

ON BEING A THERAPIST

JEFFREY A. KOTTLER





On Being a Therapist



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by Jeffrey A. Kottler

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Preface

The process of psychotherapy flows in two directions, obviously influencing the client, but also affecting the personal life of the clinician. This impact can be for better or worse, making the helping professions among the most spiritually fulfilling as well as the most emotionally draining human endeavors. Some of us flourish as a result of this work. We learn from those we try to help and apply what we know and understand to ourselves. And some of us become depleted and despondent. Over time we may become cynical or indifferent or stale.

We have long recognized the impact of various therapeutic ingredients in the changes a client will likely undergo. We know that such factors as modeling, catharsis, empathic responding, intensive questioning, and constructive confrontation will lead to greater self-acceptance and even to personality transformations in a client. But what impact do these processes have on the one facilitating them? Can the clinician be an active instigator of the therapeutic process without, in turn, being affected by its ripple effects? Can the therapist be immune to the influence of prolonged exposure to human despair, conflict, and suffering? Can the professional helper avoid the inevitable growth and self-awareness that comes from studying another life? Can he or she remain the same after being in the presence of so many who are changing? Whether we like it or not, the

decision to be a therapist is also a commitment to our own growth.

This process of change and growth works in mysterious ways. I had been working with a client who was exploring the utter predictability of her life. Even with success she felt stale, bored, restless, yet she was fearful of making an abrupt change that could take financial and emotional tolls. I squirmed a little, then a lot. I had just made plans to attend a professional conference I go to every year. I usually have a good time, meet some interesting people, and learn a few things I might try differently in my work. I heard my client elaborate further about her fear of taking risks. I felt even more like a hypocrite, berating her as I had for always taking the safe, predictable route. I did not even hear the last several minutes of the interview so caught up was I in reviewing the meticulous, controlled way I organize my life. Even my vacations. As the session ended I bolted for the phone.

A month later I returned from a snowcamping trip in the wilderness. This expedition, my alternative to a professional conference, gave me time to think about my life, its predictable routines, and several changes I might wish to initiate. My client, too, had changed during the interim—though she had no idea how her crisis precipitated my own. As she related her determination to challenge her habitual patterns I frequently nodded my head. Yet I was nodding as much to myself as to her.

Overview of the Contents

On Being a Therapist is written for all practitioners of therapy—social workers, counselors, psychiatrists, psychologists, psychiatric nurses, and other mental health specialists. It will be of utmost value to students of these professions who may be preparing for a career by learning skills of helping without fully appreciating the personal consequences. Those persons who have experienced therapy as clients, or who are contemplating such a formidable task, will also find the premises contained herein of special interest.

Chapter One begins with a discussion of how primitive healers understand, intuitively, the reciprocal power between

participants in the therapy process. A unified framework of the change process is presented as a backdrop for exploring further ideas about modeling and influencing power in Chapter Two. Essentially, all systems of therapy work because they share several nonspecific elements: the powerful “presence” of a therapist/model, active placebos, being with the client, structures for risk taking.

Chapter Three further explores the implications of the role of the therapist as a model by examining the relationship between personal and professional effectiveness. Just as professional skills help therapists to improve their own personal relationships, their real-life experiences are invaluable tools during sessions. This is the best fringe benefit of the field: by being constantly exposed to change there is continued stimulation to promote greater personal growth, which in turn makes us more powerful models.

Chapter Four begins a discussion of the field’s special hardships, including the strains of one-way intimacy, fatigue, and personal restraint. Chapter Five covers those occupational hazards that result from contacts with clients who are resistant, abusive, or acting out countertransference issues, while Chapter Six focuses specifically on the emotional difficulties that therapists often encounter. The symptoms, causes, and cures of boredom and burnout are discussed, leading to a further exploration in Chapter Seven of those difficulties that clinicians bring upon themselves. Examples of common self-deceptions are counterbalanced by those attributes and skills a therapist may use to promote self-healing. Additional antidotes are mentioned in Chapter Eight, which encourages the self-application of therapeutic philosophy and skills. Chapter Nine emphasizes greater congruence between the personal and professional in a therapist’s life.

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I gratefully acknowledge the assistance of the many professionals representing the various mental health specialties and theoretical orientations who agreed to be interviewed regarding what it means to be a therapist. While most of these clinicians

and therapist educators wish to remain anonymous, their words speak loudly throughout the chapters that follow. I especially thank Gracia Alkema, William Henry, Jerry Corey, Karin Meiselman, and Barry Farber for carefully reviewing the manuscript and providing so many helpful suggestions. Robert Brown, Gary Mueller, James Schmidt, Larry Gusman, Louise George, Lisa Glen, Mary Otto, Diane Blau, and James Danielski also provided constructive input.

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Farmington Hills, Michigan
June 1986

Jeffrey A. Kottler



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Contents

Preface	ix
The Author	xv
1. Client and Therapist: How Each Changes the Other	1
Influence of Personal Power in Primitive Healing • Therapist Belief and Active Placebos • Client Risking in the Change Process • Risks of the Therapist • Therapist Vulnerability • Pressure to Perform	
2. Struggles for Power and Influence	14
Spontaneous Modeling • Therapists as Professional Models • Balance of Omnipotence Versus Humanness • Mentor's Strength of Character • The Ideal Therapist Model • How Modeling Works in Therapy • The Uses of Power	
3. Personal and Professional Lives	25
Fusion of Roles • Risking and Intimacy • Therapist Self-Healing • Taking Our Own Advice • Things We Learn • Uses and Abuses of Self-Disclosure • Personal Fallout • The Human Dimension of Being a Therapist	

4.	Hardships of Therapeutic Practice	43
	Occupational Hazards • Sleepless Nights • One-Way Intimacy • Restraint • Narcissism • Fatigue • Futility • Isolation • Conflict • Money	
5.	Patients Who Test Our Patience	66
	Countertransference • Some Therapist Fantasies • Difficult Cases • Dealing with Problem Patients	
6.	Boredom and Burnout	83
	About Boredom • About Burnout • The Impaired Therapist	
7.	Lies We Tell Ourselves	104
	Types of Self-Deception • A Therapist's Personal Skills	
8.	Alternative Therapies for Therapists	122
	The Therapist's Developmental Changes • Therapists' Resistance and Hypocrisy • Some Therapists Speak for Themselves • Self-Therapy • Group Support • Adventure and Escape	
9.	Toward Creativity and Personal Growth	142
	The Urge to Create • Resistance to Creativity • Risking and Creativity • Creative Problem Solving • Creative Thinking • Doing Therapy as a Creative Enterprise	
	References	155
	Index	165

Client and Therapist: How Each Changes the Other

Sitting in a prominent place in my office is a small vial containing an inky mixture of earthen ingredients. It was given to me by a Peruvian witch doctor who believed that clients influence their therapists just as we influence them. He felt that healers, whether in the jungle or the cities, need protection against the evil spirits that emanate from people who are suffering.

According to an ancient Inca legend passed on from one generation of healers to the next, all mental and physical illnesses result from an impure soul. The mental spirit of the healer, his powers of suggestion and white magic, can purify a sick soul and restore inner control. This purification is always undertaken at great risk—for the destructive energy dissipating from a patient also pollutes the spirit of the healer.

Most therapists understand that they jeopardize their own emotional well-being when they intimately encounter the pain of others. Rogers (1972) relates the story of his involvement with a deeply disturbed woman. He vacillated between professional aloofness and the genuine warmth that was to be his trademark. His client became confused, irrational, hostile and even followed him through his relocation from Ohio State to Chicago. As her dissatisfaction with the therapy grew, she became even more critical and demanding of Rogers, piercing his defenses and triggering his own feelings of inadequacy. “I recognized that many of her insights were sounder than mine, and

this destroyed my confidence in myself; I somehow gave up *my* self in the relationship" (Rogers, 1972, p. 57). Continuing this destructive relationship eventually led to a psychotic breakdown for the client and to the borderline of a nervous breakdown for her therapist.

I wonder now if Freud's admonishment to remain detached in the therapeutic relationship was less intended to promote the client's transference than to preserve the emotional safety of the clinician. The experience of any practitioner would attest to the emotional as well as the intellectual strains of living constantly with clients' crises, confusion, and intense suffering.

Consider the experience of therapy for both participants. Confidentiality, and therefore privacy, is an implicit part of the encounter as is a level of intimacy between two people that sometimes reaches, if not exceeds, that of parent and child or husband and wife. We are privy to secrets the client is barely willing to share with himself. We know the client at his best and at his worst. And as a function of spending so many intense hours together, the client comes to know us as well. We are partners in a journey.

Influence of Personal Power in Primitive Healing

Central to all that I will say on the interaction between therapist (the generic term for *counselor, social worker, psychologist, psychiatrist, mental health worker, psychiatric nurse*) and client is a relatively unified and simplistic view of change. This framework particularly emphasizes the power and influence of the therapist's personality as a facilitator of growth. The force and spirit of who the therapist is as a human being most dramatically stimulates change. Lock a person, any person, in a room alone with Sigmund Freud, Carl Rogers, Fritz Perls, Albert Ellis, or any other formidable personality, and several hours later he will come out different. It is not what the therapist does that is important—whether she interprets, reflects, confronts, or role plays—but rather who she is. A therapist who is vibrant, inspirational, charismatic; who is sincere,

loving, and nurturing; who is wise, confident, and self-disciplined will have a dramatic impact by the sheer force and power of her essence, regardless of her theoretical allegiances.

The first and foremost element of change, then, is the therapist's presence—his excitement, enthusiasm, and the power of his personality. Rollo May (1983) speaks of presence in a different sense—the complete experiencing of the client's being, not of his symptoms or problems, but of his essence. The therapist enters the relationship with clarity, openness, and serenity and comes fully prepared to encounter a soul in torment. The client comes prepared with his own expectations for a mentor, a guru, a doctor, a friend, or a wizard.

One such charismatic healer resides in a village 600 miles north of Lima, Peru, sandwiched between the driest desert on earth and the world's highest tropical mountains at the gateway to the Amazon jungle. This village is noted throughout the world because it has evolved over thousands of years as the capital of therapeutic sorcery. No fewer than one hundred witch doctors actively practice their healing arts here. Chief among them is Don Jose, an old wizard with a weathered, bronzed face and a mouth of broken teeth.

This "primitive" witch doctor, a descendent of Incan medicine men, has an exquisite grasp of the therapeutic principles we use everyday. Although he can neither read nor write and has never traveled beyond his district, he is a master of many sophisticated psychological methodologies to promote inner healing. He capitalizes on the dynamics of cohesion, intimacy, and spectator effects of vicarious learning in his group process. He carefully selects participants for his therapy, weeding out those with a poor prognosis, just as we might turn away those clients we cannot help. He conducts preliminary interviews with each candidate to gather relevant background information and to assess the candidate's mental status. During this time he also plants the seeds for cure by exuding confidence and authority.

Rather than a tweed, vested suit, Don Jose sports a special poncho and sombrero that indicate his status and prestige. His patients travel great distances and pay large sums of money

to receive a cure from his hands. Before the ceremony ever begins, his clientele are ready and eager to change. Clearly, Don Jose conveys to them his certainty they will see rapid improvement.

His therapy itself consists of a series of rituals and chants. Processes of catharsis and transference, simple hypnotic inductions, and the use of powerful drugs to promote self-exploration are also used. Underneath all the trappings—the dramatic show of hallucinating and purging on a mountain top—lies a very solid therapeutic regimen that often leads to a cure. Whether evil demons are really being exorcised by the body's spirit or whether an active placebo response is being elicited by a sophisticated set of rituals, there is no doubt that Don Jose and his successful colleagues are powerful human beings. They have presence. They expect their clients to get better. Their clients have faith in their powers to cure.

Therapist Belief and Active Placebos

The therapeutic elements of primitive helping are part of every helping system. The witch doctor, the physician, the therapist, the teacher believe that what they do will make a difference. They have faith in their powers to cure and to promote change.

After a thorough study of all forms of healing—osteopathy, homeopathy, chiropractic, traditional medicine, acupuncture, sorcery, and psychotherapy—Andrew Weil (1983) has concluded that “active placebos” most consistently account for positive results. Even the most intrusive surgical procedures work on many levels other than the obvious. In a then classic study of a miracle cure for angina, surgeons once claimed they could reduce the pain and discomfort of inefficient arterial flow by cracking open the chest and tying off the delinquent blood vessels. Afterwards, the patients experienced a dramatic cure of their suffering. The inescapable conclusion: the doctor's surgical intervention saved the patient.

A study later followed in which patients with the same symptoms were anesthetized and operated on but did not re-

ceive the therapeutic procedure of closing off the arteries. Nevertheless, the patients still improved! Weil believes it is the physician's or healer's expectations for a cure, coupled with some active agent (pharmaceutical, physical, psychological), that permits the body and mind to heal itself. In the context of therapy both Frank (1961) and Fish (1973) postulate that most effective systems are designed to maximize the client's expectations for a successful outcome.

The active placebo is set in motion by the dress, setting, manner, and style of the helper and her environment. In our society, diplomas, books, leather chairs, and tweed jackets all feed into the client's expectations concerning a good therapist. And the therapeutic relationship contains within it certain non-specific factors that influence a client, other than those deliberately intended by the clinician. These placebo effects are impossible to filter out of the process (Patterson, 1985). When the client experiences immediate relief after presenting complaints and initial fears in the first session, both client and therapist begin to feel optimistic.

The specifics of what the therapist does next—whether encouraging catharsis, self-control, or self-confrontation, whether using interventions of interpretation, reflection, or goal setting, whether focusing on thoughts, feelings, or behavior—probably cause less client insight and action than the therapist's belief that they will. The client has faith in us, as people of integrity and wisdom, as experts with the power to heal.

Client Risking in the Change Process

Much of what a therapist does is designed to motivate greater risk taking in clients. When attention is given to the unresolved issues of the past, resistance and apprehensions must often be worked through. To dismantle rigid defenses, to interpret unconscious motives, to reflect on unexplored feelings may involve pushing the client to the brink of her madness. She must confront those parts of herself that have been deeply buried, and she must risk the consequences of relinquishing coping strategies that have worked fairly well until this point. There is

a risk, or perhaps even a certainty, that some destabilization will occur. Before real growth can be attained, the client will often experience intense confusion, disorientation, and discomfort. She risks leaving behind an obsolete image of herself, but one that was once comfortable and familiar, and she risks not liking who she has become. She will lose a part of herself that can never be recovered. And all she hopes to gain is the possibility of a better existence. For this she must take the therapist's word.

When the client seeks to modify specific goals and behaviors, the risks are even more evident. To change any single aspect of one's behavior is to set in motion a chain reaction of subsequent aftershocks. One woman had been procrastinating for years in therapy, reluctant to take any action. As is usually the case, all her difficulties were connected—her dead-end job, her desire to move away from her parents, her relationships with men, and her desire to lose weight. If she should make a change in any one of these areas, she would risk everything else tumbling down. To lose even fifteen pounds felt frightening to her since it would mean she would be more attractive, feel more confident, have demonstrated the capacity for self-control, and have proven the power to change. She just could not face the consequences of changing any part of her life, since that would mean every other part would have to change as well. It was much easier to come to therapy each week and please her therapist with good intentions, a cooperative attitude, and a wonderful capacity for generating insights that would not necessarily lead to change.

The therapist's job is to do everything within her power, not just to promote self-understanding, but to encourage risk taking. The client must not only reflect but act. This task is accomplished not only by the quality of one's interventions, designed to reduce the perceived threat and increase the willingness to experiment, but by the genuine commitment the therapist makes to risk taking in her own life. A professional who believes in the value of risk taking is one who has varied experiences in taking calculated chances when the need arises. This courage, as it is modeled in the sessions, begets courage in the clients.

Risks of the Therapist

There are tremendous risks for the therapist in living with the anguish of others, in being so close to others' torments. Sometimes we become desensitized by human emotion and experience an acute overdose of feeling; we turn ourselves off. Other times we overreact to personal incidents as a result of lingering dissonance created during sessions.

I was cross-country skiing in the woods with my wife. The sun was blazing, reflecting off the snow. We were breathing hard, enjoying the scenery and the synchronized movement of our bodies. Quite suddenly, without any warning, I abruptly stopped in my tracks and started crying. Needless to say, my wife was a little surprised.

She asked me what was wrong, especially since a few moments earlier I had been feeling such joy. I finally blurted out the question: "Are you going to leave me?" Again she looked at me as if I were a raving lunatic and replied: "Of course not!" She reassured me with a hug and tried to find out what was going on. I explained that lately in my practice a number of female clients had been working on issues of freedom and independence. They felt trapped in their marriages and resented their husbands' needs for approval and dominance. After years of struggle and resistance from their husbands, they chose divorce as the only solution for liberation. Again and again I heard their words ringing in my ears: "Why is he so oblivious to what I want and what I feel? He thinks things are so great between us just because he finds me home at night. When he finally realizes how serious I am about making changes it will be too late. He has no idea how bad things are and he doesn't want to know."

For weeks the effect of hearing these words in several different keys had been accumulating and had begun eating away at my own illusions of security. Was I, like the husbands of my clients, on the verge of divorce while blissfully denying my problems? While enjoying an afternoon in the woods? Fortunately, my concern was unnecessary, but I felt shell-shocked from the close proximity to other people's battlefields.

Physicians take careful steps to protect themselves from