Pitfalls in Psychotherapy

SOFIE LAZARSFELD, *New York*

Psychotherapy had many hurdles to jump when it came into being. To survive, it had to prove itself worthy. As a result, therapists acquired the habit of stressing their successes in publications and playing down their difficulties—like a child who compensates weakness by boasting.

Just recently nonsuccess also is being brought to some public knowledge and discussion. This seems to prove that the newcomer has gained self-confidence and can afford to admit foibles to himself as well as publicly.

With this in mind I assembled material on mistakes and failures, from which I plucked at random and have set out to write, for once, exclusively about nonsuccesses.

The first interview offers ample possibility for mistakes. The therapist knows very well that everything concerning the work ahead should be made very clear to the analysand. The goal of therapy, the duration of the single session, the fee to be paid, etc., should be clarified. Sometimes the therapist is careful to do so, sometimes he neglects it, he "forgets." The reasons for such omissions are of psychogenic nature and are various. The therapist may feel inhibited about bringing up the financial point for fear of appearing mercenary; sometimes he may be doubtful whether his work is worth what he is asking; or he may anticipate that the client will not accept the necessary conditions, and that he may lose him. Some cases may even seem so interesting that the therapist does not want to lose time by discussing preliminaries; he is eager to start the real work immediately. The usual conditions are so well known to the profession that he may sometimes assume that the client knows them also.

When such omissions occur, the therapy starts on foggy premises which later may become serious handicaps. These omissions are not just technical mistakes; they occur according to the momentary state of mind of the therapist and how he responds to the given case and situation.

There is another factor which influences the therapist's responses from the start and that is the undercurrent of unconscious interaction between the therapist and the analysand. When positive on the side of the therapist he may go to great lengths to keep the analysand because he has already established some identification with him. Or

the analysand may show so much eagerness to stay that the therapist's ego will be inflated. In both cases he may waive conditions he would insist upon in other cases.

If the undercurrent works negatively, the therapist probably will find causes for his inner nonacceptance in the other's personality. More often than not this will be some rationalization of his own antipathy or, at least, lack of empathy, the result of something the therapist projects on the analysand. Let us not forget that therapists are human; even if they have undergone a thorough analysis, no analysis will ever remove all problems down to the last residue. If the therapist goes on accepting cases in spite of lack of sympathy or even with antipathy, he will probably fail.

If a negative undercurrent prevails from the beginning, the therapist will do well to refer such cases to someone else. This at least will be a temporarily satisfactory solution for preventing foreseeable failures until the therapist has worked out within himself the unknown residue.

Some mistakes can be avoided by applying what the therapist has learned during his training. There are other situations where the therapist, only after he has made a mistake, will learn why it occurred, as in the following case.

Once I was working with a girl who was so deeply discouraged that she never dared to have an opinion of her own, let alone utter anything that had not been approved by authority. After a period of improvement she brought up some very original and sound ideas of her own. With the best intentions of encouraging her I said that I completely agreed with her. To this she reacted as she had never reacted before, with violent hostility, and said, "I don't give a darn whether you agree or not!" Tone as well as glance toward me were venomous. Although the strong reaction pleased me as a symptom of growing independence, I nevertheless wondered why she had been so unusually antagonistic.

Later I recognized the mistakes I had made and there were two: First, with my wholehearted agreement I had intruded upon what had been exclusively her own possession, and I had made it mine, too. Second, I had overlooked the phase of development toward independence which the girl had reached. I had originated a conflict in her. She still cherished the approval of authority but was afraid of relapsing into the old pattern by accepting it, thus losing her budding independence. She had to reject it vehemently since she could not yet

accept approval and still feel independent.

Here the objection might be raised that violent outbreaks of hostility during therapy are healthy and sometimes should even be provoked. Whether they should be provoked is a matter of opinion and technique. What is important in this example is that I had no intention whatsoever of provoking such an outbreak but did so without foreseeing that it might occur.

This explains how legitimate the girl's reaction was. Yet it does not clarify the point as to why—against my sincere good intentions—it had happened at all. At the time I was no greenhorn in my profession and should have known better. So why did it happen? What unknown counterforce had reared its ugly head?

The answer to this question came to me in a flashback. During my own analysis, I had once brought myself to the point of telling something which I had not told my analyst before. Yet when I started to tell it, he interrupted me to ask whether I really thought he had not known it without being told. That was the end of it; I was never able to bring up the problem again. He was an experienced analyst. How could he have made such a mistake?

Since this long forgotten picture came to my mind just as I was wondering about my analysand's reaction, I realized there had to be some connection between the two incidents. I asked myself whether the common denominator in both cases was not vanity. More overt on the side of my analyst, who had seemingly wanted to prove that he knew everything without being told, more hidden on my part. Since apparently I had assumed that the girl needed the seal of my approval, I myself must have had the tendency to bestow it as if without *my* approval the final touch were missing.

This little fragment of a therapy draws attention to three possible pitfalls: lack of respect for the analysand's ownership of his own contributions; misconception of the phase the analysand has acceded to in his own growth as well as in his relationship with the analyst; and third, our seemingly never fully satisfied vanity.

The following case shows another kind of misconception. The therapist was just starting professionally and was somewhat amazed that he could achieve anything at all. When the analysand showed tremendously quick improvement, the therapist took this as proof of his capacities, since he was in the stage where he needed buttresses for his professional ego. This blinded him against the real source of the "improvement." The analysand who wanted "to please Mama" had

projected this urge on him. There was no genuine improvement; it was merely a symptom of the analysand's neurotic pattern.

Failures deriving from a special state of mind of the analyst may occur in any field, even with very well experienced analysts. For instance, one of the best analysts I ever knew was suddenly faced with the discovery of her husband's long standing unfaithfulness. It struck like lightning, paralyzing temporarily her capacity to deal with cases where jealousy was involved. She identified herself with patients suffering from jealousy, sided completely with them, and so was no help at all.

In another case the therapist used his patient unconsciously as a scapegoat for something that had upset him deeply. He had a friend whom he had trusted fully, until he learned that this man, on the instigation of a third person, had concealed something from him. It was not an important matter, the therapist knew, but what mattered to him was that the concealment took place under the influence of a third person. This to him meant treacherous desertion; therefore he felt strongly estranged from his friend, and doubted that he could ever trust him again.

By unfortunate coincidence, at the same time a similar situation occurred during an analysis where, until then, a good relationship had been established and the therapy had gone well. This patient had also promised a third person not to tell one special fact to the analyst. Again it was an unimportant matter, and this the analyst knew. Nevertheless a strong anger against his patient gripped him; he could not forgive him, and this naturally disrupted the therapeutical procedure.

We are faced here with negative emotions which seem unbearable if directed against their real object, and are transferred to a third person. This is what happened to the therapist: He wanted to stay on good terms with his friend, wanted to be reconciled and to forgive, but felt so outraged that this feeling was stronger than his conscious will. Thus, unconsciously, he projected the negative emotions on his patient in order to save his relationship with his friend. The therapy could not well proceed under these circumstances and shortly afterwards the patient had to be transferred to someone else.*

*It is tempting but impossible to go here into the much discussed problem as to whether it is indispensable for the success of an analysis for the analyst to be told all. Furthermore, to discuss whether those therapists who consider it an exigency are driven by a streak of possessiveness in themselves. Or whether by professional conviction they have advocated and applied this demand until, as a "professional deformity" it is carried over into their private lives.

When the transfer of a patient has to be considered, the timing again provides pitfalls. To catch the right moment depends so much on the therapist's personality. A "dead point" can occur during any therapy and it is a very unpleasant moment. Resistance is involved here, of course, but this will not be discussed now. When the dead point has been worked out satisfactorily it can become a new incentive for improvement. But sometimes the dead point grows into a "dead end" and then the timing problem of transferring the analysand arrives.

Arrival at a "dead end" may even be provoked by the therapist's attitude. Sometimes it is necessary to transfer the analysand too early, because the therapist has reacted to the dead point like a parent who feels that he has done so much for the child and is disappointed because the child does not "behave." Or he may be overambitious for himself, in which case he will become impatient and so provoke the dead end.

In other cases the therapist, according to his personality, may be reluctant to take chances. Then he will give up too soon and transfer too early. Or he may be a fighter *per se*, who never gives up; then he will transfer too late. It also depends on the therapist's capacity to accept failure, since the necessity for transferring the analysand involves the fact of having "lost out," which is not always easy to take.

Another pitfall is the positive emotional charge the therapist projects on to the analysand. When this happens, it not only prolongs the therapy unnecessarily in spite of the therapist's good training and good will, but it also misses the target of freeing the analysand from his or her inhibitions. One psychiatrist, for instance, was especially good at "marrying off" his patients; that is, he helped them to overcome the barrier against the opposite sex and against their own sexuality. But in cases of positive emotional charge his reactions were like those of a jealous mother: no partner was good enough, marriage should be postponed, etc.

Sometimes the analysand has already reached a more independent phase but the analyst has lagged behind, not realizing that he was in the rear of developments, and so went on being the understanding "good parent" when it was no longer desirable. Once a girl in such a situation cried out, "How can I ever get rid of my antagonism against men, since it is impossible to feel hostile against you who are always so good and kind to me?"

To the following failure I claim ownership: I worked with a girl who was unusually attractive in appearance as well as in character.

These objective qualities might be called extenuating circumstances, but they do not account sufficiently for my reaction. Once while we were temporarily separated during a vacation, the girl fell in love. She told me all her happiness in her letters and I felt happy with her. But she did not mention the man's name. When she returned, I learned that he was someone I had known long before I had ever set eyes on her—a man I had always disliked. There were, in fact, objective reasons for my dislike. Therefore it came as a shock to me that "that man" should get such a treasure of a girl.

I did my best to conceal my dislike of her lover. There were slight indications that she felt my antipathy, but she never broached the topic. This brought me into a conflict. For the sake of the therapy I should have helped her to bring it out into the open and discuss it like any other material. On the other hand, her relationship with me was a very trusting one. I knew that if my antipathy came out, it might impair her love relationship. This I did not want to happen, so I decided to avoid the issue for the sake of her love; but I thereby damaged the therapy. Soon afterwards, due to outside circumstances, we had to part definitely, so I do not know whether or not we could have worked it out some other time.

Unfavorable conditions beyond my control played their part in this case, but even under similar unfavorable conditions I probably would have reacted differently had there not been positive emotional charge from my side.

Some examples here have dealt with the needs of the therapist mingling into the therapy. How about needs on the side of the analysand? Whether they stem from early childhood experiences or are the result of his present frame of mind, how to deal with them?

Under the classical orthodox rules, the needs of the analysand offer no problem. They must be analyzed and otherwise disregarded. The complete detachment the therapist must maintain guarantees his freedom from any pitfall in this field. Whether this attitude of complete detachment may not *per se* include pitfalls shall not be discussed; but we know that each kind of therapy has different pitfalls of its own.

Adler pioneered the interpersonal relationship, and other schools of thought also softened the rule of complete detachment considerably. Recently the trend in psychotherapy and even in psychoanalysis turns more and more from the impersonal to the interpersonal relationship and the problem of need-fulfillment arises. Should needs still be com-

pletely disregarded? Is it permissible to fulfill some, as Ferenczi did, or is this under any circumstances a mistake?

This problem was brought up once in a witty way by a psychiatrist who had a special knack for dealing with masochists. Once she got angry and vigorously slapped the face of one of her masochistic patients. When asked how such a break with the primary standards of therapy could have happened, she laughed and said, "Don't you think it permissible to pamper the patient once in a while?" A very peculiar way of "pampering," but there it was, the problem of need-fulfillment in therapy, since the need of the masochist is to be mistreated.

Here is another case: The analysand was a young woman, by profession a gardner and landscape designer. Once she complained that being in this profession where she was constantly surrounded by plants and flowers, nobody ever thought of giving her a flower as a gift, and this she missed very much. At the end of this session, the therapist spontaneously took one single flower out of a vase and gave it to her. This also is a break with the accepted attitude of the therapist.

Both examples represent professional deviation from the standard attitude of the therapist. Both deal with need-fulfillment, but they are basically different. The obvious difference between the gift of a flower and the "gift" of a slap in the face is not important. The very important difference goes much deeper. In the first case the therapist satisfied a need of the patient's *basic neurotic pattern*, which certainly is not permissible in therapy. In the second case an *accidental* need, created by outside circumstances, was satisfied and this may pass as a minor "venial sin." *This* is the therapeutical difference between the two mistakes.

Within interpersonal therapy, the therapist will stay confronted with the problem of need-fulfillment. Mistakes will probably occur until a workable technique becomes established. Meanwhile, to avoid pitfalls, the therapist will do well to consider not only the question of whether or not needs shall be satisfied, but to differentiate very carefully as to *which kind of need* he has to deal with and the *source* from which it derives.

Psychotherapy and psychoanalysis are still young; they have undergone and will still have to undergo many changes. Perhaps some mistakes of yesterday may become part of an accredited technique of tomorrow.