

Compassionate Therapy: What Makes Clients Difficult?

In the Eye of the Beholder



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In the Eye of the Beholder

In spite of what we sometimes believe, clients do not deliberately try to make our lives miserable. From their own perspective, they are just trying to fumble through life doing what works best for them. They are attempting to keep the fragile threads of stability and security in place.

“No sudden movements please. Just understand that I am trying, I am *really* trying in my own way, to cooperate with you. I know you are only trying to help me. And I am not being difficult on purpose. But I just can't be who you want me to be and do what you want me to do. At least not yet. I'm tired of living up to everyone else's expectations. Can't you just humor me for a little while longer? I don't mean to be a pest.”

This soliloquy represents the absolute truth of what is happening as understood by many difficult clients. They may have some awareness that they are behaving in ways that make it hard for others to get close to them, but they are not sure what those ways are. Further, it is absolutely terrifying to them to imagine an existence without the means for keeping people at a distance.

Resistance to change and defensiveness against threatening stimuli are a way of life. They buy us time to build new cognitive structures that will accommodate strange and wonderful ideas. They give us breathing room to get used to foreign and often disorienting perspectives. They are adaptive mechanisms that are part of every organismic system. They help prepare us to formulate a response to something we have not experienced before.

This moment, and every moment, our defense systems are operating inside our brains. Our very first inclination, after being presented with a new idea, is to find ways to discount or disqualify it. If we accept some novel idea as true, then we have a lot of work ahead of us trying to figure out ways to incorporate this new information and clean out all the obsolete plans we have been relying on for a long time.

I first learned to do therapy during the encounter movement when the focus of most interventions

involved the expression and stimulation of affect among clients. Most everything I did revolved around helping people get in touch with and express how they feel. Emotions are the heart of human existence, the source of all pleasure and pain. Help people to understand and express how they feel and the rest of life changes will naturally follow.

I thought this was a lovely way to operate as a therapist. And it worked quite well.

The first time I heard Albert Ellis introduce the idea that disordered thinking was the source of psychological suffering I remember being incensed. How dare he spout such nonsense that threatened to undermine everything I understood about human change! I delighted in finding ways to make fun of this brash New Yorker and his absurdly logical system. In time, however, my rancor lost some of its force as I slowly found ways that I could blend cognitive therapy ideas into my own style of practice. I have undergone a similar process just about every one of the several hundred times I have been exposed to other novel ideas that threaten my comfortable professional orientation. Of course, what I am doing is exactly what the difficult client does on a larger scale: buying time until he or she can feel comfortable enough to venture out into the unknown.

Therapist and Client Expectations

When a client walks through the door, we often have a long list of preconceptions and predictions about what will occur, what the client will do and say, and how we will respond. The difference between clients we like and those we dislike is essentially based on their willingness to subscribe to the rules and values we have established. All therapists have certain expectations regarding what they consider most appropriate in their clients' behavior. These include some of the following:

- The client will be deferential and impressed with our general persona.
- The client will clearly and concisely tell us what is wrong and what we can do to help.
- The client will be reasonably lucid and orderly in his or her presentation.
- The client will occasionally pause in the narrative, allowing us to interject our perceptions, and then confirm that we are on the same wavelength.

- The client will have realistic expectations for what we can and cannot do for them.
- The client will express gratitude for our desire to help and express confidence in our abilities.

The strength with which therapists endorse these rules is directly related to how annoyed they become when clients do not act as they are expected to (Fremont and Anderson, 1988). These premises, of course, neglect the most basic rule in the therapeutic contract: the client's main job is to be who he or she is. "He cannot do otherwise. When he conveys his sense of futility and impotent rage, if these are salient issues for him, he is then doing his job" (Fiore, 1988, p. 91).

The most common problems that arise in the therapeutic relationship come not only when the client does not live up to the therapist's expectations but when the reverse is true as well. Most clients eventually are disappointed by their therapists; difficult clients are the most disappointed of all. They have their own unrealistic expectations for us, expecting us to fulfill the following:

- To know everything and be able to do anything
- To have limitless patience
- To be servants who are paid to suffer all the indignities that they wish they could have inflicted on others
- To have secrets that permit us to remove all their pain without their having to do much at all
- To clear our schedules and our personal lives so that we can spend all our free time thinking about them and be available for them in case they should want to talk
- To be not the least inconvenienced if they should forget an appointment, or be upset if they fail to pay their bills

It was Freud ([1915] 1957) who first spoke at great length about the unconscious need of clients to elevate their therapists to the position of omnipotent parents who can protect and rescue them from distress. It is also inevitable that one day they will discover that this "ideal parent" is not perfect after all. They realize we make mistakes. We do not know everything. And sometimes they can even sense our impatience or boredom or frustration. When they do begin to lash out, it is most often by indirect means, punishing us because we have let them down, because we don't say or do enough. They come late or

forget to come at all. They refuse to comply with basic requests or seem to regress out of pure spite (Strean, 1985).

Many of the problems encountered in therapy arise because one or both partners feels disappointed in the performance of the other. The therapist is troubled because the client is not following the usual rules of conduct. The client is upset because the therapist is not as loving, tolerant, wise, and magical as he or she had expected. The principal work, then, is for both participants in this process to come to terms with what each of them requires from the other without either one feeling that he or she is compromising safety or integrity.

Wherever You Go. . . There You Are!

In a guidebook on Latin America, Franz (1990) laments that most of his competition offers the prospective traveler an endless list of itineraries, recommendations for where to stay, what to eat or buy, what to see and take pictures of, and how to feel. It is Franz's belief, however, that traveling in foreign lands should be an adventure, filled with spontaneous opportunities and individual possibilities, depending on one's mood, resources, and goals. Rather than trying to get to a certain place in a particular order, wherever you go, you are already there.

Psychotherapy is very much like a journey that has several popular itineraries. Although most people tend to proceed in a reasonably predictable path from describing their symptoms to stating their goals to exploring their background to developing some understanding of how their problems started to translating these insights into action, there are also wide individual differences as to other ways this process can occur. One can certainly see Latin America without stopping at all the universally sanctioned tourist spots.

I have mentioned how we create expectations for our travels with clients and structure programmed itineraries, as much for ourselves as for them. We are more comfortable when we have an idea of where we are headed. Difficult clients are those who deviate from what we expect.

Enter Marigold, a woman in her forties. *Marigold? What kind of name is that?*

Before she even sits down, she walks around the perimeter of the office, carefully inspecting the books, diplomas, the lay of the land. *What is she doing? Doesn't she see me waiting over here?*

Without warning, she swivels on her heels like a soldier on parade, and points a finger in my direction. *Oh my gosh, I knew I shouldn't have taken this case!*

"So Doc, how are they hanging?" *Hanging? She's asking me how my testicles are hanging? I can't believe this.*

"Excuse me? How are *what* hanging?"

"Why, these pictures on the wall. How do you get them to hang so perfectly in alignment with one another? Are you one of those obsessive-compulsive types?" *Well, she has ME pegged in the first two minutes, and all I know about her is that this is going to be trouble.*

"Why don't you come over here, have a seat, and tell me what I can do for you?"

"You mean it's not all right if I stand over here? And why don't you tell me about you first?"

Looking at this dialogue from one perspective, there is no doubt we have a difficult client on our hands, especially if we compare her conduct to what we typically see and normally expect. But if we suspend, temporarily, that part of ourselves that feels threatened by her unusual approach to being a client, we can meet her with a more open mind. On one level this interaction is fascinating in terms of what it reveals. On another level, it is downright amusing. On still another, perhaps the fairest word to describe this client might be *challenging*. The term *difficult*, after all, can sometimes mean that the client is not following the itinerary that we had in mind. Langs (1989, p. 3) therefore cautions therapists to approach every session "without desire, memory, or understanding." It is only after we have emptied ourselves of preconceptions that we may view and interact with the client from a fresh perspective that invites new insights.

When Therapists Hate Their Clients

One therapist, a veteran of two decades in the trenches, was heard to say to her colleagues who had

been commiserating about their caseloads over coffee:

“I’ve cut my practice down to five clients. And I hate them all.”

Everybody laughed uproariously.

However embarrassed some of us are about our genuine feelings, it is a reality of professional practice that we hate some of our clients (Winnicott, 1949; Epstein, 1979). They do not pay us enough to put up with the obstacles they run us through, the games they play with our heads, the obstructive, vindictive, manipulative ploys that we inadvertently find ourselves caught up in. I suppose if we thought about it, we would have to be crazy *not* to dislike someone who places additional and unnecessary burdens on our lives and who evokes fear, aversion, guilt, and inadequacy in us because of his or her ability and interest in being dependent, self-destructive, and controlling (Groves, 1978).

This perspective on difficult clients views them more as a function of the therapist’s frustration tolerance than of their own behavior. Even Freud was said to have become so irritated on occasion with his more resistant clients that he would kick the couch they were lying on (Singer, 1985).

When we reach the limits of what we know or can do, when we feel confused or blocked by a situation that is beyond our understanding or abilities, an easy way out is to blame the client. Looked at structurally, difficult clients are not problems in themselves, but are more often problems for others, especially the therapist (Kitzler and Lay, 1984). It is therefore crucial when we attempt to unravel the dynamics of what is going on with an especially challenging case that we look first to ourselves and to what we may be doing to make clients difficult.