In Search of Therapeutic Mastery

A Review of

*How Master Therapists Work: Effecting Change From the First Through the Last Session and Beyond*

by Len Sperry and Jon Carlson


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Reviewed by

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It is well established that not all clinicians achieve the same results, even when working from the same theoretical perspective or consulting the same treatment manual (e.g., Blow, Sprenkle, & Davis, 2007; Wampold, 2001). Yet the therapy literature continues to reflect a lopsided focus on methods rather than on the practitioners who deliver them. Len Sperry and Jon Carlson’s timely book *How Master Therapists Work: Effecting Change From the First Through the Last Session and Beyond* attempts to rectify that asymmetry by detailing the characteristics of “master therapists.” It includes a few session transcripts with commentaries, as well as a summary of the relevant research on therapist characteristics and core clinical principles.

Acknowledging that the term *master therapist* has no clear meaning, the authors begin by discussing core clinical competencies. To Marvin Goldfried’s (2012) four therapeutic factors (enhancing the therapeutic alliance, enhancing positive expectations, increasing client awareness, and facilitating corrective experiences) they add three more—identifying patterns, focusing treatment, and distinguishing between first-, second-, and third-order change. As Sperry and Carlson define those terms, first-order change refers to a focus on symptom remission, second-order change is about recognizing and changing maladaptive patterns, and third-order change—allegedly the hallmark of the master therapist—regards fostering clients’ independence, enabling them to become their own therapists. Throughout the book, the authors repeatedly refer back to these principles and to the orders of change, thus providing helpful guideposts for the reader.

Although the exploration of these principles provides a good start, the remaining expository sections of the book are pedantic and repetitious. To our astonishment, given the impressive track record of the authors, much of the writing borders on self-parody. For instance, here is how they describe expertise:
Expertise is best viewed as high level proficiency and competence beyond a minimal level of proficiency and competence. . . . Expertise involves a superior level of knowledge, skills, professional judgment, and personal and interpersonal qualities. While minimal competence represents adequate performance in each of these areas or domains, expertise involves superior performance in all of them. (pp. 176–177)

Here is an example from their discussion of the need for therapists to keep sessions on track: “The primary reason for ‘staying on track’ is that treatment is more likely to achieve the specified treatment goals than if the focus is lost” (p. 143). In other words, if you stay on track, you are less likely to wander off track!

Therapeutic impasses are described as “factors that arise within and between sessions that impede the progress of therapy,” possibly involving “the client, therapist, client–therapist relationship, and treatment process” (p. 21). This kind of pedantry goes on page after page, making the text frustrating to read.

The authors provide a very long list of positive traits that presumably describe master therapists. For each characteristic, master therapists are described—tautologically—as having more of it than those who are less masterful. Master therapists are said to be “easily approachable, centered, and emotionally mature” (p. xxii). They work “quickly, intuitively, effortlessly, and with laser-like precision” (p. xxii). They accept their limitations, skillfully form strong therapeutic alliances, are sensitive to cultural differences, and so on. Because this compendium of traits and talents is all-inclusive and self-evident, it quickly becomes a tedious and ultimately uninformative exercise.

Given that so much of the academic material is leaden, one might hope that the session transcripts would justify the book’s purchase price. Unfortunately, the transcripts are of just one therapist—Jon Carlson—treating just one client (a 30-year-old single mother named Aimee). This is hardly an adequate “window” into how master therapists operate. Furthermore, a DVD of these very same sessions has been available to the public since 2006 as part of the American Psychological Association’s series on psychotherapy. Readers who have seen or bought the DVD should at least be forewarned of the overlap.

There are other reasons that make the case of Aimee a bad choice for the book’s focus. Presumably to accommodate the filming schedule, her treatment was artificially limited to six sessions. No information is given about how she was recruited for the project and whether she would have sought treatment under more ordinary conditions. Thus, the generalizability of the case seems limited. Also, because Aimee is verbal, bright, and ultracooperative, she does not pose the kinds of therapeutic challenges that might reveal the talents and resourcefulness of a master clinician—presumably the reason for showcasing the case. Finally, although the authors—formerly mentor and student—unabashedly proclaim themselves and each other “master therapists,” it seems like the height of hubris for them to select their own work as the sole example of exceptional therapeutic skill.

In our view, the transcripts demonstrate competent but not necessarily exceptional therapy. For instance, we were surprised that Carlson bought so completely into what sociologist Erving Goffman (1961) might have called Aimee’s “sad tale” (p. 151). In this narrative, the mother is branded the villain of the piece, and Aimee is portrayed as the long-suffering waif. Many of the interventions are based on the therapist’s acceptance of these premises. In fact, when Carlson conceptualizes the case, he does not hesitate to describe both parents as
“self-centered, critical, and overly demanding” (p. 89), as well as “emotionally absent,” even though he has never met them and has no corroborating evidence to support his assertions.

Also, Carlson posits that Aimee’s character structure is marked by dependency traits and a strong need to please. Nevertheless, he keeps asking Aimee if she is willing to do a number of tasks (e.g., meditate, confess her resentment to her mother, and so on). Not surprisingly, she always agrees. In our opinion, this sort of therapeutic exchange elicits and then promptly ignores precisely what Carlson cites as being at the root of the client’s difficulties. In other words, the therapeutic interaction replicates Aimee’s interpersonal style but then reinforces it rather than calling attention to it—an almost textbook example of what both family and psychodynamic therapists call enactment (e.g., Davis & Butler, 2004). Granted, Carlson mentions that he is aware that her desire to please might be coloring her actions and reports, but there is no textual evidence that he does much about it.

The transcripts contain rich opportunities for debate and would make good teaching tools. However, because the commentaries are mainly self-congratulatory, they fail to adequately explore these complex and fascinating issues. Therapeutic hits are highlighted, and misses are soft-pedaled, ignored, or made to disappear through the magic of positive reframing. Absent is the voice of someone outside “the club” who could have provided an effective counterpoint to the current partisan views. This is a shame because an in-depth discussion of the strategies and tactics revealed by the transcripts might have proven to be the most lively and useful feature of the book.

The volume ends with a snippet of a brief “posttherapy conversation.” Of course, one always welcomes follow-up data. However, this conversation, which took place seven years after termination, is puzzling. Again, just as we were left in the dark about the circumstances of Aimee’s recruitment, we are told nothing about how and why this reunion came about. Why seven years later rather than after six months, one year, or two? Who initiated the contact? Was it mainly about getting the client’s approval for the publication of the transcripts? Even nonmaster therapists understand the importance of having such basic contextual information.

In the posttherapy conversation, Aimee reports that she has started attending Adult Children of Alcoholics (ACOA) meetings. She notes that going to these meetings has been “an epiphany” (p. 172), reducing her sense of isolation and helping her gain insight into her “irrational thoughts and behaviors.” The authors assume that it was her six therapy sessions (seven years before) that paved the way for her to reach out to a group like ACOA and to engage in other forms of self-care. They consider this to be evidence that she has indeed become her own therapist—the third-order change that master therapists covet. Although this is possible, they simultaneously minimize the importance of her affiliation with ACOA, describing it as hardly surprising, given the family history of alcoholism. Of course, they do not for a moment entertain the possibility that her ACOA participation suggests gaps in her treatment rather than the “transformational change” they trumpet.

Although How Master Therapists Work certainly contains nuggets of wisdom in a field that is particularly barren, digging them out is an arduous task. We hate to be the skunks at the garden party, but we are inclined to echo the sentiment of Dr. Watson in a modern Sherlock Holmes tale (Horowitz, 2011). Having waded through a long and disagreeable text, he proclaimed himself “glad to turn the last page and set it aside” (p. 53).
References


