

The Master Therapist: Ideal Character or Clinical Fiction? Comments and Questions on Jennings and Skovholt's "The Cognitive, Emotional, and Relational Characteristics of Master Therapists"

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L. Jennings and T. M. Skovholt's (1999) study constitutes a useful step toward deepening scientific understanding of what therapists at their best are capable of offering to their clients. Both the study's strengths and limitations stimulate questions, which this commentary attempts to consider. These questions mainly concern the lack of a clear initial definition of "master therapist," the lack of meaningful comparison groups needed to infer the distinctive characteristics of master therapists, the incomplete communication of data-analytic procedures, and the formulation of results as a uniform ideal-typical pattern that precludes recognition of individual differences. Despite this, the clinical richness of the findings is well appreciated, and the questions stimulated by the study indicate its high heuristic value.

This painstakingly conducted, clinically astute, and conceptually well-balanced study by Jennings and Skovholt (1999) is a welcome and thought-provoking contribution to understanding the concept of "master therapist" and to our knowledge about the characteristics of those who qualify for this accolade. The study's greatest strengths lie in the direct immersion of the investigators' clinical sensibilities and intuitions in a detailed, paragraph-by-paragraph examination of transcripts of lengthy interviews with 10 carefully selected, highly regarded therapists; in the investigators' thoughtful, step-by-step effort to formulate the meanings embodied in those interviews; in the respectful openness to their data shown by the follow-up interviews that were conducted to assess the therapists' perspectives on their formulations; and, not least, in concluding that therapists need to develop high levels of skill in cognitive and emotional and relational domains to meet the varied challenges that their clients present.

The study's main limitations stem from the lack of a satisfactory initial definition of master therapist as a guide in selecting practitioners to be interviewed; from the related lack of conceptually appropriate comparison group(s) as a basis for delineating the distinctive (in contrast to the common) characteristics of the therapists interviewed, which is as important for inference in qualitative as in quantitative studies; from an insufficiently informative description of the inferential decision-making process, which can be partly attributed to the compression required in a journal article but which is nevertheless essential for readers to feel confident that they would likely arrive at the same results by following the authors' methods; and from the proposal, based on the reported findings, of an implicit ideal-typical construct (Weber, 1949) of master therapist that emphasizes only the

attributes that all 10 therapists share, which masks the individual variations that undoubtedly exist among them, and thereby produces a fictional ideal that may never be found in any practitioner.

Because the strengths of this study are several and are more evident than its limitations, it seems appropriate to dwell at greater length on the latter. Before doing so, it would be only fair to add—on the basis of my own research (e.g., Orlinsky et al., 1999; Orlinsky & Howard, 1975), my knowledge of the research literature (e.g., Orlinsky, Grawe, & Parks, 1994), my 40 years of clinical practice, and my experiences as the client of several master therapists—that there is little in the content of Jennings and Skovholt's (1999) conclusions with which I disagree. My questions focus instead on the processes by which Jennings and Skovholt reached those conclusions.

First, how do Jennings and Skovholt (1999) initially define master therapist and select their sample of master therapists? "Despite the lack of a clear definition," they claim "that the term master therapist is used frequently in the mental health lexicon to describe therapists considered to be 'the best of the best' among fellow practitioners" (p. 4). Their survey of prior research touches on themes of professional expertise and clinical efficacy, but they end instead by focusing on a small group of "highly experienced, well-regarded therapists across various professional mental health disciplines" (p. 4). Using a standard "snowball" sampling technique, they instructed progressively wider circles of local mental health practitioners to nominate colleagues (a) to whom they would apply the term *master therapist*, (b) to whom they would refer a close family member or a dear friend for treatment, and (c) to whom they would "have full confidence in seeing . . . for [their] own personal therapy" (p. 4). This resulted in the selection of 10 therapists who were very well-known and very highly regarded by local colleagues. But were these 10 really master therapists? If all we mean by master therapist is an extremely fine local reputation, the obvious answer is yes, but this evokes the

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skeptical response so often associated with operational definitions (e.g., “intelligence” is whatever IQ tests may measure). Sole reliance on reputation among one’s colleagues as the criterion for a master therapist strongly dilutes the theoretical interest of the concept. Therapeutic mastery must mean something more than that, something, in fact, that local colleagues may not be well positioned to know.

What is traditionally meant by use of the term *master* in describing a practitioner of an art or craft? Perhaps the two most common meanings refer to one who teaches (a school master) and to one who practices with exemplary proficiency (a master craftswoman). The two are clearly related, implying a thorough knowledge of a particular subject matter or mode of practice. Mastery in teaching implies a systematic, articulate, theoretical kind of knowledge that can be clearly imparted by precept and instruction. Mastery in practice implies an encompassing, inventive, procedural kind of knowledge that can be modeled impressively for others or used as the basis for supervisory shaping of the practice of others. Both senses of mastery also imply control (as suggested by the presently inapposite contrast of master and servant). Obviously, these traditional meanings of mastery are not excluded by Jennings and Skovholt’s (1999) reliance on local reputation. Probably the main way a fine professional reputation can be acquired is by effective teaching and supervision of successive generations of students. But unless these students have directly observed the therapeutic practices of their teachers and supervisors with patients (which is rare) or have themselves been their patients in personal therapy (which itself would raise complex questions of judgment), how would local colleagues know who among them practices with exemplary proficiency? Nor is exemplary proficiency itself, shown in a few cases, necessarily a sign of broad mastery. In judging artistic mastery, one must take account of the difficulty of the materials and media with which artists work. In judging therapeutic mastery, must one not also have taken account of the difficulty of the patients and problems they treat? This would lead naturally to distinctions of degrees and types of mastery, which the uniform concept of mastery constructed by Jennings and Skovholt does not allow.

The most basic meanings attached to a construct are generally determined by a series of contrasts or oppositions (e.g., Lévi-Strauss, 1963). Thus, it might be useful to ask which other terms or categories Jennings and Skovholt (1999) would contrast to their concept of master therapists. “Good enough” psychotherapists (in the Winnicottian sense)? Average (mean or modal) therapists? Pseudodeveloped therapists (Rønnestad & Skovholt, 1991)? Pathogenic therapists (Henry, Schacht, & Strupp, 1990)? Talented novice therapists (Orlinsky, Botermans, & Rønnestad, 1998)? Or perhaps master-level practitioners of other professions, arts, or sciences?

The answers to this question would indicate which groups would best serve as meaningful comparison groups with Jennings and Skovholt’s (1999) master therapists to correct what is probably the most serious limitation of their study. The fact that almost all 10 of their highly selected, highly

respected therapists share certain characteristics does not logically imply that other therapists, or indeed other people who are not therapists, do not also share them. For example, the eighth category found to characterize the 10 therapists interviewed was “Master therapists believe that the foundation for therapeutic change is a strong working alliance” (p. 8). I would venture to guess that nowadays a very large number of therapists would endorse the same view (in fact, I believe it myself). The seventh category characterizing the 10 therapists was possession of “strong relationship skills” (p. 7), but evidence suggests that this is true even of beginning therapists and is part of the basic talent that therapists bring to their profession (Orlinsky, Botermans, & Rønnestad, 1998).

Other of the nine categories that Jennings and Skovholt (1999) cite as characteristic of master therapists seem as likely to characterize many who are not therapists: (a) being “voracious learners” (p. 6); (b) having “accumulated experiences become a major resource” (p. 6); (c) valuing “cognitive complexity and . . . ambiguity” (p. 6; these might be scientists, scholars, novelists, dramatists, chess adepts, etc.); (d) “appear to have emotional receptivity defined as being self-aware, self-reflective, non-defensive, and open to feedback” (p. 7); (e) “seem to be mentally healthy and mature individuals who attend to their own emotional well-being” (p. 7); and (f) “are aware of how their emotional health affects the quality of their work” (p. 7; these characteristics could well describe any “fully functioning person” as defined by Rogers, 1959).

The only trait that Jennings and Skovholt (1999) cite as characteristic of master therapists that seems to me probably a genuinely distinctive attribute is the following: “Master therapists appear to be experts at utilizing their exceptional relationship skills in therapy” (p. 8). Jennings and Skovholt elaborate on this theme in a most incisive fashion. Their comment “Not only do respondents provide safety and support, they can also challenge clients when necessary” recalls the trenchant definition of therapy as “a safe emergency” that was given by Perls in the introduction to his demonstration session with “Gloria.” Jennings and Skovholt’s statement that “respondents expressed no fear of their clients’ strong emotions” and “expressed their willingness to be with clients during very intense moments” (p. 8) also recalls the lessons taught by such therapeutic masters as Carl Rogers, Carl Whitaker, and John Warkentin. But, in fact, the only way to know whether this characteristic differentiates master therapists from others is to apply the same qualitative methods used by Jennings and Skovholt (or other methods) to conceptually appropriate comparison groups.

This point leads back to another aspect of method in the study, the data-analytic procedure. The bases for the decisions taken at each of the several steps leading from the 10 interview transcripts to 1,043 concepts to 40 themes to four categories to three domains are not adequately described nor are the bases for the decisions to revise 40 to 26 themes and four to eight (finally, nine) categories in three broad domains (Jennings & Skovholt, 1999, p. 6). These decision rules

need to be made explicit if readers are to feel confident that the authors' results could be replicated. Lists and alternative groupings of these intermediate themes and categories might also have helped the reader gain insight into the reasoning followed by the investigators in the data-analytic process. The qualitative methodology espoused by Jennings and Skovholt emphasizes the subjective agency of the researcher, but at critical points we find this masked in the text by use of the passive voice, for example: "The 1043 concepts were then sorted by the first author and the research assistant [together? separately? with what agreement?] into many different groupings until themes and categories emerged" (p. 5). How did those themes and categories emerge? Surely not by themselves, "objectively," as the language seems to suggest. Again: "Domains as the major organizer were then selected based on themes and categories" (p. 6). Selected how? By whom? With what degree of agreement? Perhaps a book-length account is required to present this adequately, as in the admirable work previously published by Skovholt and Rønnestad (1995). If the space limits imposed by the journal format preclude it, readers should be offered the option of a fuller account to be sent on request. Without such an account, readers of the article are left to take its results largely on faith (or not).

Taking the results that Jennings and Skovholt (1999) present at face value, we are left to consider some further questions. First, the authors acknowledge that their study "highlights a number of potentially desirable therapist characteristics" but does not attempt to link these to clinical variables such as measures of "establishing a therapeutic alliance, reducing clients' symptoms, and client satisfaction" (p. 9). I have argued elsewhere (Orlinsky, Rønnestad, et al., 1998) in favor of such a partial independence of research on therapists. The reason is therapeutic processes and outcomes are so strongly influenced by patient characteristics (Orlinsky et al., 1994) that these can effectively mask the therapist's contribution. Yet thinking of the definition of master therapist, I am led to wonder whether this consideration is valid in the case of master therapists. Jennings and Skovholt raise the question of "whether master therapists actually achieve better results than other therapists" (p. 9). It seems to me that master therapists, if they are so in more than name and more than the reputations attributed to them by their colleagues, must be more effective. There is a presumption that master therapists are, as Jennings and Skovholt say, "the best of the best" (p. 3). If they are not more effective than others who work with comparable kinds of patients, what does this accolade mean?

Second, we know from common experience that individuals differ from one another in many respects, if only in matters of degree—even master therapists. How much did the 10 master therapists identified by Jennings and Skovholt (1999) differ among themselves with respect to the nine categories they used together to define the pattern of master therapist? The investigators set an arbitrary criterion requiring that each theme included in the final set of categories be present in at least 8 of the 10 therapists, so clearly not every master therapist embodied every theme and category. Did

any embody them all? What were the maximum and minimum and median number of categories represented among the 10 therapists? Jennings and Skovholt offer a strong hypothesis "that those who go on to become master therapists have developed (C) cognitive, (E) emotional, and (R) relational domains to a very high level and have all three domains at their service when working with clients" (p. 9). How high a level of development must be attained in each domain?

Finally, with this consideration of levels, Jennings and Skovholt (1999) imply an incipiently quantitative methodology and demonstrate a basic continuity between qualitative and quantitative research strategies. Jennings and Skovholt treated each of their categories as a binary scale, with the indicated quality judged as present or absent. An obvious next step is to make each category an ordinal scale, so that "low" or "moderate" or "high" or "very high" (i.e., masterful) levels can be distinguished, enabling one to ask how much of each must be present, and in what proportions? In this way, the clinical fiction of the idealized master therapist can be made more broadly useful as a method for assessing the whole spectrum of therapist development.

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