caseload and long waiting list? Are they perhaps those whose clients and ex-clients sing their praises with wild passion and enthusiasm?

Even should we agree on what constitutes excellence in therapy, is this assessment based on the mastery of certain clinical skills, particular personal qualities, or professional characteristics? Perhaps it includes those with the deepest possible understanding of a

conceptual framework or the most successful positive outcomes in the most efficient period of time?

Whether or not you feel comfortable including yourself among this illustrious group, on what basis would you consider nominating a colleague? Perhaps a therapist talks a good game, appears wise and knowledgeable, even reports dramatic success with intractable cases, but how do you *really* know what goes on beyond closed doors when sessions are in progress? Is a therapist's reputation in the community or among peers actually a reliable measure of mastery? Can we even trust the critical judgment of their clients, who may report tremendous satisfaction with services? Perhaps this assessment is based on factors that have little to do with the therapist's expertise or skill and more to do with other things, such as how much he or she is liked.

Historically in our field, those who have received the most attention, even deification, are largely a group of elderly white male theorists (like the two of us!) whose main attributes may be the ability to sell their particular ideology and portray themselves in writing or public speeches as charismatic and wise. Such abilities are certainly laudable but may not directly translate into mastery as a clinician. The fact that someone developed new ideas, can explain things well, or is a persuasive speaker or gifted writer does not necessarily mean that he or she is all that effective in sessions. In fact, often quite the opposite is true. Whereas there are notable exceptions, we have learned over the years from our own interviews with over 100 of the most famous theoreticians in the field, as well as observing them in sessions, that many of them struggle working with clients just like everyone else. Whether you agree with that assessment or not, our point is that just because someone is well known in the field for the ability to promote a particular theoretical perspective does not necessarily mean that they are master *practitioners* of that framework.

Some of the world's greatest therapists labor in relative obscurity. They don't enjoy the limelight. They may not care to speak or

write about their work. They just adore working with their clients, have attained an extraordinary degree of competence, and don't choose to talk much about what they're doing. We hardly know they exist.

What Is a Master Therapist?

As a counterpoint to this project, we have completed a previous investigation of what constitutes “bad therapy” and discovered there was hardly a consensus among our field's leaders. We may have some idea that a certain percentage of clients become worse as a result of treatment (estimated between 10% and 40%, depending on the diagnosis), but there isn't necessarily agreement on what most often leads to negative outcomes. Some theorists we interviewed said with great authority that bad therapy is a negative outcome for the client, which makes perfect sense. But others described it as occurring when: (1) the therapist loses control of him- or herself, (2) invalid assumptions are made, (3) the same mistakes are repeated over and over, (4) obsolete or untested methods are employed, (5) the therapist just goes through the motions, (6) there is an inadequate alliance, (7) the client doesn't feel understood, (8) the therapist is overly arrogant or unjustifiably overconfident, or (9) the therapist isn't satisfied with the result even though the client may be perfectly content. It is therefore not surprising that there would be just as much debate about what qualifies an extraordinary practitioner.

Do we rely on self-identification of the most accomplished among us? According to one study by Jeffrey Sapyta and colleagues, 9 out of 10 clinicians describe themselves as “above average.” This is consistent with other studies in which the vast majority of drivers (80%) describe themselves as more skilled than others. Even more interesting (and amusing) are the 90% of graduate business students at Stanford (who we assume would be well prepared to understand statistics) who all described themselves as better qualified and

prepared than their peers. This “illusory superiority effect” is consistent among our species across a range of behaviors in which almost all of us consider ourselves to be masters in our chosen fields. After all, who is willing to admit that they are only average, or even less than fully competent?

Assessing one’s own level of competence in almost any area is notoriously unreliable, especially in those dimensions that are most integrally tied to our self-esteem, such as our professional practice. There is overwhelming evidence that self-confidence has absolutely no relationship to mastery of a skill or behavior. In his studies of self-deception, for example, evolutionary biologist Robert Trivers observed that there is often an *inverse* correlation between professed knowledge and confidence versus actual performance. In other words, those who most loudly and passionately claim they are extraordinary in their work are often those who are the *least* effective.

If self-selection of excellence is subject to cognitive bias and exaggeration, should we use other criteria such as recognition by colleagues, including the conferring of awards or “fellow” status? While certainly an indication of respect, does such recognition really mean that the professional is truly exemplary as a therapist? Such awards usually represent scholarly, academic, or political accomplishment.

Of course, there have also been numerous attempts to apply more objective, quantitative measures to the assessment of mastery. While empirical studies of treatment outcomes do provide a degree of precision to the discussion, they also tend to focus on rather definable factors in the process that may or may not represent ultimate, meaningful progress. Do we simply ask clients to report on their own satisfaction, a strategy often recommended by a number of researchers in the field? That brings up the interesting question of whether some clients are actually the most reliable judges of their own experience. How often have you seen clients who say they are not happy with therapy, yet appear to be making remarkable progress? Likewise, how often have clients claimed they are totally

satisfied with the way things are going, yet there doesn't seem to be any noticeable change in their behavior outside of sessions? Time and time again, some clients say how much they appreciate their treatment, how much they are learning and growing, yet other reports by family members dramatically contradict this report.

There are many other ways that we might identify exemplary clinicians—whether they are in great demand, whether their clients refer others, evaluations by supervisors, stature in the community, respect of colleagues and peers, demonstrations of their work in public forums. Yet each of these methods has limitations, in part, because we can't really agree on a consistent definition of mastery. Another significant reason for the confusion is all the different ways it is possible for therapists to operate at peak performance, depending on their style, personality, theoretical orientation, client population, and clinical context. This is really not that different from the ways that mastery is demonstrated in other fields.

Consider, for example, two baseball pitchers. The first is in his twenties, tall, strong, muscular, intimidating, featuring a blazing 97-mile-an-hour fastball. The second pitcher, in his twilight years, a bit stooped and slow in his movements, commands a variety of “junk” pitches that are off-speed and move all over the plate. Each of them is regarded as superior in their performance, but they have evolved very different ways of achieving their outcomes, relying on particular strengths and resources at their command. This is exactly the case with regard to extraordinary therapists, each of whom has figured out a unique way to persuade and influence their clients.

Different Standards of Mastery

One of the accepted myths in our field is that there are a discrete number of theoretical models, perhaps a half-dozen popular ones, that most therapists employ in their work. Whereas it is not surprising that a number of practitioners identify themselves closely with

cognitive behavioral, psychodynamic, existential, narrative, feminist, or other orientations, the reality is that very few of us apply these in pure form. Each of us has evolved our own unique style of practice that resembles nothing else exactly like it. In addition, depending on your chosen approach, each with its own most valued skills and interventions, effectiveness will be assessed differently. An accomplished cognitive-behavioral therapist may work in a business-like fashion and follow a treatment protocol, depending on what the client wants to address. A more psychodynamic therapist might judge mastery based on the quality of interpretations that reveal underlying core issues in need of attention. A humanistic-existential therapist might be less interested in identifying a specific presenting problem and more concerned with creating a deep connection with clients in the context of a warm, caring, and supportive relationship.

Although there are certainly some features that would cross all boundaries, no two master therapists perform therapy in the same way. You've confirmed this over and over again each time you watch an identified master therapist working with a client. It is one of the true mysteries of the therapy universe that historical figures as diverse as Carl Rogers, Albert Ellis, Virginia Satir, Fritz Perls, and Sigmund Freud could have all been effective in their work given their *apparent* extreme differences in values, style, and approach. Of course, one possible explanation is that although their espoused ideas and approaches appeared to be polar opposites, what made them truly great were other, more personal characteristics that empowered their chosen methods.

As we've mentioned, people consistently overestimate their own competence, especially in domains that are integrally tied to their core being. Moreover, what therapists *say* they do in their sessions may bear only a remote resemblance to what actually transpired. You may think that it was a particular confrontation or elegant interpretation that made the most difference to a client, but, more

often than not, the client will hone in on something else entirely that you may not even remember.

JC I remember one time when my five children were young and I was working long hours, basically burning the candle at both ends and getting very little sleep. It was during a particularly boring afternoon session with a woman who was complaining about her teenage daughters that I must have dozed off.

"Excuse me?" I heard a voice say, startling me awake. "But were you sleeping just now?"

"Actually, no," I said to her. "I was just closing my eyes for a moment to concentrate more deeply on what you were saying."

The client knew that I was lying to her, but rather than seeming irritated or disappointed, she seemed to just accept this feeble explanation and ignore it. It bothered me that her expectations were so incredibly low that she refused to become angry or dissatisfied with the poor level of care I was providing. In fact, she was wildly enthusiastic about what a great therapist I was and referred many of her friends and family over the years. She described me as a "wizard" and a "miracle worker," even though I was rarely fully present with her and felt ashamed of my lack of attentiveness.

JK Similar to Jon's story, one of the seminal cases of my professional career, one that completely changed the way I think about what is good and bad therapy, occurred with an older woman I'd been seeing for many months with little, if any, noticeable change in her behavior during that time. Even more frustrating is that she talked constantly in a rambling monotone, retelling the same stories over and over again, and never taking a breath to even give me a minute to say something in return. When I would interrupt her to make some comment or offer an interpretation, she would just totally ignore me as if I weren't even in the room. In fact, during most

of our sessions together, I rarely stayed in the room at all and instead retreated into fantasy. I stopped listening to her. At one point, I even became punitive and didn't even pretend to listen, yawning in boredom. I felt little compassion and caring for her; instead, I was filled with annoyance and frustration.

I consider this case to exemplify some of the worst therapy I've ever done in my life. In fact, I was so disappointed with my miserable attitude that it led me to stop practicing for a number of years until I recovered my passion and commitment once again. But here's the thing: This woman absolutely loved me! I know this not only because she kept saying so over and over about how delighted she was with our sessions (I kept trying to push her away, but she still kept coming back). Even more confusing is that, like Jon's case, she continued to refer many family members and friends, who sang my praises.

Client and Therapist Perceptions of Outcomes

Both of these examples illustrate the uncertainty, confusion, and complexity involved in deciding what leads to extraordinary professional effectiveness. And if we can't trust our own judgments, we have already made a strong case for why it is equally problematic to rely purely on client statements. After all, clients lie. A lot. They lie about what they did—or didn't do—during the preceding week, whether they completed assignments or not. They lie to themselves about what is really happening in their lives. Most of all, they tend to exaggerate the extent to which others are responsible for their suffering.

Far more perverse and disturbing are those instances when clients present themselves in ways that are deliberate, strategic falsifications in order to manage their image or even play games with their therapists. In one project, we collected dozens of cases in which therapists were duped by their clients in extreme ways by their claiming they were dying of cancer, actively suicidal, or even

presenting whole fictitious lives that were simply invented to manipulate, control, or deceive their therapists.

Lest we become too critical of the milder forms of client exaggeration or deceit, they aren't the only ones concerned with image management. We have seen how therapists tend to exaggerate their effectiveness, believing they are working wonders in cases in which their clients may have a different opinion. We can think of a few instances in which clients have complained to us about a previous therapist who was less than appreciated. After signing a release and contacting the former therapist, we hear glowing accounts from that professional about how well they clicked with their client and how well they worked together.

Therapists have all kinds of reasons to account for results that are not what was expected or hoped for. The client wasn't yet ready to change. The client externalized the problems. The client was resistant or obstructive. Rarely will we fully own and accept responsibility ourselves for a less-than-stellar performance because there are too many other factors that could be at work to sabotage progress—limited resources; dysfunctional family; lack of outside support; intractable, chronic problems; poor client motivation; pre-existing conditions; and so on.

JC I have been privileged over the past several decades to produce hundreds of therapist demonstration videos with the greatest living practitioners (or at least the most prominent theorists). We have completed a series on major theories, addictions, consultation, couples therapy, and even a set of films in which each therapist worked with a client for six sessions. During each of these productions, I had the opportunity not only to observe each master therapist in action but also to critically reflect on the sessions and challenge the theorist to explain what he or she was doing and why.

As impressed as I have been by watching eminent therapists in their sessions up close and personal, I have also been

occasionally surprised by how poorly some of them do when they are working with clients. I remember one well-known master therapist struggling terribly once the cameras were rolling. I had long admired this person for his groundbreaking ideas in the field but was shocked that he didn't seem to know how to conduct a session. This was all the more confusing because I had previously seen tapes of him working and he seemed pretty impressive (which was why I invited him the first place).

I asked the gentleman about the discrepancy, and he explained sheepishly that the previous sessions I had watched had actually been staged, with some of his assistants pretending to be clients, and a teleprompter had been used so he could read from a script! This may be an extreme example, but I mention it in order to suggest that we approach our subject of mastery with a certain humility and open-mindedness.

Definitions of Mastery by Experts on the Subject

We now return to our original question that began this chapter: What exactly is a master therapist and how do we define this term that will be used repeatedly throughout this book?

At its most basic level, a “master” in any profession is someone who is qualified to teach others, especially those who are novices or apprentices. Compared to their peers, masters are able to produce consistently better results in a shorter period of time. They can do this, in part, not only because of their extensive experience, but because they have attained the ability to perceive the underlying structure of situations and the deeper issues that are part of chronic problems. They are largely responsible for setting the standards or ideals of practice, to which others may aspire.

There have been many scholars and researchers in our field who have taken on the challenge of developing some level of precision when talking about exemplary therapeutic practice. David Orlinsky describes them as more inventive in such a way that they model

masterful behavior for others. Michelle Chi and Robert Glaser believe extraordinary therapists monitor themselves more carefully, analyzing problems they face with deep reflection. They are also much faster and more efficient in finding and making sense of meaningful patterns. Len Jennings and Thomas Skovholt conclude that the subject is so complex and multifaceted that they provide a long list of definitional features that include personal characteristics such as insatiable curiosity, accumulated wisdom, and a nuanced ethical compass.

Among the dozens of therapists we interviewed for this book, identified as masters because of their stature in the field—at least as it is defined by their positions of influence from their writing and research—we were surprised how reluctant most were to acknowledge this status of excellence. Many specifically mentioned humility as a key characteristic of extraordinary professionals, whether applied to themselves or others who might qualify for exalted status.

Barry Duncan, along with several colleagues, has been one of the groundbreaking researchers in studying mastery in therapy, yet he is uncomfortable with that term. “While your description makes sense,” he told us, “the notion itself is troublesome because it seems to connote that an elite group of so-called masters possess something special that others do not have. I don’t possess anything that others don’t have or can’t develop.” Duncan, along with Scott Miller, Bruce Wampold, and Mark Hubble, have made this point repeatedly, based on their research findings that what most distinguishes experts aren’t necessarily their “gifts” as much as their dedication and commitment to flat out work harder and prepare better than others. What they describe as “supershinks” just know more, perceive more, and remember more than others.

Sharing this position, Bruce Wampold also adds that the most effective therapists, who may span a range of different approaches and interpersonal styles, nevertheless have “a sophisticated set of interpersonal skills and use them deliberately to help their patients.”

These might be framed as the core relational skills that form the heart of building an effective alliance, identified by Carl Rogers, Robert Carkhuff, Charles Truax, and others decades ago.

Psychodynamic theorist Nancy McWilliams is intrigued by all the different ways that masters of our profession can manifest so many varied styles of practice: “I have known many very good therapists, and I am struck by how different they are from one another. Some clinicians I know, who seem to me to have fairly serious psychopathology, are nevertheless remarkably helpful to their clients. Yet I think that one thing that all good therapists share is an authentic wish to understand people. They orient themselves toward what is true and prefer a difficult truth to a comforting illusion. They are emotionally honest with themselves and with their clients. Their courage in facing painful realities, both internally and externally, also gives their patients courage to look at themselves unflinchingly.”

According to health psychologist Michael Hoyt, a master, in any context, is someone who repeatedly gets excellent results, across a variety of situations: “A master is someone who takes on difficult and complex challenges instead of just sticking with the easy, routine ones. I sometimes consult with a couple of colleagues when I’m stuck. I’m impressed with how quickly they each seem to have a grasp of the situation and specific ideas on how to proceed—and not the same ideas either.” Hoyt’s views are consistent with several others who have mentioned before that master therapists not only perceive things that others miss, but they do so very quickly.

Finally, Roger Walsh, a psychiatrist and transpersonal therapist, does not accept the label that he is a master of anything, since even with consistently good outcomes in his work, he has also experienced his fair share of failures. “Therapists are highly biased about their outcomes,” he cautions, citing studies that support this, “and can be very poor at accurately assessing them.” Yet if he were to agree that he has attained some degree of excellence in his work,

Walsh attributes that primarily to his 30 years of meditative practice that has allowed him to hone his perceptual sensitivity, empathy, and presence with others. This is one consistent theme that seems to run through all the beliefs about mastery that have been expressed. We will be returning to many of these ideas later, as well as providing input from dozens of other contributors.

Each chapter in this book explores a different attribute of a master therapist, regardless of the particular theoretical orientation or therapeutic approach. We will rely on a broad definition of a master therapist as a professional with extraordinary skill and effectiveness who consistently produces successful outcomes in collaboration with his or her clients. In addition, such professionals are characterized by extreme flexibility in their approach, the ability to adapt their style and strategies to fit the unique needs, interests, and requirements of each client and therapeutic context. Finally, true masters of their craft live what they teach to others.

The key features of our working definition are that a master therapist:

- ♦ Demonstrates superior clinical skills with regard to creating and maintaining a solid therapeutic relationship and treatment alliance, as well as the core skills of helping.
- ♦ Knows things, sees things, perceives, intuitively, and feels things that others might miss because of their ability to discover deep, underlying structures and patterns.
- ♦ Collaborates with clients to reach their stated goals in an efficient period of time.
- ♦ Shows a high degree of flexibility and willingness to alter the nature of treatment and style of practice, depending on what a given client requires at a particular moment in time.
- ♦ Practices in his or her own life that which is taught to others. This last point is hardly universal in discussions of therapist excellence and may not even be supported by empirical

research. Nevertheless, we feel very strongly that a true master applies to her own life those cherished ideals, values, and behaviors that she considers so important for her clients to learn.

There are a *lot* of other things we could add to this general definition related to ethical standards, personal characteristics, reliability and responsibility, and perhaps 100 (or 10,000) other factors. We will take up many of these in the chapters that follow, beginning with some things that we already know for sure (or reasonably sure). Keep in mind that one characteristic of masters in most fields is that they have a high tolerance for ambiguity and complexity; rather than reducing phenomena to simplistic formulae, they are able to tolerate and hold a far more sophisticated, intricate model of the world and the ways things operate within it.

It was the great Russian novelist, Ivan Turgenev, who once explained to his friend and fellow writer, Leo Tolstoy, that truth remains out of reach when one is limited to a single framework to find a simple answer to a complex question: “The people who bind themselves to systems are those who are unable to encompass the whole truth and try to catch it by the tail; a system is like the tail of truth, but truth is like a lizard; it leaves its tail in your fingers and runs away knowing full well that it will grow a new one in a twinkling.”

The concept of a master therapist is neither easy to define nor easy to grasp, especially considering all the different ways such excellence might be manifested.