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The Compleat Therapist

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What the Best Therapists Are Like as People

Each of the elements that have been reviewed in the previous chapter are common to most therapies now in practice. However, there are also factors that transcend the theoretical basis of the various approaches and are found in the personality of the successful practitioner. These are qualities that constitute the essence of most effective therapists, wherever they work or however they prefer to operate.

While we may debate among ourselves whether such attributes are indeed universal, clients have little difficulty identifying what they most prefer in a therapist. “They are the attributes of a good parent and a decent human being who has a fair degree of understanding of himself and his interpersonal relations so that his own problems do not interfere, who is reasonably warm and empathic, not unduly hostile or destructive, and who has the talent, dedication, and compassion to work cooperatively with others” (Strupp, 1973, p. 2).

While personality style alone can hardly be considered the *only* operative force that facilitates client change, the qualities and temperament that a therapist demonstrates and models to clients make a strong impact on maintaining attention and influencing behavioral and perceptual changes. Whenever we think back on the people who made the most difference in our

lives, immediately the images of several faces flash by. These were people who were inspirational to us, not only because of the things they did to/for us, but also because of their dynamic charisma. This was certainly true throughout my own career as a client and student: initially, it was not ideas or theories that attracted me to a particular path; rather it was the influence of mentors I gravitated toward because they were like the person I wanted to be. In fact, like so many others in the field, I became a therapist to begin with because of the impact of a practitioner during my early life. I wanted so badly to be like her — to appear so together that not only could I help myself when I was in trouble, but I could even help others.

Modeling Effects of the Therapist's Personality

Clients want to grow up and be like their therapists. They want the serenity, the wisdom, the self-control, the confidence they see so effectively demonstrated before their eyes. They want to know what their therapists can understand, and they want to do what they see them do. They unconsciously adopt their therapist's speech patterns, mannerisms, and style. Their basic values change in a direction that more closely parallels those of their mentors.

Modeling effects are treated by most therapy systems in some form or another. Social learning theorists use modeling to promote vicarious learning processes. Behaviorists use modeling to reinforce imitative learning.

Psychoanalysts capitalize on identification processes that occur as part of the positive transference. Cognitive therapists model specific methods of self-talk, just as existential therapists try to present those authentic qualities in themselves that they wish their clients to adopt.

If clients stay with any therapist for very long, they do so not only because they like the results they have seen in them selves, but because they like the clinician as a person as well. And the whole structure of therapy is designed to capitalize on these modeling effects.

In the classic "Gloria" film a young woman was interviewed the same day by Carl Rogers, Fritz Peris, and Albert Ellis to demonstrate their divergent approaches. And indeed there were marked differences in their styles, especially with regard to their operating premises, personalities, degree of directiveness, and type and frequency of verbalizations. Bergin (1980) felt confused by the relatively universal effectiveness of all three theoreticians and felt challenged to try and figure out some commonalities among their approaches. He noted that all three therapists did, in fact, share several significant ingredients. They were all acknowledged experts and authorities in the field, and therefore wielded a certain amount of influence in the eyes of the client. They were all passionately committed to their point of view and felt quite strongly that it was helpful. While all of them did somewhat different things, the client found each of them to be effective in his own unique way.

In a comparison between prominent psychoanalysts and behavior therapists, Sloane and others (1975) also found a surprising commonality among them. Their results were also consistent with Schön's (1983) observations that there is often a difference between espoused theories (what practitioners say they do) and theories in use (what practitioners actually do behind closed doors). In fact, what the researchers discovered was that clients perceived therapists of both groups as having similar qualities, and considered these same attributes to be necessary for successful therapy to take place. They saw effective therapists as: (1) having an attractive personality (something the psychoanalysts would deny is important), and (2) being helpful in facilitating some degree of self-understanding (something the behavior therapists would not consider important). In addition, they deemed it very important that a good therapist be an understanding person, be highly confident and skilled, and help them gradually to have more confidence in themselves.

On the basis of this and other studies that confirm the existence of universal therapeutic principles operating in all theories, Bergin (1980) stated that while therapists think the techniques they are using are all-important, their clients are much more concerned with their personal qualities. "Thus," he pointed out (1980, p. 140), "it is conceivable that many differently designated psychotherapies use many similar procedures or interactions which have an influence on the client, although they are either

not emphasized or not at ended to in the formal account of therapy."

Most effective therapists present an image of someone who is genuinely likable, who is safe and secure, and who is attractive and approachable: "The modeling performed by the effective psychotherapist, then, appears to involve, first and foremost, the steady presentation of a caring figure, whose positive regard will gradually be internalized by the self-critical patient; second, and simultaneously, the presentation of a strong, wise ('coping') figure, whose competent characteristics will be similarly internalized; and third, the transmission to the patient of a new value system helpful in dealing constructively with life problems" (Decker, 1988, p. 60).

The power of modeling effects thus helps to explain how it is possible that practitioners as diverse as Sigmund Freud and Fritz Peris could both be helpful to their clients. And if both of them were effective as therapists, it is not surprising that Ellis, Satir, Rogers, and Frankl can also be helpful, even though what they do seems so diametrically opposed. The question is, why do people get better when you reflect their feelings, but they also do so when you dispute their irrational beliefs, or interpret their dreams, or role-play unresolved conflicts, or reinforce certain behaviors, or reorganize family structures?

Clearly, the answer is not totally confined to what effective therapists

do, but also involves who they *are.* The common thread running through the work of all great therapists is the force of their personalities and the power of their personas. They are the kinds of people who radiate positive energy. They are upbeat, enthusiastic, wit y, and quick on their feet. They have good voices and are highly expressive in using them. Most of these highly successful practitioners are simply interesting and fun to be around. And they exhibit qualities that other people want for themselves.

The identification process is, of course, facilitated somewhat differently among the various therapeutic systems. Sometimes it is a planned intervention, such as a demonstration by the therapist of a particular behavior during a role play, or as part of a desensitization program. More often, modeling is simply a natural part of a learning relationship in which the client respects and admires the mentor. The client observes how assertive the behavior therapist is in stating positions clearly and unequivocally, and so experiments with being this way in his or her own world. The existential therapist discloses feelings about what it is like to be with the client, and so promotes greater openness on the part of the other. The rational-emotive therapist speaks in a deliberate manner avoiding the use of certain words *(should, must,* and so on) while choosing other phrases ("I made myself upset . . . ") and, lo and behold, the client begins doing the same thing. The Ericksonian hypnotist spins a metaphorical tale, and thereby helps the client to identify with the protagonist resolving a parallel struggle. Yet even apart

from these specific applications of modeling principles, there is a more generalized identification process in which the client becomes more like the therapist in those dimensions he or she most admires.

The Fully Functioning Therapist

There is some empirical evidence (Luborsky and others, 1971; Garfield, 1980; Lambert, Shapiro, and Bergin, 1986) and certainly much intuitive reason to believe that the most effective therapists are likely to be those who are mentally healthy and skilled at resolving their own personal problems. This personal mastery is helpful not only in presenting oneself as a positive model for the client to emulate — a person who is confident, secure, and well grounded — but is also imperative in providing the basis for the self-restraint that is required during sessions.

It takes a tremendous amount of will power for the therapist to avoid meeting his or her own needs or acting self-indulgently with clients. This could take the form of something relatively benign such as asking a question irrelevant to the client's welfare merely to satisfy one's own curiosity, or run the gamut to excessive self-disclosure, or even acting out inappropriate erotic, manipulative, or hostile impulses.

Self-control is required throughout every facet of the therapeutic encounter — monitoring behavior, sifting through and often censoring

inappropriate thoughts, speaking concisely and to the point, and resisting the tendency to put the focus on oneself. And to exercise this self-discipline requires a high degree of emotional stability and personal effectiveness.

Because effective therapists are, first of all, effective human beings, they are able to function well in a variety of situations, demonstrating their ability to practice what they preach to others. In a classic statement on the importance of therapists being fully functioning human beings, Carkhuff and Berenson (1977, p. 272) present their credo: "In order to make demands of ourselves and subsequently of others, we must have ourselves 'together,' physically, emotionally, and intellectually. Functioning on any one of these dimensions is ultimately related to functioning on the others. At the highest levels, these dimensions are integrated in a fully functioning person, who is more than the sum of these dimensions. He or she is a full and moral being who is buttressed by a working cosmology that guides his or her development and directs his or her world. If he or she is not physically strong, he or she cannot protect his or her loved ones. If he or she is not emotionally sensitive, he or she cannot stand for what he or she believes. If he or she is not intellectually acute, he or she cannot advance his or her cause for the actualization of people's resources."

It has become increasingly clear to me that it hardly matters which theory is applied or which techniques are selected in making a therapy hour

helpful. Effective practitioners represent every known therapeutic model. There is evidence supporting the efficacy of almost any set of interventions, techniques, and strategies — from hypnotherapy and bioenergetics to the most classical application of psychoanalysis.

It does not seem to matter as much as we think it does whether attention is devoted to presenting symptomatology or to underlying psychodynamics, whether the focus is on behavior, cognition, or affect, or whether the therapist talks a lot or a little. What *does* matter is who the therapist is as a human being — for what every successful healer has had since the beginning of time is charisma and power. He or she is perceived by others as inspirational and captivating. This is why "therapists" from the era of Hippocrates and Socrates to the most influential practitioners of the past century have all demonstrated their effectiveness by *apparently* doing different things. In fact, Freud, Jung, Adler, Sullivan, Reich, Lacan, Kohut, Ellis, Rogers, Peris, Wolpe, Lazarus, Berne, Frankl, May, Erickson, and Haley have all been doing essentially the same things — that is, being them selves and allowing the force and power of their personalities to guide what they do. All of the theorists invented styles that made it possible to play on their strengths. All of them felt restricted or dissatisfied by the methodologies they trained in and therefore adapted their methodologies to fit their own unique interests and values more closely. And this is true of all effective therapists. The furniture, the wardrobe, every facet of operation in a clinician's of ice is

designed to provide a degree of comfort that allows him or her to be more fully himself or herself.

In spite of all the different personalities that are found among therapists, from the "histrionic" practitioner who is dramatic and exciting to the "compulsive" clinician who is methodical and perfectionistic, from those who are low key and easygoing to those who are highly active and verbal, there are, nevertheless, various attributes that most compleat therapists have in common. It is this "essence" of the helping personality that will be delineated in the following section.

The Impact of Personal Power

Perhaps more than any other single ingredient, it is power that gives force to the therapist's personality and gives weight to the words and gestures that emanate from it. It was the incredible power that radiated from the luminaries in our field that permit ed them all to have such an impact on their clients, students, and colleagues. Nobody would have listened to them if not for their energy, excitement, and interesting characteristics that gave life to their ideas.

It is the ability to command and maintain a listener's attention that makes a therapist effective. And yet the hardest task of all for clinicians is to allow our unique personalities to show through without lapsing into

narcissism, “showboating,” exploitation, and self-indulgence. It is the quiet strength that clients gravitate toward, not the feeling of being overpowered by someone who must constantly remind others of what he or she knows and can do. So I am speaking here of a special blend of that kind of power that is benevolent and understated, coupled with a certain modesty and reticence in drawing attention to it. I am referring to power in the spiritual sense, as the kind described by Peck (1978, pp. 284-285) as that which “resides entirely within the individual and has nothing to do with the capacity to coerce others. . . . It is the capacity to make decisions with maximum awareness. It is consciousness.”

Kohut (1971) speculated that it is the therapist’s “religious fervor” and “inner saintliness” that exerts the strongest leverage in influencing others. Throughout history, the most powerful personalities were those who made the biggest impressions on others’ lives. This is true of the greatest philosophers, such as Confucius, Plato, and St. Augustine; the greatest political thinkers, such as Lenin, Gandhi, and Jefferson; the greatest religious leaders, such as Mohammed, Jesus, and Moses; and the most prominent therapists.

Freud’s impact on the development of psychotherapy was as much the result of his formidable persona as his cogent writings. Here was a m an with limitless energy who eschewed sleep as a barrier to further productivity. He was the consummate communicator — passionate, convincing, brilliant in his

use of the spoken or written word. He was a m an of dignity and supreme confidence. And coupled with his many innovative ideas regarding the unconscious, dreams, sexuality, and human development was his ability to inspire loyalty in others. Rarely has an innovative thinker been able to attract a collection of disciples who were so brilliant in their own right. That Jung, Rank, Sachs, Abraham, Ferenczi, Adler, and even his own daughter Anna eventually moved on to follow their own visions is beside the point; they all drew their initial inspiration from Freud's example. And from exposure to Freud's charismatic power, his students and trainees were able to access the healing forces of their own personalities.

Power comes with the territory of being a therapist, whether we like it or not. In the eyes of clients, we are experts, gurus, magicians. Yet as we teach clients how to do therapy for them selves, there is a gradual transfer of power. This process is described as follows by a beginning therapist who was discovering for the first time just how this transformation takes place:

> The factor that "saved us" in the therapeutic relationship was power. The client came to me with the intention of giving me her power. She had an array of various health professionals that she did this with. Since I was the most significant person in her life, she began reclaiming the pieces she had given the other professionals so that she could deposit them all with me. And I found myself in a terrifyingly important position in this woman's life. Week after week she came, trying to pry my hands open so that I would grasp what she was offering. Each week, I would say, "No, thank you. My hands are full and yours seem to be doing fine, anyway."

It was intriguing, and frightening, to be in a relationship with someone who gave me all her power. I would watch myself in those crucial moments; time seemed to stand still as she waited to see what I would do. It was truly amazing to think that I could ask her to do *anything,* and she would readily comply. On one level, the part of me that has sometimes felt so powerless, I reveled in this control; but at another level, I recoiled from this total power.

I stood firm in containing our relationship to a therapeutic one. I deflected her "you-made-me's," "you-saved-me's," "you-hurt-me's," and turned them back in her direction. We rode the storm of her anger at me because I wouldn't take responsibility for her. We worked until she understood that she could utilize me to work through her issues, but *I* was not her issue. And months later, she did understand when I denied her complaint that I had caused her to have a terrible week because I had canceled a session. It was about two months later that she finally realized that I would never agree to be responsible *for* her. She had arrived on the verge of a crisis, and asked me what she should do. I said "Change it!", and showed her the door.

Today, she feels exhilarated by her sense of being responsible for her own life. I shudder to think of how we might have become enmeshed if I had succumbed to the lure of the power she had so forcefully offered me. Reflecting on what happened with this client also makes it clear to me that, aside from the problem of the client's power being given to the therapist, there is the concomitant risk to the therapist of giving her own share of power away to the client. I learned it is our responsibility not only to help clients keep their power, but also for us keep our own as well.

Personal power offers the leverage for clients to believe in themselves, in their potential to counteract negative impulses, in their ability to change lifelong patterns of interaction. And it is this same power that gives therapists the opportunity and the capability to affect client perceptions and behavior.

Persuasion and Influence in the Therapeutic Encounter

In his seminal work on persuasion and therapy, Frank (1973) first postulated that throughout the ages, healers have been essentially professional influencers. The earliest therapists — from Stone Age healers who drilled holes in the skulls of the mentally afflicted to let demons escape, to the more scientific efforts of Hippocrates, through the various religious, mystical, educational, philosophical, and scientific practitioners until the present day — have all attempted to effect cures by persuading the client to give up some idea that was perceived as getting in the way, and to adopt another conception of reality that the healer believed would be more helpful.

Beutler (1983) views the therapist essentially as a "persuader" who is skilled at getting a client to adopt his or her own assumptions about the world. It is the therapist's job to convince the client to change maladaptive patterns, to adopt beliefs and attitudes that are potentially more productive. Frank points out that we are socially sanctioned and licensed by the state to persuade clients they would be more satisfied, not to mention more useful to society, if they would stop inflicting damage on themselves and others and adopt more constructive attitudes and behavior.

Most therapists would agree that clients would be better off if

- They understood more about themselves, their functioning and patterns, and their tendencies, fears, and goals.

- They stopped feeling helpless and sorry for themselves and instead took more responsibility for their lives.

- They were able to create greater intimacy in their lives and all ow themselves to experience more love, affection, and sharing in their personal relationships.

- They stopped complaining about things they cannot control and focused their attention instead on what is within their power to change.

- They were not so anxious, frustrated, confused, and/or depressed, and they slept better and took better care of their health.

To this list could be added several more individual favorites of your own that are an implicit component of the assumptions you try to persuade your clients to consider for themselves. If psychotherapy is essentially a process of persuasion in which the client is encouraged to give up maladaptive attitudes in favor of others that are deemed more helpful, then the most effective therapists would be those who are most persuasive. That might explain how it happens that these very persuasive clinicians are so effective in convincing other therapists to subscribe to their models of interpersonal influence.

All therapists are certainly quite good at convincing their clients that they should let go of their symptoms and try something else instead. If we are not only effective therapists — that is, effective in our ability to be persuasive and influential — but also ethical professionals, then hopefully this

"something else" we are asking the client to try is consistent with their own value system and not an attempt to create surrogate selves as an expression of our own narcissism.

All those who are potentially powerful — not only therapists but also politicians, writers, and many others — need to be extremely cautious about how this persuasive ability is used. Truly effective therapists are able to be influential in ways that allow their clients much freedom.

While we may assume that needless suffering is best relinquished, clients should be free to decide for themselves what is indeed "needless." Is guilt or grief or anxiety useless if it serves to help them work through pressing issues? It is the dialogue and mutual sharing that take place within the therapeutic relationship that allows the participants to think, influence, and be influenced in turn. For the clients are not the only ones who change as a result of this intimate encounter; therapists are profoundly affected as well by what clients bring to sessions. We are touched by their pain and suffering, our own unresolved issues are constantly probed, and we are also moved by our clients' joy and wonderment.

In this truly open encounter between people working so hard to be honest with one another, therapists learn to be even more persuasive by allowing themselves to be influenced by each and every client.

The Spark of Enthusiasm

One of the keys to therapeutic success is the ability to keep the client continuously engaged, involved, and connected to the process. The degree to which a therapist is able to elicit and maintain the client's motivation is directly related to his or her own level of enthusiasm. In the words of Beutler (1983, p. 28), "Judging from the impact of therapeutic 'enthusiasm,' it may be that 'If you are not enjoying therapy, you are doing it wrong.'"

This excitement for living in general, and for doing therapy in particular, is manifested in the clinician's voice, posture, manner, style, and presence. It could be said the object of any teacher is to stimulate interest in a given subject and then to allow the client's intrinsic curiosity and natural drive to grow to do most of the rest.

Compleat therapists are perceived by their clients as passionately committed to their profession. They are respected for their commitment to a life in service to others. Bugental (1978) believes the ideal therapist draws a sense of personal identity from his or her work: "I am not someone who 'does psychotherapy'; I am a psychotherapist." This identity is infused in our soul.

Therapists are also admired for the excitement they exude, the wonderment and insatiable curiosity they convey about the world, about people, and about what makes us the way we are. This enthusiasm is transmit

ed by the sense of dram a in the stories we tell. It is communicated in the elation we can barely contain during a moment of stunning insight or shared connection. It is felt by the genuine caring we show, our intense desire to be helpful.

Like the best of the mystics and healers in previous centuries, compleat therapists feel a special sense of mission to banish suffering from the earth — or at least that corner of it that is under our influence. There is nothing more uplifting for a despondent, disillusioned, distraught human being to encounter than to walk into a room and find someone waiting who radiates light in a world of darkness. This enthusiasm and excitement in the therapist's manner becomes contagious. As if by transfusion, the client too becomes more animated and hopeful and enthusiastic about possibilities for the future.

The Value of Humor and Play

Enthusiasm, power, and influence all come together in the therapist's appreciation for and active use of humor. There are, of course, many effective therapists who are quite solemn and serious in their endeavors — so that it would not be quite fair or accurate to insist that being witty is a necessity in order to be helpful. But it usually helps.

Madanes (1986, p. 51) has said about the therapist's sense of humor:

"What makes change possible is the therapist's ability to be optimistic and to see what is funny or appealing in a grim situation." Many other therapists share her belief that taking oneself too seriously is the cause, if not the primary factor, in most emotional suffering. The effective therapist can dilute the client's negativity, pessimism, and hopelessness by introducing a degree of playfulness to a depressing situation.

Bergman (1985, p. 184) comments on how he is able to stay vibrant and alive as a therapist: "When I am in a treatment session, I am, of course, focused on helping a family change, but I am also out to have some fun. Not only do I need to have fun and be playful, but sometimes, if I can get away with it, I also try to push the fun and play to joy. I'm doing this for me, but I suspect there are also clinical spin-offs that work therapeutically toward change."

Bergman goes on to describe the value of humor and play in therapy. Besides serving as entertainment and leading to the shared joy of laughter, humor and play can

- reduce tension and discharge energy
- lighten affect from despair and suffering
- provide intellectual stimulation

- contribute to creative thinking
- help keep things in perspective
- make it easier to deal with the incongruous, awkward, and nonsensical aspects in life
- make it possible to explore forbidden subjects in less threatening ways
- express exuberance and warmth
- create a bond between persons sharing a joke
- parody some aspect of behavior for greater awareness

The therapist's sense of humor, then, is a reflection of the joy, passion, creativity, and playfulness that are the hallmarks of any interesting character. It is what makes him or her appear less threatening and more approachable. It is what allows him or her to deal with intensely serious subjects over and over again and still to keep a sense of perspective.

Harper (1985) reports that having fun is one of his major goals in therapy. People take their suffering all too seriously and need to let go of their dreary perceptions and replace them with others that are more joyful. "I try to get some fun out of even basically tragic, onerous, tedious, and unpleasant situations in and out of therapy, and I try to pass on this approach to the

people I see in my practice. . . . The central idea I model and teach is to take responsibilities seriously, but get whatever pleasure possible out of the process of so doing" (Harper, 1985, p. 10).

There are many anecdotes circulating around about the exploits of Milton Erickson, especially with regard to his creative use of humor and psychological shock in therapy to break repetitive dysfunctional patterns. One of these stories, related by Rossi (1973), describes a case presented by Erickson at a psychiatric conference. While few clinicians would ever dream of going to the extremes that Erickson (and the subsequent generation of directive strategic therapists) was willing to try in an effort to jar client defenses, the following case is an intriguing example of the therapist's creative potential.

A couple came to Erickson in considerable distress over their failure to have a baby, although there were no organic impediments and they had been trying for some time. The husband and wife appeared quite stilted, formal, and ill at ease, becoming even more so when trying to discuss their delicate problem. In their own distinctive style, the couple revealed their problem: "Because of our desire for children we have engaged in the marital union with full physiological concomitant each night and morning for procreative purposes. On Sundays and holidays we have engaged in the marital union with physiological concomitant for procreative purposes as much as four

times a day. We have not permitted physical disability to interfere. As a result of the frustration of our philoprogenitive desires, the marital union has become progressively unpleasant for us but it has not interfered with our efforts at procreation; but it does distress both of us to discover our increasing impatience with each other. For this reason we are seeking your aid since other medical aid has failed" (Rossi, 1973, p. 10).

In view of Erickson's indomitable sense of humor, we can only imagine his amusement in listening to this presentation. We do know, however, what he did. After telling the couple that he might have a cure for their problem, he warned them it would involve a severe psychological shock. He then left them alone for fifteen minutes to decide whether they thought they could handle the proposed treatment that would be quite shocking.

On returning to the room, Erickson obtained their consent and then prepared them for the "event." He suggested they hang tightly to their chairs in anticipation of what he would say. He also asked that they refrain from talking to one another about what they were about to hear. They should remain perfectly silent until they were back in their own home. He then began: "For three long years you have engaged in the marital union with full physiological concomitant for procreative purposes at least twice a day and sometimes as much as four times in twenty-four hours, and you have met with defeat of your philoprogenitive drive. Now why in hell don't you fuck for

fun and pray to the devil that she isn't knocked up for at least three months. Now please leave" (Rossi, 1973, p. 10).

Similar to so many of the Erickson legends, this one, too, had a happy ending. The couple was predictably shocked by what they heard (as were the members of the psychiatric conference, when the "F" word was used). Yet as soon as they arrived home they fell to the floor in a mad, passionate frolic. Within three months the wife became pregnant.

What is most instructive about Erickson's cases are not his often bizarre actions that most practitioners would have some difficulty employing, but rather his incredibly inventive, playful, and original way of thinking about client problems. Erickson became the prototype for the role of therapist as "wise fool," for as Gomez and O'Connell (1987, p. 43) have explained, fools are so internally free that "they can be masters of reconciling contradictions, and can incarnate a living sense of wonder." Effective therapists thus have the capacity to be tastefully and tactfully humorous in ways to disarm client resistance and help clients face painfully serious issues.

Caring and Warmth

In whatever form and style it is manifested, clients feel motivated to keep working on themselves when they feel there is someone in their corner who genuinely cares about them. It does not matter how we show this caring

— by being permissive and indulgent, or firm in our limit-setting. Whatever messages we choose to impart, and however we decide to work, as long as clients sense our commitment to them and feel our regard, they will show increased capacities for caring for them selves. The reasoning goes something like this: (1) "This person who is my therapist seems to me to be pretty knowledgeable, competent, and a good judge of character"; (2) "The therapist obviously likes me and genuinely believes I have a lot going for me"; (3) "If the therapist thinks I am a pretty nice person, and I trust this person's judgment, then I must have a lot more on the ball than I thought I did"; and (4) "I'd better start treating myself like my therapist believes I deserve to be treated."

A social worker who specializes in working with oppositional adolescents finds that whatever else he does — confrontation, behavior modification, role playing, school interventions — the way he shows his concern for his clients' welfare has the greatest impact. He describes how this operates in the case of one especially difficult child:

> A couple of years ago, I began working with a fifteen-year-old male who presented the following problems: (1) lying, (2) impulsive behavior, (3) poor academic functioning, and (4) antisocial behavior (car theft, skipping school, fighting, trafficking drugs). My work with this child was rather unsuccessful in that our contact was sporadic and a true relationship nonexistent.
>
> Due to continued acting out, he was placed in a detention facility, where I continued to see him. His first response to my continued

involvement was one of shock, especially since we had never developed a relationship when I saw him in my office. He initially remained rather evasive and knew how to say the right things. On a leave from the program, he was involved in using a gun trying to frighten another person, after which he was returned with more serious charges. When I went back to see him, the first change was his attitude toward me. Several times he made a point that I had not given up on him, giving him a sense of positive importance. He became more open regarding his past behaviors, relating them to anger and frustration due to past family experiences. As his parents became involved in treatment, communication improved with them; he became more willing to accept responsibility for his actions. Initially, the boy was only able to talk with me about his feelings regarding his parents, and the parents to me about their feelings toward their son. Eventually, they were brought together in family sessions and they got along quite well. He is now back at home and doing fine.

When I ask myself what happened with this boy, I really don't think it had much to do with my interventions. One clue was found on the envelope to a letter he wrote me. It was addressed to: "The Best Man on Earth." This boy, who had been pushed around his whole life, turned things around because there was one person in his world who really cared about him.

Guy (1987, p. 294) believes that what distinguishes the truly outstanding therapist from those who just go through the motions is something more than skill and expertise: "He or she possesses a deep sense of caring and compassion that results in a level of empathy and sensitivity that touches others in very extraordinary ways. . . . There is a resultant transcendence which enables these special individuals to accomplish the 'impossible thing'. . . . Whether in session or on vacation, the fully integrated therapist constantly shares his or her senses of perspective and worldview. A

personal passion for psychic wholeness is incorporated into nearly every encounter, not because of an uncontrollable drive, but due to a genuine sense of mutuality and caring."

More than all the techniques and expertise, all the wisdom and perceptiveness, being a genuinely nice person makes a therapist helpful. This is a human being who, for whatever reasons, is liked by others. It makes little difference which specific qualities are evident — whether he or she is a lovable, huggable figure, a crusty eccentric, or a somewhat controlled and restrained individual. If the therapist is perceived by clients as "nice," he or she is almost certainly going to be trusted, admired, and listened to.

Credibility and Confidence

Therapists who are perceived as confident and credible produce positive results. Period. And if they are viewed as being self-congruent and genuine, all the better (Orlinsky and Howard, 1986).

So what do therapists who have credibility and confidence look like, and how do they act? They are people at ease with themselves, natural in their gestures and movements — as if every part of them is an expression of an inner core that is satisfied and self-assured. They are comfortable in their bodies; with their words and nonverbal cues, they communicate that they know who they are, where they have been, and where they are going. Their

sense of their own worth allows them to readily admit their confusions without losing any credibility. It is the ultimate in confidence to disclose that you do not know what is going on but feel reasonably certain that eventually you will find out.

Credible, confident therapists can back up their optimistic predictions and assurance with definite results. Anybody can pretend to know what he or she is doing, but the ultimate test is to deliver what has been implicitly promised. Credibility comes from doing what we said we would do — even if that is quite simply to listen. Good therapists convey the impression that:

- I like myself.
- And I like you, too.
- I know what I'm doing.
- I've done this many times before.
- I can help you.

If these are the promises that initially help therapists project confidence, they sustain their credibility by living up to the contract. When our interpretations are mostly on target, when we have demonstrated through empathic resonance that we have heard and understood what has been said, when we *prove* that we are trustworthy, competent, and ethical

professionals as well as warm and authentic human beings, then we make a difference.

Warmth and genuineness are what moderate the perception of arrogance. For when we go too far, it is when our sense of self-assurance becomes so self-involved, so intrusive, that all perspective on reality is lost. The blending of confidence with humility creates a competent, confident human being, but one with doubts, confusions, and limitations that do not mar the overall image! The client feels as if he or she is in the presence of someone who is indeed quite special — someone who certainly has expertise and integrity, but more than that, someone who is so matter-of-fact about these attributes that they never need to be overtly mentioned. They are part of who the therapist is, and this confidence allows him or her to make the client feel special.

Patience

Clients do not come to us in a vacuum. They usually have a long history of being aided in life by well-meaning helpers. These may include the kindergarten teacher who "helped" them learn self-control by rapping their knuckles and scolding them in front of their peers. It may include their parents' efforts to teach them to swim by throwing them into the deep end of the pool. There have been thousands, perhaps millions of other "lessons" from

their parents, relatives, friends, teachers, ministers or rabbis, neighbors, and a host of other sources, the least of which may have been other therapists. Clients have thus learned a great deal, but always with certain side effects that inhibit learning in the future. They come to us with these defenses, resistances, traumas, scars, and maladaptive patterns, as well as with whatever presenting complaint motivated the desire to seek help at this time.

Doing good therapy involves not only the willingness and capacity for acting decisively when the situation calls for it, but also the act of not acting when that is what is needed. People need time, at a pace all their own, to integrate new learnings, to build courage to experiment with new behaviors, to make sound decisions, and to work through their reluctance, apprehensions, and fears. We are asking them to give up something, an old ally, a friend who constantly gets them in trouble but a lifelong friend nevertheless, before they feel equipped to try something else that might work better. So we have to wait until they are utterly convinced there is nothing worse, that life is so awful the way it is that the only possibility for salvation is to try *anything* else other than what they are currently doing. And this can take a while.

Effective therapy moves at the pace of the client, not the clinician. Effective therapists are able to demonstrate a level of patience that supersedes their own needs to see observable movement and progress. They

do this by tolerating the pauses and silences, allowing the client to assume responsibility for movement and content. They accept wherever the client is, not needing him or her to be different. And finally, they are not only patient with clients, but patient with themselves.

Of all the qualities that are part of being a compleat therapist, I struggle with patience the most. It is because I am not very tolerant of my own reticence that I have such a hard time waiting for clients to move at their own pace. Sometimes, it seems, I make the most brilliant interpretations that go unacknowledged. Sometimes, I *do* think I know what is best for a client — but try as I might to push, he or she will not budge until the time is right.

Rick was miserable working in his family business. He felt as though he would never be his own person as long as his father — a man who ruled harshly and unforgivingly — held him under his thumb. Rick could not respect himself under these circumstances, yet he could not bring himself to escape. “The problem seems simple enough,” I ventured. “What will it take for you to be able to walk away and start your own life?”

When he informed me that what he primarily needed in therapy was a little push, I accommodated him. We spent the better part of several weeks making preparations for him to make his move, and because his course of action seemed so clear at the time, I neglected a more lengthy and time-

consuming process of getting to know him and learning about where he came from and how he got to where he was. The man wanted support, and I was chomping at the bit to give it to him, especially since a few of my other cases were dragging on for years with no immediate end in sight. Here was an opportunity in which I could make a difference quickly, and that, after all, was why I became a therapist — to fix other people's problems, since as a child I felt so impotent with my own. Rick *was* persuaded (or I suppose I convinced him) to leave his father's company and go off on his own to live happily ever after. Six months later he ended up back with his family business, more miserable and discouraged than ever. Then we began the more difficult task of trying to unravel some of the other issues that were at stake for him. It was impatience that was the downfall for both of us. We wanted instant results — he, an immediate relief of pain, me, a quick cure to appease my own need to feel like a potent healer. Yet, only a few months earlier, I lost a client because I proceeded too cautiously. How could I ever find this balance?

Perhaps the outcome of all therapy comes down to this: either pushing too fast or too slowly. Clients give up when they either do not feel any structure, direction, and motivation from their therapist, or when they feel so much it goes beyond the threshold of what they can tolerate. So the trick is to be patient without being passive, to bring pressures to bear on the client, but only as much as can be handled at any moment.

This balance is very much like riding a bicycle, where we have to make innumerable minute adjustments every second to ensure that we stay upright and keep pedaling forward. When we feel the client drifting of, fading away, and feeling discouraged, we turn up the heat a bit with an interpretation or confrontation we believe he or she can handle. Now we have the client's attention again — his or her continued curiosity and commitment. Then we sense the client's fear; we can feel him or her bolting. And so we turn down the heat a notch. We offer encouragement and support. We stay with the client's feelings for a while. When the client lets us know he or she can handle a little more, the cycle begins anew, a little at a time.

Acceptance of Imperfections

In an analysis of fifty-eight personal accounts of critical incidents that shaped the development of counselors, Cormier (1988) found the most common theme to be the usefulness of mistakes and failures as an impetus for growth. This was also the central theme of a previous volume in this series on how therapists are able to accept their imperfections, to remain open to processing their mistakes and misjudgments, and to use them as a means of increasing their effectiveness in the future (Kottler and Blau, 1989).

Yalom (1989), for example, experienced a breakthrough with a seriously disturbed client by freely admitting to a miscalculation in

comparing her to the homeless. Later, while he and the client were analyzing what had been the turning point in their work together, she confided that it was something very simple, seemingly inconsequential, but very significant to her:

> "What precisely," I asked, "was helpful to you in our last hour? At what moment did you begin to feel better? Let's track it down together."
>
> "Well, one thing was the way you handled the crack about the homeless. I could have used that to keep punishing you — in fact, I know I've done that with shrinks in the past. But when you stated in such a matter-of-fact way what your intentions were and that you had been clumsy, I found I couldn't throw a tantrum about it" [Yalom, 1989, p. 220],

So what helped Yalom to reach this particular client was his willingness to confront his own stupidity. As Welles (1988) has so convincingly demonstrated, history is replete with examples of supreme stupidity that have caused tremendous damage because of people's failure to admit mistakes and learn from them. He cites as a representative example the case of World War I generals who kept initiating frontal assaults because they believed that their strategy was perpetually sound; it was the execution of their plan that caused so many casualties.

This is, of course, the same reasoning that permits therapists to persist in applying their theories and interventions in the face of irrefutable evidence that client functioning is rapidly deteriorating. Ineffective therapists tell

themselves: “There is nothing wrong with the approach I am following, nor with the way in which I am using it. Therefore, it must be the client’s resistance/stubbornness/pathology/lack of motivation that is sabotaging progress. With sufficient time and patience, surely the client will come around.”

In his review of the history of human stupidity, Welles concludes that failure is essentially a corruption of learning in which input becomes selective, feedback inaccurate, perceptions skewed, and cognitive schemata inflexible. When people are unable to recognize their errors, check results against expectations, and modify their behavior, unsuccessful outcomes occur.

Effective therapists remain successful much of the time because they are open to examining their errors instead of finding ways to disown them. Rather than blaming client resistance or making other excuses for things not going the way they were planned, they accept their limitations, the inevitability of things beyond their control, and they work hard not to repeat the same mistakes.

Consider, for example, the clinician who is so threatened by the possibility of failure that he or she practices defensively and never takes risks — preferring a safe, predictable, benign treatment that will not help all that

much, but that will not hurt either. When the client does not improve, it is because of "resistance," "family interference," "poor motivation," "unconscious sabotage"—anything other than the therapist's own behavior or attitude. And because this stance does not allow for accepting the possibility of failures, such a therapist is destined to repeat them.

The best practitioners in any discipline are always those who can identify their weaknesses, recognize when they are impeding progress, and find ways to work around them. This is true of teachers, athletes, engineers, or philosophers. When Bertrand Russell — ex-mathematician and philosopher extraordinaire — turned to education as his next challenge, he discovered that he was a dismal failure at running a school. His idealism, poor business sense, self-absorption, and constant philandering made him a poor educator and administrator. And yet this ill-fated venture that plunged him hopelessly in debt became the impetus for him to develop as the consummate public communicator. Russell recognized he could not keep pace with the intellectual rigors of his Oxford contemporaries. His best works on logic and mathematics had been published decades earlier. So he turned his formidable talents as a writer and speaker to popularizing philosophy for the masses, to introducing the average person to the values of philosophical inquiry. By recognizing what he could *not* do any more — that is, construct logical models of human thought — Russell turned instead to what he *could* do well : explain the works of other philosophers. His weakness, once acknowledged, allowed

him to concentrate his powers in areas of his greatest strength.

In the most popular of all his works, a primer on the problems of philosophy, Russell, ([1912] 1959, p. 161) closed the book with a summary that can be applied to the work of the therapist as well : “Philosophy is to be studied, not for the sake of any definite answers to its questions, since no definite answers can, as a rule, be known to be true, but rather for the sake of the questions themselves; because these qualities enlarge our conception of what is possible, enrich our intellectual imagination, and diminish the dogmatic assurance which closes the mind against speculation; but above all because, through the greatness of the universe which philosophy contemplates, the mind also is rendered great, and becomes capable of that union with the universe which constitutes its highest good.”

The therapist who discovers, like Russell, that there are certain areas of his or her craft that are troubling — perhaps a difficulty with confrontation, or working through transference conflicts, or taking too much responsibility for client growth — can learn with honest self-scrutiny and supervision to improve these skills and work around any problems.

I am struck, for example, by how many times my work with clients becomes impeded by my intense need to be liked by everyone all of the time. I have worked on this issue in personal therapy and supervision on and off for

decades. And I suppose I have made some progress: now when a student writes a poor course evaluation or a client "fires" me, it only sends me into a tailspin for days instead of weeks. I am certain I will continue to struggle with this issue all my life. But meanwhile, my work with clients occasionally suffers because my own need to have them like me gets in the way of doing some things that need to be done. For instance, I catch myself overreacting to any acting out on the part of an angry client. I tell myself on the inside that it is *only* a transference reaction, but I still take it personally. I act hurt. The client apologizes and backs off. And this fertile area of exploration becomes closed off. Now, knowing this about myself, but still unable much of the time to stop my own issues from getting in the way, I have learned to work around them. For one thing, I can now very reliably catch myself doing this and can thus take steps to deal with it in the session so that we can work on the client's transference issues or perhaps even genuine anger toward me. This is not where I would like to be with this issue; eventually I would like to work this through more fully. But in the meantime, I can work around it, and accept (or try to accept) this imperfection in myself.

There is a tremendous advantage to knowing the limitations of what we are able to do. There are some instances in which no matter what form and style of psychotherapy is practiced, the client is not going to significantly improve. Effective therapists are good at recognizing when they are being ineffective, when their efforts are not working. They are knowledgeable in

general about those kinds of disorders that are very resistant to treatment by therapy alone. They are able to recognize these cases and the futility of proceeding with interventions that both the client and therapist realize are not much help. After several months of working with someone who has bipolar features or obsessive-compulsive behaviors or panic disorder that does not seem to be improving, the clinician will reach out to a medical colleague for consultation.

This willingness to ask for help is an important trait in compleat therapists. They are successful because they recognize what they do not know and cannot do, and because they have an intense desire to learn more through continued training, supervision, and peer consultation. If at some time every week (or every day in some cases), therapists do not feel stuck, at a loss as to how to proceed, confused and unsure about what is happening with clients, then they are probably neither very honest with themselves nor very open to confronting the limits of their capabilities.

The Key Importance of Sensitivity

One thing that therapists can do better than most people, and good therapists can do better than lousy ones, is observe nuances in human experience and communication. So much of what we do is to at end to the client's "felt sense" of what is going on inside. We listen intensely to the words

that are spoken, interpreting surface and underlying meanings. We observe closely what clients do and say they do in the outside world, connecting these actions to our knowing of what they are like. In short, we do everything within our power to be what Rogers called empathic — the extraordinary sensitivity to whatever another person is experiencing at any moment. It is complete understanding without judgment.

The ideal therapist has, according to Bugental (1978), developed, trained, and polished sensitivity above all other attributes. Sensitivity is quite simply the use of all our senses (including intuition) to at end to whatever is happening: "That sensing is like a fine instrument, capable of picking up clues that the average person might not register: nuances of meaning, intonations of voice, subtle changes of facial expression or body posture, hesitations, slips of speech, and all the thousand and one subtle expressions of a person in the midst of life" (Bugental, 1978, p. 41).

One client, who has seen her fair share of therapists in her life, reviewed what the various practitioners did or did not do that she found especially helpful. For her—and most clients would heartily agree—effectiveness was based primarily on the therapist's capacity to be sensitive. In her words:

> I am remembering the therapists I have seen. First there was Dr. L. with this big desk and his aquarium and his couch that I refused to get near. He was lifeless and boring and our relationship was dry and sterile. I suspect one must be sensitive in order to be intuitive, and Dr. L. was far

from sensitive. His favorite intervention was to harangue me for not having assumed my husband's name. He did understand the place of power in the therapeutic relationship, however, and its place was squarely in his hands. "See what I've done for you?" he was actually heard to say. I laughed in astonishment and walked out of his office.

Years later, a fresh start with Dr. D. I see now that he understood something about being sensitive. He asked me to call him by his first name, and he let his own personality show through. He was warm and pleasant and gave me the sense that he really liked me. Looking back, I recognize that he used exquisite sensitivity in his work because he had an excellent sense of timing — he knew just when to say the right thing.

And then there was Dr. S. Here was a therapist totally nourished by her sensitivity, totally alive in her powers of perception. I see now that about 90 percent of what she did for me, and with me, came from her skill at being incredibly sensitive. She created an atmosphere of expectancy in which I was caught up in knowing that breakthroughs were imminent. She somehow knew just how much I could handle at any moment in time. It was a pace of growth that I had always longed for. I soared. I stretched. I changed. And after a while, I noticed that somehow, somewhere along the way, I too had learned to be extraordinarily sensitive.

All of the best qualities of the compleat therapist are contained in this last description. Sensitivity embodies all of the intangible dimensions of the therapist's personality — the power, the kindness and caring, and especially the ability to read accurately what is happening.

Effective therapists are excellent observers of behavior. They see, hear, and sense things that are not accessible to the untrained or unaware. They find patterns out of chaos, structures out of apparently unrelated events. They are witnesses who are able to see things as they are, who can recall significant

details, and who can make sense out of a jamboree of confusing data.

A good therapist can see that the emperor is not wearing any clothes, and will not hesitate to tell him so: “I notice that it’s hard for you to stop talking. Each time I attempt to respond to you, you do several things. First, you gesture with your hand. Second, you take breaths in the middle of your statements, as if you are afraid that if you paused at the end of a sentence, you might not be allowed to finish. It is as if you are communicating with your whole being that you are not used to being heard or allowed to speak freely and completely.”

The sensitivity that allows a therapist to perceive subtle dimensions of a client’s behavior is useless without the capacity to make sense out of what it means. The qualities of a therapist’s personality are certainly important; but so are the distinctive ways in which we process information and the ways in which we make sense of the patterns we can recognize.

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