

Jeffrey A. Kottler

Jon Carlson

On Being a
**Master
Therapist**

Practicing What You Preach

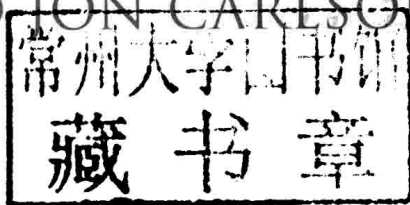


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AND ION CARLSON



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ON BEING A MASTER THERAPIST

PREFACE

This is a *very* different book about counseling and psychotherapy, one that we hope is quite unlike others you have encountered before. We can tell you with assurance that among the dozens of volumes we have written on this subject previously, this one represents our definitive word on what we think matters most in creating and sustaining superlative therapeutic practice. It is also our most personal book.

We are hardly the only ones to tackle the job of distilling more than 100 years of clinical experience between us (and an equal number of published books) to make sense of what matters most in the practice of a profession. We have been investigating nuances of our field all our lives, each a study of a particular aspect of the work that interests us most, whether that includes a discussion of ethics, failures, lies and deception, relationships, loneliness, creativity, social justice, self-care, reciprocal changes, professional identity, indigenous healing, self-supervision, group work, conflict resolution, difficult cases, and so on. Among all our attempts to make sense of what we do, and how we do it, we have yet to come to terms with what really leads to mastery in our field. There is much talk about evidence-based practice, empirically supported treatments, manualized strategies, and consensual standards, all of which settle for mere *competence* in particular domains. And yet we have been struggling to go far

beyond minimally acceptable standards to attain a level of mastery in our work with clients. We suppose the same could be said for our writing and teaching as well: If our goal is to truly help people to grow and learn and change, why would we accept only proficiency, if not mediocrity? Just as our clients want so much more from their lives, so, too, do we strive for a degree of excellence.

Although we have consulted hundreds of sources, research studies, and books by esteemed writers and scholars who have investigated facets of mastery in the practice of therapy, we have adopted a more informal, narrative tone in this book, one that allows us to speak informally and frankly about what we think we know and understand, as well as what puzzles and disturbs us the most. Rather than using a conventional citation style, we have instead referred to particular authors and studies by name and then included the sources in our reference list (this allows us to keep the conversation with you more personal). You will also find direct quotations from some of our field's most esteemed theorists and practitioners inserted throughout the book, most of them based on direct communications with them. We have reached deep to talk about some of the taboos, secrets, and forbidden aspects of the profession, or at least those that have been rarely discussed in a public forum rather than behind closed doors. As such, we have tried to be honest, transparent, and even vulnerable in what we say and how we say it. In short, this is the book that contains within it all we have ever hoped to say but perhaps never had the courage to speak quite so bluntly about many of the issues.

We acknowledge that the choice of the word *master* to describe extraordinarily accomplished therapists is somewhat problematic. Although it is most often the term applied in this context, it also comes with some colonial baggage in that it's associated with slavery. While it is hardly our intention to conjure such associations, the word is usually the preferred choice to identify an especially skilled technician (master plumber or electrician) or professional. It

denotes a practitioner who has moved beyond a journey-(wo)man or even an “expert” status, someone who is, in one sense, part of an elite group that includes an expert’s expert. We continue this discussion in the first chapter, defining in a multitude of ways the different conceptions of what it means to be an extraordinary practitioner.

Chapter 2 sets the stage for what follows by reviewing what we mostly know is true about excellence in the practice of therapy, or at least what we *think* we know and understand. In the chapters that are sequenced afterward, we cover some of the important facets of mastery including the practice of deep compassion and caring (Chapter 3); a set of sophisticated interpersonal skills (Chapter 4); remaining fully present in therapeutic encounters (Chapter 5); demonstrating a high level of domain- and subdomain-specific knowledge (Chapter 6); being clear-headed and honest with clients (Chapter 7), as well as with oneself in acknowledging mistakes (Chapter 8); and processing feedback (Chapter 9). As important as knowledge, wisdom, and skills are in helping people, we also insist that who we are as human beings is just as critical, especially with regard to modeling the qualities we would most like our own clients to develop (Chapter 10).

Next, we move on to discussing some of the attributes that truly distinguish excellence in clinical practice. This includes not only the mandated and critical responsiveness to cultural and individual differences of our clients, but also the deep understanding of commonalities that link all human experience (Chapter 11). Chapter 12 delves into one of the most taboo subjects in our field—a four-letter word that is rarely uttered aloud because of its associations and yet, we believe, forms the essence of what we do: the expression of non-demanding, platonic *love*.

Whereas extremely skilled and competent therapists have shown an ability to demonstrate consistent and reliable outcomes in their work, we believe true mastery is evidenced by those who go beyond what is known and show a level of creativity and originality that

is truly remarkable (Chapter 13). Master therapists are innovators and deep thinkers, those among us who advance our knowledge through their scrupulous critical reflection and experimentation, always searching for more effective ways to be helpful to their clients. We also hold dear to our hearts the belief that truly great professionals feel a commitment to something far greater than their own clients and become actively involved in advocacy within their own communities or on a global scale (Chapter 14). There is much talk, even scolding, in our field about the obligation to promote social justice even if many of the actions remain short-lived or token efforts. We maintain that masters are those who sustain their advocacy over time, launching projects that make a difference in the lives of those who are most marginalized and who would ordinarily never seek help in our offices.

We close this exploration of mastery in therapy by talking about the ways we always fall short no matter how hard we strive for mastery (Chapter 15) and how we are all “works in progress” doing the best we can.

Acknowledgments

We are most grateful to many of our distinguished colleagues, representing a variety of theoretical orientations, who were willing to talk to us about their beliefs, thoughts, and experiences related to being a master therapist. You will find many of their ideas and wisdom sprinkled throughout the pages of this book. We are especially indebted to: Diana Fosha, Michael Yapko, Nancy McWilliams, Scott Browning, Laura Brown, Michele Weiner-Davis, Michael Hoyt, Scott Miller, Bradford Keeney, Kirk Schneider, Judy Jordan, Les Greenberg, Roger Walsh, Frances Vaughan, Keith Dobson, Pat Love, David Cain, William Doherty, Robert Wubbolding, Melba Vasquez, Bruce Wampold, Albert and Debbie Ellis, and Barry Duncan. In addition to those who specifically offered their input on the subject

of mastery in the practice of therapy for this book, we have been privileged to interview some of the most noted figures in the field during the past decade, many of whom have been highly influential helping us to develop our own ideas on this subject. We appreciate the contributions over the years from a number of noted figures who spoke with us about their best and worst work, including: Albert Ellis, Jay Haley, William Glasser, Jim Bugental, Susan Johnson, Insoo Kim Berg, Alan Marlatt, Len Sperry, David Scharff, Patricia Arredondo, Ken Hardy, Violet Oaklander, Harville Hendrix, Arnold Lazarus, Frank Pittman, Nick Cummings, John Norcross, Bill O'Hanlon, Cloe Madanes, Jeff Zeig, Steve Madigan, Robert Neimeyer, Alvin Mahrer, John Krumboltz, and Peggy Papp.

As you will see in the pages that unfold, it has been a long and challenging journey to complete this book, given a number of crises and health issues that cropped up along the way. We appreciate the patience and support of Rachel Livsey, who has been so very understanding during the eventual completion of this project that represents our life's work.

Jeffrey Kottler, Huntington Beach, California
Jon Carlson, Lake Geneva, Wisconsin

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INTRODUCTION: TWO VARIATIONS ON A THEME

Jon Carlson

I am dying.

I've been told there's only a 20% chance that I will survive the next year so I will likely not see the publication of this book.

Cancer has penetrated my bones, circulating throughout my blood, infesting my lymph glands, growing tumors along my spine. My vertebrae are being crushed by the tumors, causing unrelenting agony.

Of course, I've always been dying. So have you. It's just likely to happen sooner for me than for you.

Jeffrey Kottler

There's nothing like the casual mention of impending death to scare the heck out of me; it's even worse when it is one of my oldest and dearest friends who seems determined to treat the diagnosis as an inconvenient annoyance, a mere interruption of our latest project to explore what it means to be a master therapist.

It's not like I've pretended I would live forever. I was given a death sentence when I was 25 years old, told I'd be lucky to live another 20 years. Bad genes, the doctor said. My mother had just died of lung cancer. As I sat in the hospital, grieving her loss, my father was critically ill in another hospital. His heart was failing

and he needed a transplant, or perhaps a quadruple bypass, during a time when these were pretty radical procedures. Although he survived that immediate crisis, a few years later he had a stroke that left him paralyzed and brain damaged. The doctor said I'd be fortunate if I lived to be 40.

JC Let's talk about pain. I've been a competitive athlete most of my life. I ran track and cross-country in high school, coached at college level, and continued training throughout my adult years running marathons and even winning national awards. Long-distance running is essentially about tolerating pain, and I was pretty good at that. I learned that pain is just an annoyance, something to be tolerated for some ultimate goal or greater good. This realization fit quite well with some of my later thinking as a Buddhist, in which suffering is just accepted as a normal, natural part of life.

It absolutely devastated me to face the limits of my pain tolerance these past months. I have been filled with despair. I have been in and out of a kind of coma, sometimes half-conscious, while they tried to figure out what was wrong with me. Tumors were literally cracking my ribs, consuming the marrow. The pain I felt deep in my bones was so excruciating I couldn't sit, couldn't move, couldn't lie still, without wishing that the end would come sooner rather than later.

As a therapist, I'm no stranger to unremitting agony. During the past 40 years I have sat with thousands of clients, many of whom struggled with grief, losses, disappointments, depression, mental disorders, and a host of other life challenges. Pain is my business, as it is yours.

JK Like most therapists, I'm pretty good at holding other people's pain; it's my own struggles that lead me to question the extent to which I can truly practice what I teach to others.

I became a therapist in the first place because I wanted to be immortal. As a child, I yearned to be special in some way, to have some skill or ability that would stand out. Alas, it was not to be. I would die young—worse yet, my brief life would be filled with mediocrity.

I was an awful student, undistinguished in every way that mattered to me. I couldn't run fast or catch a fly ball. The girls I liked never seemed to like me back the same way. I had terrible vision but didn't know it at the time: The consequence was that I could never see the board at school, meaning that I could never really catch on to math, grammar, or anything else that was written in chalk. By the time I got glasses in high school, it was too late to catch up.

I had been told most of my life that I wouldn't amount to much. My only dream was to do something, or be someone, who was worthwhile, who helped people. If I wasn't going to live very long, I at least wanted to make my mark in the world. I figured that being a therapist would allow me to live beyond my own mortality in that those I helped would remember me. In some small way, my soul would live on. I never aspired to be a master therapist; I'd have settled for being merely competent. Most of all, I wanted to find some way to live with myself and feel useful.

JC One thing I've learned is that pain and suffering are a part of life—no one escapes them—although we try so hard with denial, antidepressants, cosmetic surgery, and hair coloring. Buddhists believe that suffering is just an ordinary part of life; the only cure for the discomfort is acceptance. Things happen in life that we don't like and can't control, but, oh well, that's part of the deal. I suppose one of the things we learn as therapists along the way is to help our clients accept the things they can't do anything about and concentrate instead on what is within their power to change. I've always thought that is what truly distinguishes a master therapist, or a master anything—professionals who can actually apply in their lives what they do for others.

It is interesting to me that others are so troubled by the calm way in which I appear to accept my fate. I accept cancer as part of me since it also has a right to life. I don't much like the agony I suffer physically, or the stricken reactions I see in others in response to my condition, but I understand that my predicament triggers crises of mortality for others, who often pretend that they will live forever. Sometimes I wonder if therapy isn't counterproductive when we encourage people to change anything they don't like instead of increasing tolerance for pain and greater acceptance of things outside of one's control.

JK I didn't delude myself that this dialogue between us would be one in which we thoroughly agree with one another. We have collaborated on many projects over the years precisely because we are so different in the ways we walk through life and how we conceive of and practice therapy. Our theoretical orientations, therapeutic styles, lifestyles, even core values in some areas, are compatible yet very different.

I feel my heart pounding and perspiration percolating just thinking about acceptance of hardly anything. Call it delusion or denial, but I prefer to believe that we do have the capacity to change almost anything. Perhaps willing cancer away is beyond realistic limits, but as Jon suggests, we can choose our attitude.

I know we are throwing around a term, *master therapist*, that we haven't yet defined, but whatever it turns out to be, and however it is conceived, it means that practitioners have found their own voice. They have found a way of working with others that feels fluid and natural, consistent with their unique personalities and styles. They aren't imitating anyone else but rather following the lead of their clients—with sensitivity, caring, and respect.

As different as we might be in the ways we express ourselves and talk about what we do, I think we both share a vision of what it means to help others. We use different language, ground