

Article for Consumers 10/25/2004

The topic is time-worn. This article is about psychotherapy, how to make it work. How many to-do books have you read on that subject? Improve your life, think better thoughts, exercise daily. How lovely if it were that simple. However, the problem with psychotherapy, dear reader, may not be you and your attitude. The problem, instead, may lie with your therapy, whether a collaborative atmosphere has been achieved.

That poses a dilemma, I know. If perchance that is where the problem is located how in the devil can you be sure? If your hunch turns out to be correct what can you do about it?

The solution, of course, is straightforward. All you have to do is discuss the problem, your lack of faith in your particular therapy process with your therapist. After all, he is the one who is trained and he should have the answer. But what if he is biased, believing in a system of therapy that proves unhelpful to you, insisting on that system to provide the groundrules for your particular therapy. For example, what if the therapist ascribes to a school of thought informed by John Bowlby's attachment theory. In that system the therapist provides a "secure base" on which the patient rebuilds his "developmentally arrested" life, discovering that people can be well intentioned and dependable. That therapist is unlikely to provide the kind of dispassionate "blank screen" that traditional psychoanalysts felt was necessary to create an atmosphere for useful self-reflection. Too much gratification you say, the therapist in that system isn't the kind of "as-if" person you believe you need to work with.

So what do you do? You challenge the therapist, of course, and ask for some assurance that he or she is using some criteria for measuring progress in therapy that makes sense to you, and does not seem system bound to a particular theoretical system. What you hope for is that you find a comprehending ear. You hope that your therapist will reflect on your concern and continue to seek your guidance as you carry on with the work. In short, you hope that your therapist will take a collaborative approach to the problem.

And, if he or she does, what might that look like? Reflecting on that subject will get you to the answer immediately, especially if you think about the problem as a practical one, for example, medical in nature. What, after all, does a medical doctor do when treatment goes awry? The answer is, of course, he seeks a second opinion.

But, this may be where the going in your particular therapy gets muddy. Psychotherapists tend not to seek opinions from other professionals. They are inclined, usually for good reasons, to maintain a stance emphasizing confidentiality and the sanctity of the therapist-patient bond. A second opinion in this case could be regarded as a risky intrusion. What, I believe, is missing from that view is that every therapist's clinical opinions are nothing more than opinions, may have little or no truth value beyond that.

The key to this dilemma for the sometimes uninformed patient is to convince himself of the therapist's humility. Contrary to popular opinion there is no relationship between being a therapist and godliness. As with all of us, therapists are subject to errors in

judgment. The basis for all they do and think is subjective. They are compelled to see things through the lens of the theory in which they were trained, whether it was attachment theory or traditionally Freudian. And, the best way around this quasi-scientific judgment, enlisting a heartfelt collaboration with the patient, is to enlist another professional to look in on the therapy.

Still, the idea of a second opinion is more complex than it may look. A third party, from outside the therapist-patient axis is likely to notice what is not right in the therapy and is in the unique position of being able to translate this new view into an opinion that, under the right circumstances, the patient and therapist can both hear. Further, the tools that this person brings to bear are less likely to be burdened with opinion than is the impression of either the patient or therapist. Rather, if orchestrated well the new person, a consultant to the therapy, will be in a position to carry out psychological testing, using instruments the norms for which are derived from having tested thousands of people. Think of how much more accurate a diagnosis obtained in this way is likely to be than the opinion of the patient or therapist alone.

Getting back to our topic, then. How do you as a patient approach and talk to your therapist about your doubts, and more important, how do you do it with confidence? How, in addition, do you judge the therapist's capacity for humility. And, what God forbid, if the therapist fails your test?

The answer is in the area of self-revelation, the therapist's willingness to share his doubts, opinions, and information about his own life and thoughts. In my opinion, a therapist who can't share this kind of information needs to be regarded with benign suspicion. After all, what does he know that is pertinent to the therapy that can't be shared with you as the patient? What kind of personal information should the therapist rightfully keep to himself?

Note, that the answer to this last question is a matter of judgment. My opinion on this matter is, however, quite stringent. It is hard for me to picture a therapist maintaining a cloak of excessive privacy. In this regard I want to share an experience with you. My analyst, assigned to me for the purpose of training in psychoanalysis, made it clear to me that he believed that having sex any less frequently than once a week reflected psychological malfunction. His opinion reflected his classical Freudian training, although, honestly I believe it was a distortion of even those beliefs. I was both too shy and too intimidated to question these opinions and to challenge this man. Also, I couldn't imagine asking him about his own marriage and sexual habits. Quite reasonable you may think since these aren't the kinds of questions we generally ask people, anyway. But, recall that my analyst's beliefs were effecting me weekly and impinging on my marriage. Further, my analyst was implicitly advising me about my emotional health and the criteria for determining if it was adequate. So, like it or not, as a consumer I should have, and I maintain that *you* have to, expect your therapist to be more forthcoming than that and willing to entertain more challenging questions than people ordinarily are exposed to.