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How the Joys and Challenges of Therapeutic Work Translate into Effective Therapy

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How the Joys and Challenges of Therapeutic Work Translate into Effective Therapy

Jarmel is a woman I have worked with for many years. The first year of our relationship — when she was sixteen — was among the most difficult I have ever lived through as a therapist. She was so depressed that much of the time I could hardly stand to be in the same room with her. She would cry constantly — great wracking sobs that would punctuate a steady stream of tears and hopelessness: "I've always been this way and I probably always will be. There's nothing you or I or anyone else can do about it."

And this was not the worst of it.

While being with someone who is so obviously and chronically miserable is certainly trying, it is even harder for me to tolerate manipulative mind games. Whatever Jarmel lacked in a zest for life, she more than made up for in her skills at remaining inscrutable and obstinate. There were whole sessions that would go by in which she would not say a word. She would just hide behind her hair, and alternately cry or smile at my feeble attempts to engage her. She seemed to be laughing at me, at my sense of powerlessness and ineptitude. And still she would remain desperately depressed.

Jarmel seemed to delight in my discomfort. I sometimes thought that was the only reason she returned — to torment me by reminding me of my

own inability to connect with her. Weeks turned into months. I called her parents to try to end the sessions. I explained that I did not feel that we were making much progress. Yet her parents were so preoccupied with their own busy lives that they were relieved to have someone else available to be with her. So I was a kid-sitter. And if I could help Jarmel, I was of some use in relieving her parents' guilt.

Jarmel and I both felt stuck with one another; there could be no escape for either one of us. Eventually, she seemed to grow bored with her passive, helpless, tearful role — or perhaps she began to feel sorry for me. In any case, she would now come in and chatter on demand. She would talk about school, drugs, boys, friends, offering nonstop monologues that were at once frantic and amusing. It was as if this filibuster about the events in her daily life would occupy our time, but in such a way that I could not make contact with her. I felt like I was not even in the same room.

When Jarmel left for college at age eighteen, I felt as if I had been granted a parole. Here was this girl who I had spent hundreds of hours with, yet I hardly knew her. I hated her. And I loved her. I have never worked so hard to know somebody, and I have never felt more rebuffed. I had tried everything I knew how to do and did not make a dent.

I must admit that I felt more than a little relieved when, over the next

few years, I received several phone calls from a succession of new therapists who were working with Jarmel. Psychiatrists, psychologists, neurologists, social workers — she slew them all. Every few months I would get another frustrated and confused letter or call from a professional wanting input in the case. One day, a call came from Jarmel herself, wanting to schedule a session.

It had been two years since our last meeting. I felt nervous, apprehensive, curious, excited, allay once. What would she be like? Would she be cooperative? Could I do anything for her now?

To my surprise, she was both calm and cordial. We caught up on her life and what had transpired during the intervening years. As I looked at her and noticed how different she appeared, I reflected on how I had changed as well since the last time we met. I had rearranged the furniture in my office. And I am certain my style of practice had evolved as well.

We began working together again, but this time it felt different for both of us. There was a closeness, a genuine caring I felt from her, and I know she could feel the same from me. She was spontaneous, articulate, perceptive, and hardworking. Sometimes she became depressed, but the feelings did not last long.

On one occasion, she was able to trace the beginnings of her depression. She recall ed not only the times she had felt immobilized and despondent, but

how each of her family members reacted to her. Her father's response had the greatest impact. When she became depressed, he would initially try to confront her, but he would eventually grow frustrated, angry, and then rejecting. All she had wanted was for her father to understand, but he had been too frightened, too impatient, and too frustrated (it certainly sounded familiar to me in our relationship).

We decided to invite Jarmel's father in for a joint session to try to resolve some of these issues. They both appeared somewhat shy and tentative in each other's presence. Jarmel looked at me with a pleading expression that seemed to be saying, "Are you sure this is necessary?" I nodded reassuringly.

On cue, Jarmel unloaded all the pent-up feelings of rejection, fear, and anger she had toward her father. Why couldn't he have comforted her more? Why was he so afraid of her moods? Why couldn't he share more of himself with her?

Haltingly, he explained what it was like for him to see her in pain. He *had* tried to reach out to her, but in turn, had felt closed out. He stopped trying to comfort her only because he thought she wanted to be left alone.

I was watching this interchange open-mouthed and astonished. I felt so privileged to be part of this deeply emotional moment between father and

daughter. Yet I did not feel like I was intruding; I had earned the right to be there by the dues I had paid over the years — staying in there with Jarmel when we both wanted nothing else but to be rid of one another.

At one magical moment, Jarmel and her father embraced tentatively, then began a fierce hug. They both started crying. And then I was crying too.

As father and daughter walked out of the office, arms around each other, I was left alone with the residue of what had happened. I felt thoroughly drained, and I could not recall another time that I had experienced such elation. My gosh, what an incredible honor to do this work that can sometimes lead to earth-shaking, life-changing experiences! Through the drudgery, the bat les and boredom and pressure, through the blistering intensity, there sometimes emerges a single event or act or moment that rewards all the hard work and time we have invested.

The challenge of being a therapist is sharing the joy of others during their moments of discovery and redemption. It is at such times that we are blessed with a form of spiritual transcendence, of perfect love, and of a heightened existence that has no boundaries.

Freedom in Being a Therapist

What helps to make therapists most effective and influential is their

enthusiasm. In any activity or line of work, the more we like doing something, the more energy we will devote to trying to do it well. Therapists who enjoy their work, who feel excited about what they are doing, who anticipate their sessions with relish, are going to be more successful than their peers who are simply going through the motions.

Experience and years of service seem to have a way of tempering one's enthusiasm. Novelty gives way to the routine. Yet many veteran practitioners have been able to retain the enchantment of their work, and in so doing, increase their satisfaction and effectiveness.

Many of the satisfactions that are part of a therapist's life have been described in various sources (Farber and Heifetz, 1981; Marston, 1984; Kottler, 1986; Guy, 1987). Therapists who enjoy their work most tend to be those who have a great deal of independence, flexible hours, a relaxed work setting, and a sense of accomplishment that is recognized by others (Tryon, 1983; Farber, 1985a).

To do this kind of work requires a certain amount of freedom: freedom in the way we work, in the way we structure our practice, in the variety of activities that we can participate in. A day in the life of a typical therapist can include client sessions that are trying, frustrating, stimulating, confusing, tearful, joyful, stressful, and boring. And interspaced between these

encounters (hopefully) are periods for rest and reflection. There are opportunities for discussing cases with peers. There is time for catching up on reading and paperwork. There are meetings to at end, calls to return, and people to touch base with.

There is also freedom with respect to whom we work with. Some clinicians have developed a specialty that they prefer to exercise whenever possible. Others have the freedom to see a variety of cases or work in a variety of modalities: groups, marital or conjoint sessions, family or individual sessions. Joy in being a therapist seems to come most often from the freedom to facilitate our own personal growth as a corollary of our professional endeavors.

Personal Growth of Therapists

Many believe that the greatest benefit that occurs to those who practice psychotherapy is their own continued personal growth (Farber, 1983; Goldberg, 1986; Guy, 1987). Jung (1961, p. 145) remarked in a retrospective on his professional life that "from my encounters with patients and with the psychic phenomena which they have paraded before me in an endless stream of images, I have learned an enormous amount — not just knowledge, but above all, insight into my own nature." The act of facilitating change in others can inspire, in ourselves, a similar growth process in which we are forced to

confront our unresolved issues. As we help clients to explore the major themes of life — meaning and purpose, priorities, aspirations, relationships, fears, and death — we conduct an internal dialogue about these very subjects and our own responses to them.

I have noticed that three different times today alone my buttons were pushed by interactions with clients. An adolescent talks about how important it is for him to be with his friends. So what, he says, if his grades are not that good, or he is not so productive—he feels very nurtured and cared for by his close friends. And I think to myself: Oops. Am I jealous! I want to say: Right kid! You *do* have things straight! But of course I do not. I do, however, resolve to make developing relationships more of a priority.

Next client walks in. A woman about my age. She discloses she is thinking of having another baby, but wonders if she might be too old. Before I respond to her, I ponder my own feelings on this issue and am startled to discover that although I had finally decided *that* stage in my life was over, I begin to wonder . . .

The third client of the day brings in an old standby sure to elicit terror in me every time I hear it mentioned. As she begins talking about her fear of losing control and doing something really stupid or destructive, I begin to drift into my own stuff again.

I know there is that old joke about the younger therapist asking the veteran how he sits and listens to his clients day after day and yet always appears so unruffled and tranquil. He of course replies, "Easy. I don't listen." How can we listen to our clients and avoid being touched deeply by what we hear? And I do not mean moved only by compassion and empathy, but shaken at our core by the incredibly meaningful and intense subject we discuss every day.

One would hope we would get pretty good at dealing with our own conflicts after spending so much time working with those of others. If professional carpenters can build themselves nice living spaces in their free time, it only makes sense that therapists would apply what they know to themselves as well. After years of experience, we become more confident in our ability to converse intelligently, to understand the complexities of human behavior, and to read a situation and know what will work. We thus become attuned to ourselves as we develop a sensitivity to others. We get quite good at figuring out what we are personally experiencing and then articulating clearly these thoughts and feelings.

Many unresolved personal issues affect our work. While these countertransference conflicts do not exactly fit under the category of "joys of being a therapist," the necessity of resolving them in order to operate effectively is indeed a tremendous benefit of our profession.

Kroll(1988, pp. 186-187) has constructed a schematic model to summarize the therapist's countertransference issues as they are played out in sessions: "The therapy situation is the arena in which the therapist works out her own issues during the process of working with the patient. These issues are always present, to differing degrees, in all therapists, since we are humans first and therapists second."

Kroll organizes the therapist's personal issues according to those in which he or she becomes self-protective versus the opposite polarity of being exploitative. In the former modality, actions are taken to protect oneself against vulnerability and certain core issues: the fear of criticism, the fear of engulfment, the fear of being seduced, the fear of passivity, and the fear of being correct. These same countertransference themes are also manifested in the ways that therapists attempt to meet their own needs through exploitation: the need to be flattered, the need to be a caretaker, the need to be sexually desirable, the need to be in control, and the need to be correct.

Whereas everyone struggles with these personal issues, what distinguishes the effective clinician is the degree to which he or she has acknowledged and worked through them. While not immune to flattery or to the pleasure that comes from being correct, being liked and appreciated, or being in control, effective therapists guard against acting out their own issues during sessions.

Mutual Impact

It is the scourge of our work that it is difficult to hide from our own issues when we are constantly being assailed by the fears and anxieties of others. But it is also our greatest privilege.

Whether we like it or not, we feel an irresistible urge to keep growing and changing in our lives as we witness the changes in others. We are like travel agents who book trips allay long to wonderful and exotic places. Our clients return with tales of their adventures, of places they visited, and of experiences they have had.

After so many hours, days, and weeks of listening to people make changes in their lives, it is hard for us not to want to join them. I feel envious of the opportunities clients have created for themselves. While I sit in my insulated office with a window to the outside world, listening to the stories people bring of the new things they have done, I sometimes feel left behind.

I hear a client tell of risks she has taken to initiate new social contacts, and it spurs me on to do the same. Another reports making a mid-life career change for the sake of greater stimulation and challenge, and I feel a sympathetic tug to do something similar. Someone else proclaims he is sick of his endless search for power and wealth and thereby plots a new direction for his life; it strikes a chord within me as well. I hear someone else decide she

had overworked and overscheduled herself and it is time to make some changes. She takes a three-month leave of absence and travels around the world. I think to myself, I could do that too. What is stopping me?

With each of these clients, or for that matter, with every client we see, there is a mutual exchange of ideas, values, and influence. It is truly one of the greatest joys of our profession that, just as a travel agent gets reduced rates for personal trips, we have special incentives to stay committed to our own personal growth. On a daily basis, we are confronted with our most poignant issues and thus spurred on to do something about resolving them. This process is described by one clinician in the context of explaining how he believes changes occur in therapy:

> Mary was a client of mine who brought into the therapeutic process the heaviness of an overburdened life, a life of constant service that exhausted her and left virtually no space or time for silence, for letting things unfold gradually, and for her own leisure and responsiveness to inner time. Her life was ruled by the clock. Everything was timed and her activities had to be accomplished hurriedly.
>
> As she described the constant demands on her life and the absence of space to stretch freely, it was clear to me that while I listened with concern and caring, she was also listening to herself and realizing that only she could choose to change the pattern, only she could halt the destructiveness of exhaustion and of overburdening herself. My supportive presence, regard for her, and the hope and promise I sensed in her exploration facilitated her resolution to change. Together we developed a course of action in which she would begin a process of terminating several activities, freeing herself for other alternatives that would be edifying and self enhancing.

I was also surprised to realize that I, too, share Mary's problem and resolved to make a similar change in cutting down the activities in my life. The act of writing this down feels good in that I am committing myself to follow through on what I want to do.

The Challenges of Practice

Psychotherapy is very much like a serialized dram a in which each week new episodes are produced. However, for the therapist, there is an interactive role that permits active participation in the production. We are neither part of the audience that watches passively as the story unfolds nor are we the central protagonist who suffers the pain and anguish of the journey. We stand backstage, close to the action but able to intervene from a distance if redirection is indicated. And what excitement is in store for us as we eagerly await the next installment from our clients!

In a volume of essays on what lead prominent therapists into the profession, Bloomfield (1989, p. 47) described what is, for her, the essence of her mission: "The most common feeling I have when I think about being a therapist is one of awe. Perhaps it is a little of the way parents might feel when they observe the unfolding of their young child's personality. This probably sounds rather grandiose, but the feeling has to be acknowledged. I appreciate it particularly, though, when a patient begins to find his or her autonomy, and gaining my approval or disapproval is no longer a priority."

Practicing therapy effectively is the ultimate rush of exhilaration. There is intimacy. There is intensity. There is unpredictability and spontaneity. There is complete honesty and vulnerability. There is the self, unadorned and naked. There is compassion. And finally, there is opportunity without limits — the chance to change anything and everything within one's domain.

In an initial encounter with a client, there is nervous anticipation and excitement. A new challenge. A new test of our resources and powers to be inventive and creative. We are offered a new life to study, a new person we will come to know. We are presented with a puzzle to put together, one that has stumped many others before us. We are invited to witness the client's life story, to be privy to his or her deepest, darkest secrets. And with each journey we take to the furthest reaches of human experience, we return, as from any trip, wiser and renewed.

Being Useful

Yalom (1980) has stated that being useful to others is among the most powerful sources of meaning in life. Who can describe what it feels like when a client looks at us with such gratitude, such admiration and love, says goodbye, and then confidently walks out the door? We remember this same person at first meeting — hesitant, timid, inarticulate, confused, tense, and uncomfortable. And then we think back on all that has transpired since that

time, unable to quite remember how and when things changed.

We draw comfort from these occasional but regular transformations in which we *know* we made a difference in the world, playing our small part in reducing needless suffering. There are other times when we seriously wonder whether anything we do really matters.

Dass and Gorman (1985, p. 50) talk about the importance of the questions: What have we really accomplished in our lives? How have we been useful? What does everything we have done really mean? "It could mean that when we're holding a frightened, battered child . . . or hearing the grief of a total stranger . . . or bandaging the wound of an enemy soldier . . . or sitting with a dying friend . . . they can feel in *who we are* the reassurance that they are not simply isolated entities, separate selves, lonely beings, cut off from everything and everyone else. They can feel us *in there* with them. They can feel the comfort that we are all of us in this together. They have the chance to know, in moments of great pain, that nevertheless we are Not Separate."

This brings us to the subject of altruism. Two recent studies on altruism found that people who help others actually experience a release of endorphins similar to a "runner's high" that results in increased energy, a sense of well-being, and inner calmness. Furthermore, these sensations of strength and pleasure can be accessed every time the helper relives the

events (Luks, 1988). This would be consistent with what we know about the evolution of the nervous system, which has been designed to reward those behaviors likely to increase the survival of one's collective gene pool. What is perplexing to sociobiologists is how to reconcile the drive to maximize one's own offspring versus those demands to protect the welfare of others. In other words, without some reciprocal payoff for the risks and energy involved, any effort expended to help someone else is likely to be detrimental to one's own chances of survival and those of family members. Yet, time and time again, people and animals will risk their lives and welfare to help others. Birds will give warning call s at the appearance of a hawk and thereby sacrifice themselves to save the flock. Dolphins and elephants will help other wounded animals of their kind rather than leaving them to die. Gazelles, baboons, and other animals will also jeopardize their safety to protect the group (Singer, 1981).

This suggests that performing unselfish acts is intrinsically satisfying. But let us be open about this. People are not only in this profession because they like it; some are in it for the money. It is not that these two things cannot go together—that we should not be well compensated for our expertise — but that those who are motivated *primarily* by monetary rather than altruistic rewards will measure their satisfaction in terms of fees collected instead of people who are helped. That we are paid for what we do, and often paid well, is an unexpected bonus in a life devoted to serving others.

Those of us who have been practicing a while often forget what led us to this work initially — not dreams of fame and fortune, but images of people who are now smiling rather than crying because of time we spent with them. Once we lose sight of our altruism and dedication to the cause of emotional health, we become immersed in our own hapless search for recognition, material comforts, and power and control in relationships. We become automatons, getting the clients in and out and thinking in terms of billable hours, marketing strategies, productivity, efficiency.

One therapist I interviewed, who is presumably not alone in his choice of life-style, shares a disturbing picture: "I see between forty-five and fifty clients per week, every week. I also have a group I run and some administrative things I take care of. I've been doing this for years, so long I don't even think about it any longer. Sometimes I might see seven, eight, nine people back to back without a break. I just sort of get in a groove, almost like an assembly line. Why do I do this, you ask? Because I've got bills to pay."

When the joy is gone, what is left is a job like any other. It is a matter of putting in time, getting through the day, making money, spending money. And what is lost is the almost magical appreciation for the stories that are told, the lives that we touch, the mysteries that we are able to see and help unravel. Bach (1966, p. 5) describes the joy that we often experience on the therapeutic journey we take part in: "To see the unseen! To see light where

apparently there is only darkness, hope where there is seemingly nothing but despair, faith when it is crowded out by fear, the hint of joy when it appears there can never be anything but sorrow, victory in the shattering hour of defeat, and love when all seems engulfed by hate! Give me that vision, for that which I see is that which unalterably comes to pass."

The Essence of Effective Psychotherapy

We have examined the essence of effective therapy along several dimensions — the qualities of exemplary practitioners, the characteristic ways in which they think, and the skills and interventions they have mastered. And indeed, as Jaspers (1963) points out, the process of therapeutic change is so complex that we are likely never to understand fully what happens and why, nor will we ever reduce its essence to a few skills, concepts, or variables.

In trying to explain effective therapy, Watzlawick (1986, p. 93) has offered an interesting perspective: "If that little green man from Mars arrived and asked us to explain our techniques for affecting human change, and if we then told him, would he not scratch his head (or its equivalent) in disbelief and ask us why we have arrived at such complicated, abstruse and farfetched theories, rather than first of all investigating how human change comes about naturally, spontaneously, and on an everyday basis?"

People change when they are ready to assume responsibility for their lives, their choices, their behavior. They quite simply decide to be different. "To decide means to commit oneself to an action and to carry it out. . . . Some patients say, 'yes, I know what is to be done now. Thank you for helping me see the alternatives more clearly. I want to straighten out this mess, quit hurting myself and other people. I'll do it.' They say goodbye and, in follow-up, report that change has gone according to plan. Neat and clean" (Beitman, 1987, p. 188).

More often, however, Beitman believes this decision to take charge of one's life is made unconsciously, in a series of small , incremental steps. "They cross the narrow footbridge of change in pieces, like an amoeba slowly bringing parts of itself into new territory, yet able to withdraw committed parts at a moment's notice" (p. 188).

I have been working with Melanie for some time. As I look at her, it is hard for me to remember that she was ever different than she is now. Suffering from a debilitating chronic illness, her life is a continual struggle to manage the symptoms of her disease and the side effects of her medications. She is uncomfortable much of the time and complains a lot. She feels sorry for herself. Her depression is voracious.

Even before the first physical symptoms struck, she was tough to deal

with: negative, complaining, fearful, harried by her children, discouraged by a life that felt empty. There was never a single juncture in which Melanie decided to stop whining and complaining, stop blaming others for her plight, and just get get on with the business of living. At first she made a few feeble efforts to stop complaining about how much she hates to be a mother. While she still felt overwhelmed by the demands of four children under the age of ten, she decided to stop wishing that things could be different.

Somewhere along the line, she made a number of other decisions regarding her self-responsibility: (1) that her life did not have to be boring and empty — she got a job to give herself time away from the house and to enrich her days; (2) that she need not feel guilty for "abandoning" her family a few days a week — she confronted her mother's attempts at guilt inducement; (3) that she need not accept mediocrity in the intimacy levels with her husband and friends — she tried being more open regarding her needs; (4) that although she could not change the status of her physical health, she could choose the way she thinks and feels about it and the way she lives the time available to her.

My role in all of this is similar, I believe, to what most therapists would do. I helped her to let go of things she could not do anything about and focus her energy on areas that were within her power to control, most notably her attitudes and perceptions about self and the world. At various times I used

the methodologies of practically every approach I am familiar with, and while their routes and mechanisms may appear different, the ultimate goal for her and for me was the same — to help her decide to change. This was accomplished through compassionate listening at some points and vigorous confrontations or integrative interpretations at others. Whatever I did, or however I worked, seemed to lead us in the same direction anyway.

As I look over the stack of progress notes from the past years, I can see no single point in which Melanie ever decided to give up her complaining, externalizing, and depression. It happened gradually, imperceptibly, and usually with great reluctance. Her last decisions have yet to be made — to live the rest of her days with a feeling of personal power and to die with dignity. But in time, I am confident she will accept responsibility for those choices as well. Maybe it is *that* belief—the faith and optimism that members of our profession universally share — that truly makes it possible for clients such as Melanie to make new choices about the ways they wish to be.

We can make the task of understanding how people change, and how effective therapists operate, so very complicated. At its most rudimentary level, the process of therapy is one in which an environment is created that is especially fertile for growth. Lots of nutrients. Near-perfect weather conditions. Pruning when needed. But basically clients change when they feel ready to. The effective therapist waits patiently, and keeps trying different

things to help the client feel ready to change. Some of these things are done to entertain the client, some to educate, and some to offer structure or disrupt existing patterns. Eventually, one of these things clicks.

We have seen how, regardless of professional specialty, orientation, or theoretical assumptions, psychotherapy follows a similar path for most people. While this interaction is far too complex to allow us to discern all the subtle factors that contribute to the interaction and consequent changes, psychological influence is produced by any and all of the following:

1. The force and power of the therapist's personality

2. A therapeutic relationship that is permissive, intimate, and trusting

3. The application of interventions designed to:

   • Motivate the client to take risks

   • Facilitate self-understanding

   • Reinforce desirable qualities

   • Eliminate dysfunctional behaviors

   • Initiate new patterns

   • Improve confidence and self-esteem

   • Offer support and encouragement

The compleat therapist is the embodiment of all that makes a compleat human being — compassion, competence, confidence, wisdom. In addition, he or she is a superb communicator and is exquisitely sensitive to the inner world of others. It matters little what professional specialty he or she is trained in, or which theoretical approach that specialty rests on. What matters most is a clarity of mind, a tranquility of spirit, and a disciplined set of interventions that may be relied on as needed. And more than all of these things, the effective therapist is a kind and caring human being who knows how to love others without exploiting them, who knows how to nurture without fostering dependency, and who can teach others to teach themselves.

Working Toward Greater Effectiveness

Throughout this book we have explored a number of therapeutic variables, personal attributes, thinking processes, and process skills that, when combined in unique ways, make up the essence of a compleat therapist. This is naturally an ideal model of functioning — one that we are all striving toward greater mastery of.

As a way of summarizing the themes covered in this book, it may be helpful to review the factors previously discussed in a way that will facilitate a self-assessment process. Specifically, it may be constructive to examine your own functioning according to the degree of mastery you have attained in each

of following dimensions. This scale asks you to rate each item on a continuum as to how descriptive it is of you, from "Very Descriptive" to "Very Unlike" the way you work. You may delete items that are not relevant to your style of practice or not part of what you consider to be important ("Not Relevant").

Unlike those little quizzes in *Reader's Digest* or other magazines, there is no score to calculate that tell s you how you compare to your peers. Rather, the objective of this self-assessment exercise is to highlight those aspects of your functioning that may help you to become even more effective as a therapist. Consider each item on this list. Which of the following responses do you have to each statement?

- Very descriptive of me

- Somewhat descriptive of me

- Unsure if this describes me

- Somewhat unlike me

- Very unlike me

- Not relevant to the way in which I work

Capitalizing on Therapeutic Variables

I encourage an open sharing of feeling and thoughts.

I maintain the client's interest, motivation, and commitment.

I establish a productive therapeutic alliance.

I influence perceptions and alter awarenesses.

I encourage clients to explore the unknown.

I promote self-acceptance. I foster positive expectations.

I encourage independence and autonomy.

I provide opportunities for practicing new ways of thinking and acting.

I facilitate the completion of tasks designed to reach client goals.

Personal Attributes

I am deeply and passionately committed to my work.

I model the qualities of a powerful, dynamic, vibrant person.

I am confident in my ability to be helpful.

I accept clients unconditionally, even if I selectively accept certain behaviors over others.

I appear serene, relaxed, and at ease.

I have high functional intelligence and "street smarts" that permit me

to understand people and their worlds.

I inspire trust. I appear authentic and congruent.

I exude warmth and caring for others.

I communicate respect for clients as important people.

I am willing to admit my mistakes and misjudgments.

I am persuasive in encouraging clients to take risks.

I am self-accepting and comfortable in my body and mind.

I present myself as an attractive human being who others would wish
to emulate.

I exercise self-restraint in not meeting my own needs in sessions.

I am willing to acknowledge, confront, and work through my
unresolved personal issues.

I am willing to solicit help or consultations when I feel stuck.

Internal Processing

I am adaptable and flexible in my thinking.

I have a high tolerance for ambiguity, abstraction, and complexity.

I have developed an efficient system of information storage and

retrieval.

I can establish connections between seemingly unrelated behaviors.

I am able to make inferences regarding future or past behaviors based on present functioning.

I am familiar with a range of disciplines and have a vast pool of knowledge from which to draw metaphors.

I am sensitive to nuances in behavior as well as underlying or unexpressed feelings.

I can recognize patterns amidst confusing, jumbled data.

I employ flexible cognitive schemata that permit further growth and evolution.

I am incisive and accurate in my perceptions of "reality."

I have sound clinical judgment regarding case management.

I am able to reduce complex phenomena to their essences.

I am able to discover multiple cause-effect relationships of the same phenomenon.

I recognize those critical moments when an intervention is needed.

Process Skills

I demonstrate high levels of empathic resonance.

I am able to confront and challenge nondefensively.

I can identify and reflect feelings.

I summarize client experiences concisely and accurately.

I reinforce fully functioning behaviors while extinguishing those that are self-defeating.

I use self-disclosure powerfully yet sparingly.

I use role induction methods to teach clients how to get the most from therapy.

I offer high levels of support and reassurance.

I correct distortions of reality evident in client statements or behaviors.

I interpret accurately and fully the underlying meanings of behavior.

I set limits and boundaries regarding appropriate conduct in therapy.

I am technically proficient in applying the core skills of communication and helping.

Reviewing this list is an intimidating experience — even more so when we realize that this is only a small sampling of those factors that go into

making a therapist effective. Nevertheless, this self-assessment helps us to identify patterns in our functioning that point to the ways we operate most and least effectively. Finally, this review also reminds us to beware of those who think they have discovered *the* correct way to do therapy — not only for themselves, but for everyone else.

In Summary

You have probably read this book for the same reasons I wrote it. We are all interested in a better understanding of what a compleat therapist is. Most of us want to know how we are doing, especially compared to our peers. Our clients seem to be improving, but what if it is an illusion? What if they are not improving as much as they could if they were working with someone else — someone who knows more than we do, someone who can be or do more than we can? We all know professionals who seem brighter than we are, wiser, more skilled, better trained, yes, more effective. The question immediately comes to mind, What are they offering that I am not? We assume that with more study, more experience, more dedication, we too can be as effective as they are — or at least can reach our own potential. Yet if there is one thing I have learned from this intensive survey of what characterizes the most effective therapists, it is that there is no specific thing they know or do. Rather, it is a certain feeling inside them.

I started this book with the perplexing question of how it is possible that effective therapists can be so varied. They are nurturing or confrontational, they can work in the past or the present, or they operate in the domain of feelings, thoughts, or behaviors. They can be stern or playful in their interactions. They can be trained as psychiatrists, nurses, social workers, counselors, or psychologists. They can talk a lot or a little. They can be formal or informal, structured or loose in the process they offer. So what, then, allows so many different personalities, styles, and therapeutic approaches to be effective? What makes *you* most helpful to others?

I believe the answer is found in the essence of who we are as human beings. If we can be clear about and unencumbered by our own personal issues, if we can be fully present with the client, if we can exude a certain amount of warmth and wisdom, if we believe that what we are doing (whatever that is) is going to be helpful, then we are more likely to be effective as influencers and facilitators of growth. Add to this an expertise in some specialty, and what we have is a compleat therapist who most often makes a difference by believing in himself or herself.

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