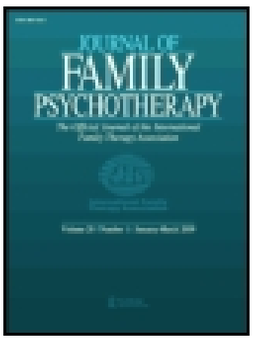

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Enhancing Therapist Courage and Clinical Acuity for Advancing Clinical Practice

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ABSTRACT

Conventional psychotherapy approaches are currently contending with a prospective client market that is increasingly receptive to intuitive healers, tarot card readers, and extrasensory perception or ESP practitioners. More notable, however, than the alternative sources for personal insight and growth, is the societal shift to valuing, embracing and integrating a broader range of knowledge. In this evolving context, an ever-inclusive relationship to information may demand that conventionally-ground psychotherapists consider creative means for advancing clinical practice. Creative advancement in this regard requires courage and sustained focus. Two process-level strategies for enhancing therapist courage and clinical acuity are introduced in this article.

KEYWORDS

Therapist characteristics; courage; therapeutic processes; therapist role; family therapy

> Studies show more people pay for the services of advisors claiming special powers than see mental health practitioners. How can mentalists and mediums be flourishing at a time when therapists – trained and sanctioned to care for people's emotional well-being – are struggling to inspire confidence?
>
> -Miller & Hubble, *How Psychotherapy Lost Its Magic, 2017*

In Chapman University's annual survey of the common fears held by Americans, 1200 participants surveyed suggested that belief in a wide variety of paranormal knowledge is on the rise (Chapman University Fear Survey, 2018). In this wave of ever-inclusive openness to fringe knowledge and consultations with intuitive advisors, Miller and Hubble (2017) suggest the profession of psychotherapy is challenged to improve the quality of clinical work. While the specific subject matter pertaining to paranormal beliefs is a source of fascination in itself, at a process level this rise in beliefs and integration of previously taboo knowledge suggests there is momentum toward an increasingly expansive and inclusive relationship to information. That is, there appears to be a societal shift towards an ever-expanding worldview or socially constructed *reality box* (Swann, 2003). It appears the borders of mainstream knowledge, once limited to information that was socially sanctioned and

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approved as credible, are being stretched. In this ever-inclusive context, the work of healing, change, and transformation may no longer be dominated by the knowledge underlying traditional psychotherapy treatment – suggesting a need for creative advancement of theory and practice to support the sustainability of conventional psychotherapy treatment.

Mystification of psychotherapy

Nearly 40 years ago, Applebaum (1981) made a powerful point about the quality of theory and practice when he wrote we can no longer "act as if we were practicing a profession that warrants being accepted on faith" (p.139) – placing professional psychotherapists on par with *mentalists and mediums* and calling into question the therapist's role in treatment. While the hopeful anticipation of *clients who believe their therapist has a rabbit up their sleeve* may contribute to beneficial outcomes, we can no longer continue to hang our professional hat on a placebo effect and the hope that mystified clients, who are in the comfort of a safe space under the protections of privacy and confidentiality and in the company of a trained professional, will move beyond accumulated insight and awareness to experience healing and transformation through faith in the notion of psychotherapy alone.

Constraints of professional identity and culture

The call for advancement in the helping professions is longstanding. Papp (1983), a distinguished master therapist, suggested therapists need a repertoire of interventions and the flexibility to choose between different approaches to find the most creative solution (p. 4), yet I suspect the repertoire of interventions might exclude therapist intuition, tarot reading, and future predictions. Also excluded, perhaps, is the *flexibility to choose* among interventions of various approaches. Although important for clinical development and treatment options, therapists' flexibility may be constrained by the limits imposed on practice necessary in order to contain a professional identity and culture – particularly among master's level practitioners. Such limitations were not imposed on therapists 40 years ago. While this approach to sustaining a profession has value for perpetuating distinctions in professional identity, there may be costs to the creative advancement of theory and practice. In this environment, efforts to develop creative treatment solutions may be overshadowed by efforts to walk a professional identity tightrope.

Moreover, it is possible that a conservatism of professional identity and culture may be unintentionally sidelining creative practice to the periphery of our field. Indeed, is walking the professional identity tightrope responsible for the graduates of professional therapy programs who resign from licensing efforts to, instead, pursue less constrained life-coaching practices? Either way,

I wonder if a bounded culture of traditional practice is not solely responsible for limitations on creative advancement within the mainstream ranks of psychotherapists.

Therapist fears

In my years of supervision and teaching experience, psychotherapy students, graduated interns, and licensed professionals alike present with fear of not being good enough, fear of not having accumulated enough knowledge, fear of the responsibility entailed in the care of clients, fear of being seen as imposter, fear of being experienced as culturally biased, fear of success and failure; fear of unwittingly working beyond their scope of practice, and the fear of malpractice. Each is reasonable concern in a litigious society and regulated profession where clinicians enter the uncertainty of relationships amplified in a treatment setting. Indeed, the responsibility of being entrusted with the biopsychosocial and spiritual experiences of clients should not be taken lightly.

In addition, therapist fears include attending to the body and shying away from clinical opportunities to engage *active cathartic body expression* during sessions (Miller, 2000). The implications of shying away from body work are beyond the scope of this paper; the value, instead, is how taking in the full-breadth of expression may be missed due to therapist fear. Bernstein (2001b), who leans on the Freudian concepts of transference and countertransference, suggests concerns about showing feeling responses to clients may lead *to coldness, objectivity, and withdrawal* by the therapist – impeding compassion. In a separate work, Bernstein (2001a)details how therapist *fears of client's acting out their anxieties* during session, between sessions, *and their own fears of acting out their anxieties* may promote premature termination. Therapist fears, often ground in anxiety, may also show in ethical decision-making (Hinz, 2011) and concerns about the impact of self-disclosure – in particular, as the self-disclosure relates to therapist sexual identity (Moore & Jenkins, 2012). Unfortunately, these concerns may impede therapist ability to remain present, be focused, and to listen – each of which has implications for clinical effectiveness.

In response to fears, well-intentioned therapists may resort to default social skills and atypical expectations of self to avoid 'therapist in the head' (Lindblad-Goldberg, Dore, & Stern, 1998) – evident, particularly, during the early phase of clinical training but persisting throughout the course of a career. While some motivated therapists may pursue supervision for personal and professional development, others may choose to privately reflect on the costs of entertaining default social skills, atypical responses, and experiencing disconnection on their practice.

While psychotherapists may be encouraged to reflect on the manifestations of personal doubts and insecurities as related to self-of-therapist, insight and

awareness alone may not be contributors to change in practice – leaving therapists to contend, likely more often than not, with their judgments and criticisms in isolation. While the field values highly motivated, evocative therapists – there is minimal training and professional development support for evocativeness beyond invitations for reflective practice. And therapists' growth and effectiveness slowly emerge over the course of years as a result of the willy-nilly hits and misses of treatment efforts – or slowly diminishes over the span of time. A longitudinal examination of therapist professional development by Goldberg et al. (2016) found results, though small in magnitude, that suggest therapist in their study became slightly less effective over time (p. 7). Goldberg and colleagues add that research on learning in science-based professions might provide strategies for increasing effectiveness, citing the work of K. Anders Ericcson who suggests moving past comfort zones and having access to immediate feedback and refinement over the course of time are both vital to effectiveness (p. 8). This suggests that therapists should engage in practices aimed at intentionally stretching their muscle and actively challenging the accepted limits of their clinical prowess. It appears there may be effectiveness gains for therapists who maintain active, regular, and purposeful efforts in support of professional development.

Therapist courage

Courage is an antidote to the personal doubts and insecurities that inhibit evocative and flexible clinical practice. I define therapist courage as the ability to purposely and knowingly enter an experience of uncertainty and ambiguity while remaining clear and focused, present and available for the unfolding of possibilities found in the practice setting. According to Waters and Lawrence (1993), courage, which is thought to *co-evolve with competence*, is a vital but almost entirely neglected aspect of behavior change for client and therapist alike (p. 107).

Indeed, therapist courage is essential for managing transference and countertransference in difficult cases (e.g., Greenspun, 1992). Moreover, guiding clients in the use of communication skills during high conflict requires several qualities; among them, courage for both the clients (Fowers, 2001) and the therapist – in particular, courage to *remain in the moment* (Bacha, 2001). In addition, courage is necessary for engaging in meaningful cross-cultural encounters (e.g., Thomas, 2008), for the ability to effectively lead psychotherapy groups (e.g., Shapiro & Gans, 2008), responding to clinically relevant behavior (e.g., Tsai, Callaghan, & Kohlenberg, 2013) and witnessing painful moments (e.g., Timulak, 2014). Of particular importance, courage is required for the therapist to remain *affectively engaged* while being aware of the engagement (e.g., Silberman, 2015).

Courage is vital to the role of psychotherapist *and for the viability of the profession*. Bergantino (1997) called therapists to be courageous or the field

would die. Indeed, the work of clinicians requires courage to invite disparate perspectives that would otherwise remain stigmatized, marginalized and invisible, or reserved for private reflection (Vargas, 2018). Clearly, courage has a significant role in facilitating purposely engaged and effective practice. I often ask myself how collective confidence in the helping professions might change if we were to each show the qualities of the leaders who pioneered our field? Tomm (1993) described Michael White, one of the founders of Narrative Therapy whose academic credentials were limited to a Bachelor of Social Work degree in a field dominated by advanced degree holders, as a person of impressive courage who exhibited stamina to protest injustices. How would our professional culture be different if the courage and stamina demonstrated by White were evident in each of us? What if, accepting the *Pareto Principle* – an age-old maxim also known and popularized in business management as the 80/20 Rule (Koch, 1997) – which would suggest 20% of the field is responsible for carrying 80% of the profession, we could have higher numbers of psychotherapists manifest the courage and stamina that Michael White showed? How would our profession look?

Unfortunately, while the virtue of courage is valued and the benefits of courage are seen in the pioneers and leaders of our field, we are often left with only judgments about how courageous others have been. The fortunate part is that working to build therapist courage affectively could be the fun part of a profession that, otherwise, contends with the vicarious effects of a wide variety of individual and group trauma, relational impasses, anxiety, pain, projections, transference, doubts, and insecurities. And now, with an increasingly sophisticated client market, is the time to intentionally engage in exercises meant to build therapist ability to embrace courage in the psychotherapist role – to avoid having our professional life be dictated by professional identity constraints, by personal fears or sustained by the good faith of clients.

The growth of clinical practice requires we stay at pace with broad shifts in social development, yet we may be falling behind the current social shift toward an ever-inclusive relationship to information. Lasch (1977) suggested a demand for a more relevant education originated in the disparity between the training need to qualify for work and the content of that work (p. 134) – a disparity between expectations and training quality that may exist today in the helping professions. Unfortunately, if we fail to evolve and work with the courage that our profession requires to creatively contextualize theory and practice, someone else will do this in our stead.

Clinical acuity

Therapist courage – with implications for a psychotherapist's ability to remain present and available – may also enhance clinical acuity – defined here as the psychotherapist's ability to maintain clarity of mind and focus on the collection

of information in order to more fully grasp and integrate information from outside the therapist's reality box. The development of clinical acuity may be purposely derived from exercises aimed at accentuating the psychotherapist's *relationship to information* – shedding light on how therapists sit with, take in, shell out, accept and decline information in all its varied forms of representation. Such efforts can facilitate discernment and promote clinical acuity. If therapists avoid accessing certain clinically relevant information, their client assessments may represent default judgment more than accurate capture of client experience – with unfavorable implications for treatment.

Before commencing a talk on the question of fear, Krishnamurti (1995), who has been described as a powerful and unclassifiable world teacher, asked participants to learn the art of hearing "we don't actually listen to people, we just casually listen and come to some kind of conclusion, or seek explanations, but we never actually listen to what somebody else is saying. We are always translating what others are saying." (p.1). Clinical acuity requires the ability to fully consider the breadth and depth of information that one encounters, even when information is not consonant with one's own experience, in order to avoid filling in the blanks left by disconnection and withdrawal from the information. Doing so requires significant practice and the ability to sit with our internalized anxieties and fears.

Enhancing therapist courage by stretching perception of control

> There is fear. Fear is never an actuality. It is either before or after the active present.
>
> • Krishnamurti, *On Fear*, 1995

The following suggestions for enhancing therapist courage and related clinical acuity are anchored in my observations, clinical work and training over the span of several years. In that time, I observed the correlation between courage and focus among psychotherapists in thriving group private practices that started as business ventures ground in a specific vision and specialization that eventually developed into internships and adjunctive training grounds. These private practice owners took chances and, despite the risks, the twists and turns that generally pertain to most business ventures, flourished. Taking chances, assuming risks, and moving forward, despite doubts and insecurities, could be what underlies most successful endeavors.

With increased focus over the years, the aim that has been at the forefront of my effort as trainer and supervisor is to support creativity, to make space available for the uniqueness of ideas, and to pave the way for meaningful contact with self and other. Moreover, to support moves toward uncertainty and ambiguity with a confidence rooted in competence; to encourage building therapist muscle for sitting with elevated levels of tension and anxiety, and bring awareness to how therapists relate to information in all its varied

forms of representation. This is in the interest of fostering therapists' ability to focus so that they can fully engage in assessments and make treatment decisions based on their ability to sit with disparate information. More personally, I wanted to move beyond words of encouragement and invitations to reflect, to instead promote an active personal and professional life for clinicians which is guided by courageous action, done in a way that it is part of *a life-long endeavor* that allows for embracing the ever-unfolding process of experiencing, and is approached with inspired excitement and fun.

Stretching perception of control

When working with elevated uncertainty and ambiguity, and the resulting tension and anxiety, distress may impede the clinician's ability to function with clarity and focus. Haarhoff, Thwaites, and Bennett (2015) suggest that experiential exercises are instrumental in advancing clinician skills *and* competence. With the enhancement of therapist courage as an outcome, I ask therapists to voluntarily and purposely engage experiential activities that stretch their comfort with uncertainty. The experiential exercises I have proposed are intended to highlight therapists' responses to experiences that challenge their perception of control – or *perceived control* (Rotter, 1966) – which then allows them to consider the degree of assuredness they expect and anticipate experiencing where their actions have little effect on outcome. According to Rotter:

> When a reinforcement is perceived by the subject as following some action of his own but not being entirely contingent upon his action, then, in our culture, it is typically perceived as the result of luck, chance, fate, as under the control of powerful others, or as unpredictable because of the great complexity of the forces surrounding him (p. 1, 1966).

We find heightened challenges to our perception of control, for example, in settings outside our usual areas of comfort – where there is a strong potential for elements outside our control to dictate the outcome. In cases where perception of control is challenged, distress occurs (Roussi, 2002).

Experiences that stretch perception of control include high risk/reward activities. In my view, engaging regularly in high risk/reward activities is *the fun part of being a therapist*. Developing the muscle for sitting with elevated levels of tension includes the practice of progressively entering places, situations, experiences, and activities the therapist may otherwise avoid – with the aim of embracing and building their muscle for engaging in courageous acts. This process requires a life-long professional development effort. The benefits of engagement in such activities include great dinner-time stories, shared experiences with supportive colleagues and, mainly, the opportunity to gain *phenomenal consciousness* or awareness of experience (Block, 1995) and *access consciousness* for use in reasoning and rationally guiding action (Block, 1995) rooted in insight of our default responses to the anticipations of uncertainty.

While Block's distinctions of consciousness continue to be debated among philosophers, as is the distinction holds value for describing the consciousness gains of this process-level effort to enhance courage by stretching therapists' perception of control incrementally throughout the course of a professional life. Silby (1998) succinctly describes Block's distinction of two types of consciousness, "The phenomenal properties of consciousness are experiential properties. Phenomenal consciousness states include the experiential states we have when we see, hear and have pains. On the other side of the coin, access consciousness encapsulates the tasks involved in cognition, representation and the control of behavior. A state is access conscious if it is poised to be used for the direct rational control of thought and action" (p.1). That is, access-consciousness may be used as a medium for gaining insight and awareness of our behaviors, thoughts, and feelings and for using the insight for rational control of thought and action when anticipating situations of spontaneity, uncertainty, and ambiguity that would otherwise be responded to by default assumptions. This is all in the interest of building one's courage and corresponding capacity to remain present, focused, and clear during experiences of uncertainty. Activities that may elicit therapist default response to contending with the boundaries of perceived control include: Skydiving, whitewater rafting, riding in a glider plane, improvisational comedy, paragliding, ocean surfing, scuba diving.

The purpose of engaging in activities that stretch our perception of control is to utilize these activities to facilitate insight and awareness specific to the behaviors, cognitions, and emotions sparked by therapist's expectations, anticipations, doubts, insecurities and fears – with an emphasis on the participant's state of focus. Questions I suggest therapists consider include: Are moments preceding the activity a blur? Do anticipations overshadow the ability to remain focused? What happens in anticipation of the event? The aim of this line of questioning is to utilize these experiences of anticipated heightened uncertainty to intentionally build capacity for sustained clarity and focus during times of elevated anxiety, tension, and fear in the course of the therapist's professional life. The hope is to use this uniquely subjective here-and-now process-oriented experiential approach to ongoing professional and personal development for building a *lived sense of confidence* – a process-based confidence derived from the competence rooted in stretching the boundaries of our professional *and* personal life. The power in this process-oriented approach is how the development efforts and outcomes include and affect multiple domains of the therapist's experience and may be engaged throughout the course of a professional career.

Enhancing clinical acuity using fringe information

The development of clinical acuity may be exercised by efforts *to sit with* information in its depth and breadth – and the more disparate the information is from the therapist's reality box, the more useful the information is for

building muscle in clinical acuity. Our reality box, and its inherent frame of knowledge, may be covertly and overtly shaped by culturally, spiritually and socially informed limits on information. Along the periphery of sanctioned information are subject matters and sources of knowledge that are ridiculed and shamed to the fringe. Matters considered taboo, difficult, and sensitive are sidelined, marginalized, and questioned as credible, along with the purveyors of this fringe information.

Therapists are expected to manage world-view influences and *to own their judgments and biases*, but the exercise in doing so is likely more intellectual than embedded in experiential practices intended to progressively build on one another over the span of time. Intellectualizing the management of world-view limits the outcome and benefits of these efforts in terms of their translation to practice. Meanwhile, with the best of intentions, therapists attempt to neutralize their judgments using atypical responses (Vargas & Wilson, 2011), but *remain in their heads*. Moreover, *efforts to evaluate* information from outside the therapist's reality box may be strained. In some cases, information from outside the therapist frame of knowledge may be dismissed or further marginalized – impeding the therapist's ability to connect with difference – including the differences found in cross-cultural relationship encounters. Swann (2003) suggests conflicts are typically between reality boxes, not people. Furthermore, difficulties arise from a lack of awareness regarding what our respective reality box contains and allows for us to engage (Swann, 2003).

Therapist relationship to information

As professionals engaged in a field that necessitates active participation and purposeful intervention, a reasonable expectation is that we operate with an awareness to the quality of our relationship to information; that we develop access-consciousness specific to how we sit with, take in, shell out, accept and decline information and, essentially engage in a discerning mind.

To facilitate therapist awareness of their respective *relationship to information* and to enhance clinical acuity, therapists are encouraged to *stretch their ability to sit with disparate information*. Additionally, therapists are encouraged to stretch their reality box and meaningfully consider their response to information that is outside the realm of mainstream acceptability. Fortunately, this happens to be another fun part of engaging the ever-unfolding process of becoming a therapist.

When I work with therapists, I ask them to consider careful study of the following subjects: Alien Abductions, Artificial Structures on the Moon and Mars, Area 51, Flat Earth Theory, Indigo Children, Life after Death, Near-Death Experiences, Remote Viewing, Time Travel stories of John Titor II, Unacknowledged Special Access Projects, Unidentified Flying Objects, Mysteries of Ancient Egyptian Pyramids.

- If the aforementioned topics do not stretch the therapist's reality box, they are asked to be intentional about finding areas of knowledge that better challenge their reality box – fringe knowledge is endless. To be clear, *the aim is less about orienting therapists to the content of fringe knowledge and more to have therapists reflect on their physical and emotional response to fringe knowledge*. Moreover, therapists are encouraged to use their reactions to fringe information as prompt for reflections of how they came to accept some forms of knowledge and not others? Moreover, therapists are encouraged to reflect on how they came to deem some information as credible and other information illegitimate? Insights gained from these experiences are used to highlight the quality of their relationship to information with the aim of stretching their comfort with disparate information – thereby, stretching their reality box.

Final thoughts

Our profession requires a clinician training and professional development platform that equips therapists with a capacity for intentionally accommodating an ever-expanding body of information and knowledge from the fringes. This process-level approach facilitates a life-long personal and professional development course that emphasizes the generativity of expanded thoughts and actions with implications for the creative advancement of theory and practice – thereby, expanding the range of our field's perspective. Additionally, an intentionally expanded reality box provides clinicians and academics the opportunity to engage discourse on information along the margins of dominant experiences, effectively improving the provision of their clinical services and education (Vargas, 2018).

Applebaum (1981), made a powerful point that is relevant today:

Psychotherapists, knowing about splitting and isolation, should be able to come to terms with the dangers implicit in trying to encompass two contrasting meanings of the word "practice" in one personality and activity. Among these dangers are unwarranted reductionist thinking, confusing inferences for facts, and intervening in ways that undercut the client's capacities. By making practice, profession, and lifestyle more consonant with one another, psychotherapists would probably improve all three (p.140).

The congruence of multiple domains of experience for psychotherapists requires process-level professional development support engaged throughout the course of a professional life span.

The field of behavioral and mental health requires clinicians and the academics who train clinicians to maintain active and reflective engagement with our ever-evolving social context in order to promote socially relevant training and professional practice. *As such, a reasonable expectation is that we acknowledge and critically consider the broad range of information, insights, and*

knowledge found in our increasingly integrative social world for ourselves. This notion will likely be questioned by some in our field, given our collective investment in a conservatism of theory, traditions, and practice, but I believe this functions to constrain licensed professional counselors, marriage and family therapists, clinical social workers, professional psychologists and mental health counselors by requiring they walk a professional identity tight rope. While there is value in the historical thinking that gave birth to specialized areas of psychotherapy, there may also be value in contextualizing theory to keep at pace with, or ahead of, an increasingly sophisticated client market. Valuing both theoretical specialization and flexibility requires thinking outside of the box, *without getting rid of what is in the box*. In my view, going beyond understanding our respective fears to connect meaningfully with self *and* the world requires courage and diligent practice with necessary pauses for reflection. The need for courage and diligence is especially salient since connecting with the *full breadth of experiencing* can go against practices that support self-preservation and the conservatism of our respective reality box. When one's reality box is reinforced by *socially sanctioned convention*, it serves as ball and chain to creativity and imagination.

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