Obstacles in Therapy: Redefining the Therapeutic Role

Key Words: therapy, symbolic experiential, obstacles

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Abstract

This paper presents 22 scenarios that highlight how a therapist can get captured by a client's story or presentation. The ultimate struggle for a therapist is how to disengage from the client system once he or she has been captured.

Introduction

Therapeutic interventions take many forms. There are also many schools of therapy that instruct students in how to join with a client system, how to gather relevant information, and how to plan a course of action with the client and therapist forming a partnership to achieve the agreed upon goals. The challenge for most therapists is learning how to disengage, especially when clients believe the therapist is an expert on living, the one who will rescue them from their own suffering, the one who will love unconditionally, the one who will love them more than anyone else ever did, or the one who will agree with everything they say. Occasionally, the therapist gets cornered by his or her own belief system and agrees with the unrealistic goals of the client, and the relationship becomes more symbiotic than therapeutic. Psychotherapy may be described as a meeting of integrities, where the therapist maintains his or her "I" position and organizes the therapy so that the client can establish his or her own "I" position.

The responses to the therapeutic obstacles reflect a symbolic experiential approach to clients. Symbolic-experiential family therapy is a method of family therapy developed by Carl Whitaker, MD, and David Keith, MD. This model is experientially based, where problems are viewed as interpersonal in nature and attention is paid to the influences of previous generations, including the beliefs, attitudes, and behaviors handed down from one generation to the next. There is high

value placed on the symbolic (emotional) experiences of individuals. These experiences go beyond words and create invisible templates about how we experience the world we live in and the families in which we grow up. What these symbols represent and their meanings affect our perceptions and sense of reality. They are the moments in our lives that resonate with us forever, including birth, death, and falling in love.

According to Whitaker,

> I'm not trying to get them anyplace. I'm trying to confuse them so they won't go on the way they have been going. If you can screw it up so they can't enjoy the way it's going anymore, they'll work out ways of making a more adequate living . . . . One of the ways I try to be useful is to cut across the usual way we think. The problem with me and everyone else is that we think in a rut. We run in the same circles, and I think many times the most important thing I can do is to think different than they do, and I'm not sure it makes any difference how I think different. It's just that it helps to switch around some of their routine thinking. It breaks the old rut and offers a new path (Connell, Mitten, & Bumberry, 1999, p. 110–111).

This paper offers an approach to the complications that arise in the process of therapy. The methodology offered is an experiential one, based on many years of psychotherapy experience as well as the experience of others working within this model of symbolic-experiential therapy. It is a growth model of therapy and has a different set of behavioral indicators for success than traditional problem-solving or behavioral-change approaches. Growth has to do with increasing personal autonomy along with the freedom to belong. It embraces authenticity and supports spontaneity and creativity. In addition, it expands the individual's tolerance for ambiguity. (Connell et al., 1999; Keith, Connell, & Connell, 2001; Whitaker, 1989; Whitaker & Keith, 1981). Success is measurable in the experience. Clients often report that they feel different, more alive, and less tied up by their rigidified thinking patterns. They report feeling less isolated and more intrigued by their own personal stories.

According to Connell et al.,

> Symbolic-experiential therapy emphasizes the emotional versus cognitive domain. We focus on how a family experiences life, not what they think about family problems. We want to access the symbolic infrastructure of the family. We want to know what issues are affectively loaded and develop a sense of how the family's experiences have created symbolic meaning around events such as birth, life, and death. We want to cut to the core, go underground to the symbolic realm (1999, p. 8).

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The following is a list of therapeutic issues and obstacles that most therapists have probably encountered at one time or another in the course of providing psychotherapy. My intention is to provide a series of strategies for responding to here-and-now interactions in the course of psychotherapy, rather than to provide an explicit description of the therapeutic process. According to Keith,

> therapists tend to know a lot about acceptance, joining, supporting, and getting connected. The most common impasse is the situation where the therapist cares too much. Therapists don't know enough about differentiating, so this . . . (list) provides a series of corrective maneuvers—escaping the traps of unconditional positive regard and the ways that they cause us to support pathologic, depersonalizing, stultifying, self-defeating processes in work, especially with families and children (Personal communication, July 2004).

This list is by no means all-encompassing. Obstacles in therapy become very idiosyncratic to the therapist-client relationship (Kottler & Carlson, 2003). Therapists need to remain mindful of the context of their responses as well as of their relationship with clients because by caring they provide the anesthetic for the emotional pain of their clients. The responses are intended to help therapists differentiate themselves from their clients and offer a model for growth where joining and separating go hand-in-hand. There may be overlap from one point to another. I have offered a way of thinking about the obstacles as well as ways to respond to them.

Part 1: How the Therapist Can Complicate the Therapy—When Helping Doesn't Help

Obstacle 1: The Therapist Jumps into the Client's Real World—Process Not Progress

Real world problems include such concerns as,

- "My landlord wants me out of my apartment. What should I do?"
- "My son won't go to school. What should I do?"
- "My boss makes too many demands on me. What should I do?"
- "I can't afford to put food on the table. What should I do?"

Trying to answer any of these questions in a logical, concrete way turns the session more into counseling than therapy. In my view, counseling revolves around offering real world alternatives to real world problems. This may include advice on fi-

nancial assistance or connection to community resources. It may also be offering psycho-education to deal with parenting concerns or problems with anger management. Therapy is about dealing with the symbolic undercurrents of the client's life and the significance the individual places on these symbols. According to Whitaker, "All psychotherapy is oriented toward increasing personhood, increasing oneness, integration, and self-esteem" (1989, p.153). One of its goals is to develop competencies to deal with the world in which we live. It is not about telling someone else how to live. You might ask the client, "What would your mother/father/friend/neighbor/police think you ought to do?" This question connects the client with his or her own community and removes you from being the one who knows best. You can also offer absurd options that are not grounded in the client's concrete, logical world. Offering options of this kind, which extend beyond the client's personal worldview, help to disrupt the usual, rigid thinking patterns. These patterns tend to create stress and limit our spontaneity and creativity. For example, if a client complains about the amount of money he or she is getting from social assistance, you could suggest that the client hold a "sit in" protest at the social services office. Once again, posing the option as a possibility, albeit a somewhat ridiculous one, nudges the client to go beyond his or her usual thinking pattern. It's not the content of the option but the process of disrupting the client's resolve that becomes important.

As a therapist you need to give up the idea of having to get somewhere. To get interested in the progress of the interview means trying to double-think the client. The implication is that you know where the client ought to go. Avoid taking responsibility for the client's living. It's easy to get captured by the client's reality and the details of a particular event or circumstance. Therapists often get trapped trying to figure out their clients and then become more like the family doctor. In symbolic-experiential psychotherapy, success is more evident when the client tries to figure out the therapist and begins taking charge of his or her own living.

Obstacle 2: The Therapist Gets Captured by the Rule System of the Client and Avoids Taboo Subject Matter

All families have their own idiosyncratic rules, both spoken and unspoken, about behavior and how to function within and outside the family system. These rules include everything from expression of feelings to discussable subject matter. As a therapist you may choose not to challenge these well-established rules so as not to offend, upset, shock, embarrass, or infuriate the client. These taboo subjects may include sex, incest, murderousness, suicide, infidelity, or even age. Several years ago I met with a mother and her 13-year-old daughter. As I was gathering historical data, I asked the mother how old she was , and she responded with comments about me being rude, implying "How dare you!"

As you can see, any subject can be unacceptable depending on the individual and the family's history. However, therapy is not about being polite or maintaining social etiquette. The range of discussable subjects, hopefully, is greater for the therapist than for the client. If not, it is best to either get a co-therapist or consultant, or transfer the case.

Obstacle 3: The Therapist Takes on the Content of the Discussion and Ignores the Lack of Affect

This example occurs when clients discuss the details of events from their lives in an emotionless or intellectual manner. For example, clients may describe their life stories as if they are just a culmination of events and their personhood appears absent. You may say, "You sound like you've lost your affect (feelings) about your life. How did that happen?" This is a process question that comes from your own experience of your client. This is not a response that the client can deny because it is your reaction, and your reactions or perceptions can never be denied. The client may refute your perception, but he or she cannot deny that a situation looks a certain way to you.

Obstacle 4: The Therapist Abandons His or Her Own Beliefs in an Effort to Help

You need to develop a philosophy or point of view about life. This may include the idea that it is okay to struggle with uncertainty and confusion. There is no recipe for living our lives. Just because clients want you to help them avoid their own struggles and pain does not mean that you comply and give up on your own belief system. You could say or imply, "This is how I think. You don't have to think like me, but you ought to know that I take my beliefs seriously." It's okay if the client wants to work with someone else.

Obstacle 5: The Therapist Is Uneasy About Offering Individual Therapy While Other Family Members Are in the Room

As a therapist you may feel that you need to always ask couple or group questions if you are meeting with a couple or group. There is also the concern of being perceived as being unfair and not providing equal time for everyone. Although the family becomes the client, the individual members can also become clients within the group. This occurs when the lives of the individuals begin to unfold in the session. It is often helpful for the other members to listen in, and they can learn about the stresses and anxieties of the people they are closest to. Therapy works best when each member has an *opportunity* to become a client, a kind of rotating clienthood, which reduces the stress on the individual member who has become the designated scapegoat. Hearing about the struggles of other members helps to reduce the fantasies about what others are

thinking and feeling. Additionally, when people share their personal selves, other family members can also hear how attitudes and beliefs can get handed down from one generation to the next.

Obstacle 6: The Customer Is Always Right?

In business, there is the idea that the customer is always right. This concept appears to work well in the business world, but has little to do with the world of psychotherapy. The therapist organizes the therapy, defines the parameters of the work, and is in charge of the therapeutic structure. The client, on the other hand, is in charge of the problem. When your client tries to set the conditions for therapy, you become the client's assistant. Instead, you should organize the therapy according to your own belief system so that there is a greater likelihood of success. This may include who ought to attend the session, where the session is to take place, and the time of day for the session. It also includes you staying true to your integrity and following what you believe about growth and human struggles.

Obstacle 7: The Therapist Abandons the Therapy and Acts Like an Agent of an External Agency

These agencies may include the Children's Aid Society, probation, the courts, the schools, and Workman's Compensation. Examples of this are when the Children's Aid Society asks you to investigate a case of child abuse for a mutual client, or if the court wants you to determine if a client is upholding the probation order. This places you in the role of an investigator or the agency's assistant and removes you from the role of the client's therapist. The integrity of the therapeutic relationship must be fought for, if at all possible. If a therapist has to report, by law, to the Children's Aid Society, then the role of therapist may be compromised. It may be difficult to work with someone you have just reported, where issues of trust and confidentiality are key (Schultz, 1990).

Obstacle 8: There's Something You (the Therapist) Should Know . . .

Often, a therapist is told something about a client, from sources other than the client, where there may be the expectation to do something with this information. This information can come from other family members, other agencies, or from other therapists also involved with the case. Avoid getting trapped by the "truth." The truth does not guide the process. Oftentimes, people will give you information about your client based on the idea that you will do something with it and take a proactive approach. A possible question for the source of the information is "What would you like me to do with what you've told me?" If they say that they want you to confront your client, you could say, "That's not how I work." When you are with your client, you can always comment on an atmosphere of dishonesty. This is often the experience when important information is left out of the interview, either consciously or unconsciously. Therapy is not court, and the client is not on trial. It is not an interrogation, where you are waiting for the client to confess. You don't have to change your way of working simply because others want you to advocate in the name of truth. Process questions to think about in the session when it feels as though something is missing, either in content or in affect, include the following:

- Are you (the therapist) interested in what is happening or are you getting bored? If you are getting bored you can comment, "It doesn't feel like there is much happening here, that there is more going on in your life, but it never comes in the room. It makes me wonder if you're holding on to some secrets. Maybe, it's just too dangerous." This comment is about going after the process, not the truth.
- Does each session start looking like a photocopy of the last session? For example, tell a couple who continue to have the same argument that is riddled in blame, "This session sounds like a photocopy of the last three sessions. Do you really think you're getting anywhere?" This helps to interrupt their resolve that something positive is actually happening. It may also

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be a reflection of the unspoken issues that affect the relationship but never enter the room.

- Are you able to maintain you own creativity and imagination? If the answer is no, then this may reflect an overly concrete, logical, or rigid client system with a definite lack of imagination. It is best to stay within yourself and not take on the client's lack of imagination. This may be an attempt by the client to entice you to join and fix his or her real life problems. Therapeutic change happens on a symbolic level. Avoid getting seduced.

Obstacle 9: The Story Is Not the Problem

When a client shares an event or events from his or her life, as therapists we may become intrigued by the content and think that the details are the same thing as the client's struggle. Some stories become highly captivating, where we try to protect the client in order to help him or her avoid the experience of living. This is the opposite of what we should be doing. When therapists do this, they may be reacting to their own fears of helplessness by trying to take charge of a client's struggle. The story is usually a symptom of the problem and not the problem itself.

> Clients are responsible for talking about their pain, life experiences, and family living. It is not your job to force client-hood onto the client. Never underestimate the therapeutic value of silence.

Obstacle 10: Second-guessing the Family's Tolerance for Feelings or Subject Matter

This may come from the family's heightened sense of worry or fear, from their being overly cautious about the material being discussed, or from you feeling overwhelmed by the amount of emotional material in the room. It may lead you to refer a family member for individual therapy rather than to invite personal conversation while others listen. This would be an invitation, not an expectation. *Only the members have to live with the consequences of their sharing.* They must decide what they are prepared to do and talk about, not you. However, it is very rare, in my experience, for family members to not be able to stand to hear personal subject matters being discussed in their presence.

Part 2: The Client's Participation in the Obstacle and the Therapist Gets Captured

Obstacle 11: The Client Views a Therapy Session Like a Visit to the Family Doctor

In this scenario, the client arrives for an appointment with you. The client presents symptoms and expects you to behave like the family doctor and treat the symptoms as the problem. They are just symptoms. Be patient as the story under the symptoms begins to unfold. Oftentimes, when a patient visits a family doctor, the symptoms become the problem and the surrounding context either gets forgotten or is placed on the back burner. The medical model tries to reduce ambiguity by providing solutions devoid of any context or interpersonal dimension. It is the author's view that all problems are interpersonal until proven otherwise. According to Keith,

> A prominent characteristic of the bioscientific model is that the doctor takes over the problem while the patient goes away and waits for the doctor to provide solutions. To go a little further, it reifies or concretizes a process. As a by-product, it is in danger of creating a false hope that can interfere with the family's initiative to take care of a problem. Whatever anxiety the parents may have had about their family fades away when they learn their daughter has a biological depression. What is hidden in their heart of hearts may remain hidden (2003, p.10).

Obstacle 12: The Therapist as the Expert on Good Living

When a therapist is viewed as the expert on good living, it becomes difficult for the client to take charge of his or her life. To counter this, you can take on a one-down position or present anecdotes that dispel the client's myth and fantasy about you being above the human dilemma. You could relate a fragment of a past argument you had in which you became unreasonable, unsupportive, or judgmental. It's important that in offering this anecdote you are not asking for help and the issues are not emotionally charged. If they are, then it is better to choose another example rather than have the client become your therapist. It is also better to offer an example in which you feel some resolution.

Obstacle 13: The Client Expects the Therapist to Start Conversation

In this scenario, the client acts as if you can know what he or she ought to talk about. This is the battle for initiative (Whitaker, 1989). Clients are responsible for talking about their pain, life experiences, and family living. It is not your job to force client-hood onto the client. Never underestimate the therapeutic value of silence. The use of silence is not always a ploy to trick the client into talking. It is also a comment that the struggle rests with the client, and it is not the therapist's job to ease or remove the struggle, but to be available in the midst of the struggling.

Obstacle 14: Why Don't You Act Like My Last Therapist?

Changing therapists can be a very difficult transition for clients, especially when they felt the previous therapeutic experience to have been particularly helpful. However, when a client expects or insists a new therapist behave and think like the old one, it is best to suggest that the client try to find the previous therapist and negotiate a return. If this is not possible, the client can seek out a therapist who works in the way that he or she wants. This suggestion can have the effect of disrupting the client's resolve that only one way can help. Having the client return to his or her previous therapist is better than you struggling to be like his or her predecessor or to prove that you are as good as or better than the previous therapist. It is best to stay out of the competition and not compromise your integrity. When a client wants what a previous therapist offered, he or she may simply be naïve about therapeutic possibilities, and it may be useful to have some discussion about what was offered before and you may or may not be of help.

Obstacle 15: When the Client Becomes Involved in Several Treatment Modalities at the Same Time

This reduces the effectiveness of the treatment by reducing the amount of anxiety necessary for change to take place. This kind of involvement by clients diffuses their emotional energy, and the discussion may become more intellectual. When this happens, it may be best for the client to decide which modality to complete first, rather than tackling them all at the same time. When a client involves many helpers, it may also be a way of staying the same. Too many helpers do not always

help because it may only give the appearance that a lot is happening.

Obstacle 16: The Client Wants What the Therapist Does Not Offer

Clients may have expectations of the therapist that do not fit the belief system, skill level, interest, or style of the therapist. For example, the client may say, "Do cognitive behavioral therapy," "teach meditation techniques," or "see my family." Therapists are not "jacks of all trades" and do not just bend with the wind. They need to maintain the freedom to turn clients down.

Obstacle 17: The Client Asks Absurd Questions

The absurdity of the following questions rests in the idea that the client actually believes that the therapist knows the answer to the questions. Examples include the following:

- "Should I leave my marriage?"
- "Should I get married?"
- "From what you've heard so far, what do you think I should do?"
- "How do you think I'm doing?"

The best responses are those that match the absurdity of the question. The absurdness of the response would depend on the degree of caring in the relationship between the client and the therapist. For example, if a client asks about whether to leave his marriage, a possible tongue-in-cheek response could be, "I don't know. I'm not available, and I don't think my husband is ready to get rid of me yet." Why else would it matter to the therapist whether the client leaves his marriage unless it directly involves the therapist? When a client asks how you think he or she (client) is doing, you can respond with, "How would I know? That would assume that I can get inside of you, and there is only room for one inside you." This response is a way of contaminating the idea that another person can live inside anyone else. The therapist is trying to get the client to take back or *unask* the question.

Obstacle 18: Couples Take Positions of Blame and Then Want the Therapist to Take a Side

The therapist needs to speak about the difference between blame and involvement. The therapist may comment,

- "It seems easy for you to know how your husband is the problem, but do you know how you are also part of the problem?"
- "It sounds like you are in different marriages. Do you have any idea how and when that might have happened?"
- "When she starts sounding so smart about you, do you have any way of making her feel dumb?"

These kinds of responses tend to have the effect of disrupting the rhythm of the couple's conflict.

Obstacle 19: The Client Tries to Corner the Therapist by Implying Expertise

A client may be striving to remain in a one-down position to you, or he or she may be trying to set you up to act like the expert, only to be defeated later. One of the implications is that you don't really know what you are talking about. This may take the form of a client expecting you to be able to retrieve information from past interviews as a way of highlighting incompetence when you forget. The client may also have a distorted view of the relationship, which may have its roots in early transference issues, where he or she expects to be in the center of your psychological world. You can ask the client, "How will it help you if I accidentally remembered . . . although I am flattered that you would think I could do that?" Remembering doesn't mean being more helpful, and it is best to try to upset the client's expectation.

This also highlights the separateness between the client and the therapist. When you model how to be separate in a relationship, the client also has the opportunity to explore his or her own separateness. When the client tries to place him or herself in a one-down position by suggesting that you are an expert, you can respond to such questions by saying, "When I was dumber I used to think I had answers to those kinds of questions, but over the years I got smarter, and now I pretend I don't even hear the questions." You may also say, "I used to have a wand with a star at the end of it, but the star fell off. I wish I hadn't got rid of it because it could come in handy right now." When offering comments that seem a bit off the beaten path, having a healthy combination of caring with a sense of humor is crucial. Additionally, such comments are intended to be a helpful, albeit nontraditional, brand of helping. It should also be noted at this time that a strong professional support system is essential in symbolic experiential work, where it's not uncommon for you to find yourself out on a limb and just hanging on by your fingertips.

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Obstacle 20: Can You Just Prompt Me?

In this scenario, the client attempts to establish a one-down position in relation to you, where he or she relies on your questions in order to continue the session. Each interview continues to look like the initial intake appointment, where history is gathered in order to determine a treatment plan. Therapy begins when clients become curious about themselves. The clients begin to wonder about themselves and offer ideas about how they figured out how to be in the world. In order to prompt this kind of introspection, a therapist may comment, "You don't seem to have much curiosity about yourself. How do you think that happened?"

Obstacle 21: The Client Reports Getting Something Out of the Therapy, but the Therapist Doesn't

This scenario plays itself out when the client shows up for appointments and reports on the usefulness of the sessions and how talented you are, while at the same time you get nothing out of the session or fail to see any evidence of the client's report. I believe that therapy is successful when the therapist gets something out of the session. This occurs when you are able to tap into your own imagination and have greater access to the language of metaphors, which makes your own internal processes more available. You feel alive in the session and remain spontaneous and creative. If you get something out of the therapy, then chances are that the client is also getting something out of the therapy. When you recognize that you are not getting anything out of the session, you can do the following:

- Offer to quit *in the process.* You may say, "I'm not getting much out of this. What is it that you think you're getting?" This is not intended to be a ploy to trick the client into thinking like you. You should be prepared to quit if nothing changes.
- Inject a differentiating statement into the discussion, of which the above comment is an example. It is a comment that disrupts the symbiosis that comes from joining with a client while losing sight of the escape route. This may simply mean acknowledging the differences between the client and you. Much of therapeutic training teaches how to get into or join the client system, but it does not teach how to get out. Fritz Perls, developer of Gestalt Therapy, highlights this process of differentiation when he wrote the Gestalt Prayer. It says,

> I do my thing, and you do your thing.
> I am not in this world to live up to your expectations
> And you are not in this world to live up to mine.
> You are you, and I am I,
> And if by chance we find each other, it's beautiful.
> If not, it can't be helped (Shepard, 1975).

- You can address the discrepancy in the perceptions of the therapeutic experience by wondering out loud about how it is possible for one person to get so much, while the other does not see it.
- When the above obstacle feels like an impasse, you can increase the number of people on either side of the treatment contract. You can bring in a consultant for one interview, or invite a co-therapist to become part of the treatment team, or you can suggest that the client bring other members of his or her family or interpersonal world to the session.

Obstacle 22: It Hurts Too Much, so I'm Just Going to Hint at the Problem

Rather than trying to push a client to deal with an area of conflict, you can comment on the process by saying,

- "You sound too careful to get much out of this, as if it's too dangerous to get into some of the difficulties you're dealing with . . . like you wouldn't be able to stand your own pain."
- "If you should decide to get more into your struggle, I'd be glad to struggle with you."
- "Do you have any sense of how you became so pain-phobic or how your pain began to feel bigger than you?"

The client's cautiousness becomes the therapeutic focus and not the details of his or her concerns.

Summary

This article has described 22 difficult clinical situations along with possible therapeutic responses. They offer ways of thinking about the clinical role that allow the therapist to move more freely in, as well as out of, the client system.

Many academic programs on therapy seem to teach students how to get into the client system by supporting, joining, reflecting, caring, understanding, and reassuring. Once we've learned how to get into the client system, the training seems to stop. We now have to learn how to get out. Therapy is a model for growing up. We all need to belong, and at the same time we also need to differentiate. Belonging and separating go hand-in-hand. As mentioned in the introduction, most impasses are the result of the therapist caring too much. This list has been an attempt to help you extricate yourself from the hazards of excessive caring.

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