

Clients as Teachers: Reciprocal Influences in Therapy Relationships

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The value of the continuing education industry for therapists is questioned, as is the usefulness of therapy books and journal articles, as a means of engaging therapists in life-long learning. Instead, it is argued that our clients are our best teachers and that therapists learn most effectively from their clients. Drawing on research studies with prominent theoreticians and therapists, and on case studies from clinical work, a number of important themes are identified as ways in which therapists are influenced by their therapeutic encounters with their clients. The themes explored in this article include: (1) intimacy and high emotional arousal with clients as we witness profound change; (2) being challenged by clients; and (3) allowing for boundary 'crossings' in order to develop more flexible ways of working with clients. The implications for professional development are discussed.

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The Limits of Traditional Continuing Education

There is a myth that therapists learn their craft at university, although it is a belief that is certainly not shared by the majority of practitioners, who realise that most of what they learned occurred *after* they graduated. Equally inaccurate is that whatever was deficient in our training could more than be made up for through continuing education workshops. Many countries and states now require therapists to accrue dozens of advanced training hours to maintain their registration with a professional association. While certainly well intended, this policy has created a continuing education industry that is just as interested in making a profit as delivering quality education. And let's be honest: it is a game that most of us play.

Many of the workshops we attend can be boring, meaningless, and hardly do more than satisfy our obligation. We mention this with full disclosure since one of

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us (Jeffrey) is part of the problem since he is routinely paid to do such trainings for state or national organisations. Jeffrey recently asked an audience how many of them would have chosen to attend the workshop if they had not been required to do so — more than half raised their hands. So maybe this is a good thing that we are mandated to seek additional training that we would not otherwise consider.

In a scathing critique of the continuing education system, Wright (2005) made the point that there isn't much empirical evidence that CEUs (continuing education units) actually improve the quality of professional practice, although it is quite clear that they pad the profits of the delivery services. For a fee, therapists can register for online courses, download the tests, and then skim the articles for the answers needed to pass. With such a goal in mind, six hours of CEUs can be completed in less than an hour.

How many of you have ever left early from a workshop and yet still accepted a certificate saying you attended the whole thing? How many of you sat in the room the whole time but barely paid attention while you completed other tasks to keep you busy? When was the last time you attended a workshop in which you left with something significant, useful, and that stuck with you forever after?

Of course, the same thing could be said for articles like this one. How many essays, research studies, and books have you read about therapy in your life that really made much of a difference? On such a variable interval reinforcement schedule, it seems like less than 1% is enough to keep us searching for the Next Great Thing.

'Therapy books?' one experienced clinician said with a smirk. 'I stopped reading those damn things years ago. They all seem to reinvent the same things or try to sell their point of view, which sells more of their books.'

'You don't read books in the field anymore?' Jeffrey repeated in neutral voice, intrigued but still appalled by what this person was saying.

'Have *you* read any of them lately?' Then he laughed. 'Oh yeah, that's right, you write them, don't you?'

Jeffrey smiled politely and resisted digging back. 'What about journals?'

'You're kidding, right?'

Jeffrey waited, a bit punitively he must admit.

'When is the last time *you* found something helpful in a journal? They're all about these academics getting tenured, which is directly proportionate to how many statistical tables they include.'

'Okay, then, you don't read journals. You don't read books ...'

'I didn't say I didn't read books, just not *therapy* books. I've read enough of them to last a lifetime.'

It turns out that this therapist read voraciously — philosophy, anthropology, history, literature, contemporary fiction, poetry, and dozens of magazines. He seemed intensely motivated to become better at what he does as a clinician; he was just insistent that this couldn't happen for him in the sanctioned professional literature that only made him feel more stale.

This may be a rather radical rebellion, rejecting *all* the research and writing in the field, claiming it has no value, but it nevertheless illustrates that something we rarely talk about is the ways our clients are actually our best teachers.

Reports from the Experts on the Impact of their Clients

Jeffrey and a colleague studied cases of therapists who have been personally and professionally transformed by their clients (Kottler & Carlson, 2006), as well as stories of creative breakthroughs (Kottler & Carlson, 2009), seminal cases (Kottler & Carlson, 2005) and the most memorable clients (Kottler & Carlson, 2003). Based on these interviews conducted with close to one hundred of the world's most prominent theoreticians and clinicians, several themes emerged, the most significant of which was that more than anything else, their ideas about therapy were most shaped by particular clients who challenged them. It was not that they were not helped by supervision, training, workshops, books, research studies, and their own personal therapy, it is just that many of them viewed their clients as their best teachers.

It is not surprising that in the close relationships we develop with those we help, the impact and influence would be reciprocal. We are profoundly affected by the conversations we have, the deep material we explore, the intimacy we experience, and the issues that we discuss and work through. We are haunted by our clients, for better or for worse.

O'Loughlin (2006) conducted research among Australian psychotherapists and identified their experiences of transformation in the therapeutic relationship. She discovered seven categories that she called:

- deep presence in the therapeutic relationship
- loosening boundaries
- parallel journeys
- stepping aside from the professional self
- felt sense and embodied connection
- spiritual re-awakening
- interacting with other spaces and landscapes.

These categories encompassed the concepts of the therapist being transformed by the experience of human connectedness, journeying with the client, moving into new landscapes, and developing new and transcendent ways of working.

Psychotherapy is transformative for both parties and has been described as 'an intrinsically, inescapably two-way enterprise ... whenever people open up the contents of their hearts, our own hearts can't help but thrum in response' (Sandmaier, 2003, p. 24). Jordan (2000) believed that isolation was the main reason for human suffering and that healing occurred through connection between the therapist and the client. She argued that clients 'must actually experience a sense of relational efficacy, of having an impact on the other person, the therapist' (Jordan, 2000:1005). There is certainly evidence that psychotherapy is 'a reciprocal influence process' (Andrews, 2001:107) and the therapeutic alliance has been conceptualised as a mutual process (Horvath & Bedi, 2002).

In research interviews with 'supershrinks' (Miller, Hubble, & Duncan, 2008) it was discovered that the best clinicians (i.e., those who are in the top 25% in terms of treatment outcomes) worked harder at improving their performance than others and were far more receptive to feedback from their clients. This made their clients more likely to achieve significant changes in their lives and probably also led to

more significant changes in the professional and personal lives of the therapists. Substantial work has been conducted to create measures of change and treatment outcomes that can be used after each client session (Miller, Duncan, Sorrell, & Brown, 2005), in order to help therapists to fine tune their ability to receive constructive criticism of their work from their clients. Inevitably, this increases their ability to be self-reflexive and to observe the changes within themselves as a consequence of therapeutic encounters.

Family therapists have long since given family members feedback by positively connoting the behaviour of each family member at the end of the session (Barker, 2007). Family therapists also use feedback from their clients systematically to inform their practice, as described in family case studies (Brown, 2008). Some funding bodies in Australia require the collection of feedback from all clients attending therapy and this can generate tension between funding bodies that require outcomes and therapists who do not wish to give clients the simplistic assurances and solutions to their problems that they seek (Simmons, 2006).

The influence of the client on the therapist can be both helpful and challenging. Goldfried (2000) reported on the ways in which therapists were changed by events in both their personal and professional lives. In research with Australian psychotherapists, one therapist explained 'it's that profound privilege and honour of walking in the sacred spaces of people's lives that I find enriching and often challenging' (Hunter, 2002). That challenge can include feelings of discomfort, anxiety, fear, anger — the whole gamut of human emotions. In another study of master therapists, the need for the therapist to accept and use their emotions therapeutically was emphasised. 'The issue isn't whether you're afraid or not, it's whether you recognise the fear, accept it and use it therapeutically, because the trick is to use yourself therapeutically' (Sullivan, Skovholt, & Jennings, 2004 p. 64).

In a moving case history describing his work with a client suffering from a long-term, debilitating mental health problem Horowitz (2009) argued that 'change often lies just beyond reach, however, and the long tortuous road is sure to exert both a profound and unexpected influence on a therapist's life and work' (Horowitz, 2009, p. 110). His long-term engagement with this client led him to appreciate the smallest changes and to acknowledge that lack of deterioration (i.e. not going backwards) was in itself an achievement for many clients.

Freud's (1912) concepts of transference and countertransference have frequently been used to warn therapists of the dangers inherent in working with clients. For example, it has been argued that beginning trauma therapists are particularly vulnerable to vicarious traumatisation or being negatively affected by their client's stories of traumatic events (McCann & Pearlman, 1990; Neumann & Gamble, 1995) and that their basic cognitive schemas related to dependency or trust, safety, power, independence, self-esteem, and intimacy can be affected. As a result, therapists are often taught to be wary of countertransference responses to clients, since these responses may damage either the client or the therapist and lead to misdemeanours of one kind or another within the therapeutic relationship (Hirsch, 2008). They are also taught that repairing a rupture to the therapeutic relationship (Lewis, 2000; Safran & Muran, 2000) or managing countertransference effectively can enhance therapeutic outcomes (Rosenberger & Hayes, 2002). Flaskas (2005)

argues for the usefulness of the concepts of transference, countertransference, and projective identification when working systemically with families to explain the therapist's unexpected, often negative, responses to abusive family situations.

Whereas much of the discussion in the literature focuses on negative countertransference reactions, it so happens that there is tremendous growth that takes place in therapists as a result of therapeutic encounters. Eminent therapists often mentioned themes related to being challenged by clients that forced them to go beyond what they already knew to invent something new. Others spoke of the parallel processes that took place in which they were afforded the opportunity to work on their own unresolved issues. Still others mentioned the almost spiritual transcendence that occurs as a result of being present during major breakthroughs or high emotional arousal (Kottler & Carlson, 2006). One therapist spoke about this phenomenon:

I join my clients on journeys into the unknown. It is during such times that I also become vulnerable to whatever we might discover together. I inevitably find myself wondering about some aspect of myself too, my own distress, or the lack of it, the experience of my key relationships, work, health or other matters; or a moment of seeing our connected humanity in this world and the marvel of life. I find myself just smiling inside with wonder — yet in the same moment also being able to understand something of the profound pain. Good as many traditional counselling texts are, they never quite explain this adequately — sitting with irony and paradox. It takes a deep knowing of oneself and a willingness to go with others to find these points in life where pain, joy, and wonder can coalesce. And the path to knowing myself usually means either having to explore something of the same issue as my clients, or having gone there ahead of them.

Several themes emerged about the different ways that therapists learn from their clients. These themes may resonate for many therapists who may have had similar experiences in their own clinical practice. The first of these is the idea of 'the client as surrogate'. That which we do not accomplish in our own lives can so easily be accomplished vicariously through our clients.

Learning About Fairytale Endings

When I (Sally) think about my own clients, the ones who stand out for me tend to be those that made me feel either the most comfortable or the most uncomfortable. These may be the clients that I remember because I combine clinical practice with teaching and I tend to retell stories of my mistakes to students in the hope that they will learn from them and avoid some of my more obvious pitfalls. So even though I would prefer to tell shining examples of being transformed and travelling along exciting new paths with my clients, my experiences tend to be more confusing, mundane, and opaque.

A few years ago I worked with a young man who was dissatisfied with his life. He worked as a car park attendant and lived alone. He had few friends and rarely went out, except to attend therapy sessions. He told me of his unhappy childhood in a poor family, with an angry father and an alcoholic mother. He never did well at school and had never expected to amount to much. He hated his job but didn't feel motivated to study or try to improve his lot in any way. He wanted to improve his

social skills and together we explored possible changes that he might make to his social life.

After several weeks, this young man disappeared for a month. On his return he told me with great excitement that he had applied to take part in a TV game show and had been successful. He had won numerous prizes and would be attending the finale later in the year. I was thrilled for him, particularly when he described his experiences with enthusiasm and with great excitement in his voice. But towards the end of this session, I started to question what he was telling me. It all seemed too good to be true somehow.

I never saw him again. To this day, I don't know whether or not he was telling me the truth. It could have been a turning point in his life — but my hunch was that he sensed that I didn't believe his story and couldn't face returning to therapy. Of course, if he was telling the truth and he sensed that I didn't believe him, I can't blame him for choosing not to return.

Was this an example of me being impressionable? Or should I have been more impressed? Did this client need me to believe him? He helped me to realise that I am strongly invested in people telling me the truth and I dislike it when people tell me lies. Somehow it matters to me. But over the years of working with clients, I have probably become more cynical. I don't automatically believe what people tell me. A lot of the time I think that people choose to tell me what they think I want to hear, particularly when I am working with couples or families. I'm afraid that I have met too many manipulative people in therapy to take people at face value anymore.

Learning Self-Talk

Helplessness was a big theme in my (Jeffrey) early life. My mother was depressed and actively suicidal throughout much of my childhood. As an adolescent, and into early adulthood, I also struggled with depression, or at least emotional volatility that masked a deeper sadness. I felt like I was a victim of those around me — the supervisor who didn't appreciate me, the woman who didn't respond the way I wanted, the friend who didn't understand, my father who didn't support me the ways I wanted. I tried therapy as a client several times at this stage of my life and profited immensely, but it was really working on the other side of the relationship in which I made my greatest strides.

Prior to this particular time working as an intern, I had been doing mostly relationship-oriented, existential therapy (to which I eventually returned). My supervisor, however, was a passionate cognitive therapist, and he insisted that I follow his lead. It was one thing to read his books, and to participate in seminars and supervision devoted to this highly confrontive method; it was quite another to actively see, hear, and feel my clients struggling with their own self-talk. And as I learned to challenge clients' beliefs and language, I noticed a transformation taking place within me as well.

'I just can't take this any longer. Not one more day. I've simply had it.'

'You're feeling completely fed up,' I responded to my client in the way I had learned to do, using traditional active listening and reflect underlying feelings. But I

knew that my supervisor would skewer me for this 'relapse' and so I shifted my approach.

'Yeah,' the client responded to the reflection. 'I'm so sick of this crap. I can't take anymore.'

'You're saying that this is absolutely the worst you can imagine,' I summarised, but this time focusing on the exaggerated thinking. 'It's so bad that you can't stand another moment.'

He nodded his head in agreement and then stared down at his hands.

'This is just the worst thing you've ever lived through,' I continued. 'You don't think you can even survive it.'

What I was doing, in a gradual, and I hoped subtle, way was challenging him to examine ways in which he was exaggerating and distorting the reality of what was taking place. I followed up by continuing to go after some of his irrational beliefs.

All the time I was confronting my client with the extent he was exaggerating reality and engaging in self-pity, a part of me soon recognised that I was talking as much to myself as I was to him. The more I confronted my clients about the ways they were inflicting misery on themselves, the more I had to look at the ways I was doing the same thing. This is a phenomenon that I think so many therapists can relate to and share stories of their own in which they have become so much more emotionally and psychologically healthy as a direct and indirect result of challenging clients' own dysfunctional behaviour. Of course there is a fine line between helping myself and potentially harming my client, which is where good supervision is so important to highlight the difference between the two.

Conclusions

There is a powerful 'healing story' (Burns, 2001) that tells of a poor Scottish farmer called Fleming who saved the life of a young boy who had fallen into a bog and was sinking into the quagmire. The farmer was rewarded when the boy's father, a wealthy nobleman, offered to educate the farmer's own son at his own expense. The farmer accepted the offer, recognising the wonderful opportunity that it offered his son, Alexander, who went on to study medicine and to discover penicillin. According to the story, the nobleman's son later became ill with pneumonia and was saved through the use of penicillin. He went on to become famous in his own right — Sir Winston Churchill.

Sadly, the story is unlikely to be true: But what a great story! The father's good heart is rewarded, as is the nobleman's generosity — and the nobleman's son is saved twice, once by the farmer and once through a discovery made by the farmer's son who becomes his own father's protégé. There is a satisfying mutuality about the story. The farmer helps the nobleman's family and the nobleman helps the farmer's family.

It would be wonderful if all therapeutic encounters were mutually satisfying in the same way — and some of the more memorable ones often turn out that way. Some of these transformative experiences have been described in the literature (Kottler & Carlson, 2006; O'Loughlin, 2006; Sullivan, Skovholt, & Jennings, 2004). Well known therapists have described the following themes in relation to

their encounters with their clients and we have touched on some of them already: (1) the power of empathic transcendence and its aftermath; (2) experiencing deep intimacy with a client or family; (3) experiencing high emotional arousal in a session that made the encounter both dramatic and unforgettable; (4) permitting flexible boundaries in the relationship that made innovation or creative breakthroughs possible; (5) having one's most cherished assumptions and beliefs validated; (6) being challenged by a client or family to venture into new territory or the unknown; and (7) being a witness to profound change (Kottler & Carlson, 2009).

If therapists learn some of their most valuable lessons from their clients, then professional development should include more opportunities for us to reflect on the growth, lessons, and transformations we experience in sessions — how our clients can be our best teachers. Of course it takes systematic reflection, solid supervision, and peer consultations to make sense of these experiences in a meaningful way.

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