

REFLECTING ON THERAPY

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Turn the page for the first reflection.

*Space is left for the reader who wishes
to add their own thoughts to mine.*

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There's no hurry—how you might use these reflections

Counseling (or psychotherapy) is not a miracle cure, although you might think so, the way some people throw the concept around as the solution to all mental problems. It is a slow process. Bar a miracle or a disaster we change slowly and need time to develop. One session, one week at a time. There must be time to reflect between sessions, both by the client and the therapist. There is so much pressure these days to get through the waiting list, or to deal with a crippling issue in a short-term contract: six weeks to change someone's habits or the anxieties of a lifetime?

I just ask: could we all slow down?

That's the way I suggest you use this book: slowly, one page at a time, naturally. But more than that: one reflection a week perhaps. Give yourself time to ponder, to add

your own thoughts if you wish. If there is anything in what I write, it is best to savour it, to develop it, or disagree with it. To reflect rather than look to this book for answers.

Taking it one step at a time applies to the practice of therapy too. There may be a feeling that you ought to be able to process everything your client tells you over the course of a single session. Or that you should address everything the client tells you within the therapeutic hour. If you can get hold of one thing in the hour, that's great. If your client can, that's even greater. You may be a genius and understand everything the client is saying, but your client is probably finding it difficult enough dealing with one issue each week, even though your client is telling you about all the others as well.

If you can get hold of something that rings a bell, that looks like it's important in understanding the client, then hold it in mind, let it enter your imagination and memory as you watch and listen. Allow yourself to play with it, in the session if you can, but if not, in quiet moments in the week; and see what else comes to mind. You may be taking the wrong road, but it is sometimes the road you haven't ventured down before that leads to a good place. Yet slowly does it, let it settle, wonder what it is that you have caught on to. And if it seems right, and at the right time, offer it to your client. Depending on how your client responds, pursue it together.

So, stop reading here, put the book down. If you wish, you can read this reflection again; but wait until some other time, perhaps as much as a week, to turn to the next. Slow down ...



Your thoughts

‘How are you?’

Many clients care about their therapists. So when they ask ‘How are you?’ at the start of their session this is not just a pleasantry, nor is it necessarily a way of breaking the ice—though there can be that to it too. They want to know if their therapist is all right, alive enough, alert enough, and free enough of their own concerns, to be able to attend to them. I once made the mistake of thinking that it was essential for me to be present for an unhappy client, despite my having the most dreadful cold. So I dragged myself into work. Within a minute the client realised that I was not well, and she said quite forcibly she did not want to go on with the session, and that I should be back at home and look after myself. She was right, and I knew it really, because I had already decided I was going to cancel all the other sessions that particular day. Her need might have been great, but she also needed me to be well enough to contain what she would bring to the session.

I once had to spend a few weeks in hospital. When I resumed my practice one of my clients was particularly angry that I had not let her know when we would be resuming therapy. I had not known either. But it wasn't simply that she was angry with me for not being there for her. What was clear was that she was worried how I was faring during my absence. I should have let her know.

These are important moments, which support what Harold Searles says about the way patients can be therapists to their analyst.¹ Searles argues that the therapist needs to be able to accept the patient's unconscious therapeutic efforts towards the analyst. He even suggests that the client/therapist roles can be reversed, with the client observing aspects of the therapist's countertransference that need to be addressed if the therapist is to help the client.

It is not surprising therefore that 'How are you?' can be an indication of the need in the client to test the water, wondering perhaps without realising it (or in the case of my client, not even unconsciously) whether they need to go easy on the therapist, or whether the therapist is indeed well enough to fully accept what the client wants to unload. 'I want you to be well—I care how you are—because how

¹ Searles, H. (1999). The patient as therapist to his analyst. In: *Countertransference and Related Subjects: Selected Papers* (pp. 380–459). Madison, CT: International Universities Press.

you are makes all the difference as to whether you will be able to care for me in the way I need.’

I may be a wounded healer but my client wants to be sure I am well enough.



Your thoughts

Being outrageous

Sometimes I find myself getting very bored.' 'It was the last session of the day and I was very tired.' 'I don't look forward to that particular client at all, since she is so bland.' Reports I have heard in supervision.

Blandness is quite infectious. As therapists we try to be alert and understanding, so it is disturbing to be dragged down into a narcotic state where we cease to give the client our full attention, and by and large sit out the session, glad that at least the client can talk, even if the story is quite devoid of any feeling. It can be like that week after week, client and therapist loyally committed to the time together, both aware that little is happening, and that nothing is apparently changing. Neither say anything about it, because the therapist does not want to offend the client and the client does not want to offend the therapist. Yes, the client feels it too, but is afraid, as in every other part of life, to make a fuss about it, and so obediently attends and talks;

and talks; and talks; and thinks that's what therapy is all about.

We might find the reason lies in the client having become compliant: 'Don't cause a fuss, just go along with it'. The therapist picks this up from the client and becomes compliant too, doing little or nothing to shake the client into something livelier and more interesting.

Shake the client? Surely not? But as I listen to my supervisee describing how the sessions go, that's one of the images that comes to my mind. I want to shake them. The client? Or the supervisee? Perhaps both. Of course, I do not mean to be taken literally: that would be outrageous. I even suppress the idea for a few moments, thinking I shouldn't say that to my supervisee. Am I also being dragged into the morass of ordinariness and caution? So I share the thought—not, of course, as advice, as to *what* to say, but to suggest that what my supervisee might try *to do* is first to shake themselves out of the fog of compliance, and be a little outrageous. A *little* outrageous, I stress. For example, what might the therapist say relatively easily to other clients, which would be outrageous to this client? 'I'm feeling pretty angry (sad, happy, amused) about that', and then adding, 'But you don't appear to feel anything at all'; or 'Is it unsafe with me to show me what you really feel?'

Or even: 'That's outrageous. Don't you feel that too?'

Your thoughts

Saying 'No'

It probably goes against the grain in someone whose profession involves helping others to have to say 'No'; and, we might add, saying 'No more'. Yet it is important both for our own well-being as well as for the good of the person to whom we are having (in the gentlest way, at least at first) to say 'No', or even 'No more'.

There are a number of situations where this is an essential response. The most obvious is when someone wants therapy, is willing to pay for it, and yet from the initial assessment appears to be completely unsuitable for what the therapist can offer. This may be because the presenting issues are so intractable that it is almost exploitative to offer what that particular therapist can provide, when it is ninety per cent obvious that it will not get anywhere near touching the underlying deep-seated issue. Of course there is always hope, that something will break through at some

point, which miraculously shifts the situation for the client. But should therapists believe in miracles?

A somewhat more hopeful variant is that this particular therapist does not have the training, the experience, and the enthusiasm to work with specific presenting issues. There should be others who can, or who can at least assess more accurately whether what they offer would be a possible way forward. That is why a therapist would be wise to have knowledge of others in the profession who offer an alternative approach, and to whom referral might be made—not as a last resort, however, but as a positive and hopeful way forward for the client.

In turn that means recognising not just the strength of someone's cry for help, and how it can appeal to an innate wish to make things better for those in pain and difficulty. It also means acknowledging the power of the omnipotent fantasy: the belief that the efficacy of a chosen approach to therapy, or the conviction that I can take on anything, or both, can blind a therapist to their obvious deficiencies, which we all have. While it is true that every new client will teach us more about how to work, and that experience of new situations and new issues enlarges our knowledge and extends our skills, we also cannot use that excuse to justify the mistakes we will inevitably make which damage the client; or to exploit the client because we need the work.

It is difficult to resist the appeal of those who tug at our heartstrings, or who challenge us to take them on and prove what good therapists we think we are. Yet when there is any doubt about working with a particular issue or client, as good therapists this should strengthen the resolve to say ‘No’.



Your thoughts