

Integrative ideas for the process-oriented psychotherapist

Q. So how come you're always after us not to ask so many questions in session?

A. Actually, my issue is two-fold and has to do, not with questions, but with question-asking.

First, asking a question can tend to pull the client out of their work and back into their intellect. For example, the literal response to a question such as, "Can you tell me what time it is?" is one of four possibilities: "Yes," "No," "I don't know," and "I don't want to tell you." The same goes for, "Would you mind showing me what you mean?" or "Are you willing to say more about that?"

Even the question, "What is your response?" is sometimes a distraction. The client has to stop his experience, come out of his work, move over to his cognitive mind, and think, "Hmm, that's interesting; what *is* my response, anyway?" Often, his answer will be a version of, "Oh! I know! I'm nervous." He *knows* he's nervous (at least he was a minute ago), but he isn't *connected* to it anymore. Should you ask him how he knows he's nervous, he'll generally look on the outside of his body and say something like, "Uh, well, my hands are clenched."

On the other hand, phrases such as, "Notice your felt sensations," "Say the first thing that comes to mind," "Allow your body to speak," "Sit with your experience; follow where it takes you," etc., invite a person to stay in that non-cognitive mindset where most psychotherapeutic work occurs.

My experience has been that a psychotherapeutically committed person will use almost anything the therapist does or says to stay in and deepen his work: questions, demands, grunts, sighs, storytelling... whatever, even with a novice counselor.

But when a semi-committed, non-committed, or novice client connects with a beginning practitioner, the client is often wrenched away from his process by an eager but misplaced invitation to stop *having* an experience and to *talk-about* it instead.

So my first intent is to encourage you to stretch your brain a bit and enrich your therapeutic repertoire from questions-only to...well, just about anything else.

My second issue has to do with countertransference. One of the hardest skills to teach in this field seems also to be one

of the hardest skills to learn—showing up in session *not* having an agenda for the client.

"Wanting something" and "needing something" from the client both qualify as countertransference. Therefore it follows that should you ask someone, "What is your name?" and want or need that person to answer, tell you the truth, or indeed to respond to your question in any way—that's countertransference.

It may sound a bit nit-picky, but if you have a *preference* that the question get answered, but you're okay if it does and you're okay if it doesn't, then you're *not* countertransferred.

Likewise, if you feel annoyed when the person doesn't answer or if you feel good when they do, then you're countertransferred. And for most beginning therapists, countertransference is the #1 obstacle to increased competence. So I encourage no-question-asking as a de-toxing experience—

- to jump-start the brain into inventing other ways to communicate with clients.
- to set up an environment whereby the clinician is encouraged to notice that *everything* happening in session is part of the work. For example, the client who won't tell his name catapults the two of you into a dramatization of one of his major issues. I don't know *which* major issue, but it's an important issue to him. Plus, he's been in the room for less than a minute and he's already into his work.

A third reason to learn how not to ask questions is that when you are treating a person who has narcissistic leanings, questions are usually off the table. Almost all questions are met with mild to strong anger, aggression, defense, distraction, fear, agitation, anxiety, suspicion,...you name it.

Years ago a narcissistically inclined client gave me a great gift. As I recall, he was looking out the window as I walked into the room and said my usual version of, "Hi, how you are today?" First he got very quiet and then responded with, "Whenever you ask me that, I always think you really mean you are annoyed because I already should have told you." I probably should have paid *him* for that session instead of the other way around.

Once you are comfortable not-asking questions, then ask all the questions you want. I invite you to move toward the mindset



The solution to your problem is in using your left brain; the resolution to your problem is in allowing your right.

Don Hadlock

in which you are not attached to getting answers to your questions—where you are aware your questions are only ideas, suggestions, and invitations and where your queries are not demands. Deliver queries that arrive with no expectations and have no strings attached.

Even after you master not-asking questions, you'll still have to work on that wanting-needing thing, however, because both those countertransferences rear their ugly heads in many arenas. A self-imposed question-asking ban is only a first step.

Q. She feels discounted when I point out her patterns.

A. Some people find being alive and imperfect to be very embarrassing. Their Inner Judge works overtime. For them, to acknowledge is to condemn. All internal opinions are negative and projected onto others. That other people are merely curious rather than disapproving is not a possibility in their minds.

I suspect that most of the work here will be within the relationship between the two of you.

□ Stop pointing out patterns. Eliminate questions. Reframe positively. Validate. Wonder occasionally. Share a little, if she asks you. The rest of the time, stay in your body. Listen to yourself breathe.

□ Every time you say or do anything, invite her reaction to it.
"Help me understand what that's about."

"Let me know if you feel judged."

Since noticing patterns is part of what I do, let's explore what we both can do differently to make the sessions more safe. Find out what happens when I say it this way... (fill in the blank)."

□ Invite her to be curious. Wonder to which of your comments she responds positively and to which ones she responds negatively.

She may be hypersensitive to discounting. Or she may believe that the best way not to discount herself is to complain when she perceives other people are discounting her. Even though her sense of being discounted is her projection onto you of her own Discounting Self, search your heart to see if you are, in fact, discounting or judging her in any way. Notice your words and tone. Be honest about underlying, perhaps subconscious agendas.

□ Own up to any part of the discounting process for which you can take responsibility.

"Yes, now that you mention it, I did feel a twinge of impatience right then."

□ If you admit to discounting her when you do it, she will be more able to believe you later when you say,

"Hmnm. No. I really wasn't discounting that time. If it was happening in this room, it wasn't coming from me."

My clients get used to my brand of humor, so they would probably laugh when I would add to the above,

"I don't know where the discounting came from. It Can't have

come from me; I never do anything like that. And it Can't have come from You. So, I dunno. I'm at a loss."

□ Invite her to take responsibility for her interpretations and projections. Encourage her to move along the taking-responsibility continuum from, "You're discounting me right now," to "I'm feeling angry about what you just said," and even further toward, "There I go again, discounting myself and thinking you're the one who's doing it."

□ Invite "feeling discounted" into the room. It can sit in an empty chair. Ask her to sit in that chair and be the voice of that part of herself. Ask it to define itself. Wonder how "feeling discounted" is beneficial. Wonder what the part who feels discounted wants from you. Invite it into conversation with any other part of the client who thinks she *shouldn't* feel discounted.

□ Define "feeling discounted" as The Problem.

□ Invite exploration of the connection between feeling discounted and her family of origin.

□ Pay attention to how she discounts you.



Q. When I ask this abuse victim to try something in session, she often stiffens up, flattens, and shuts down.

A. Many abuse victims exit consciousness when they sense they are being abused. You may be seeing an external manifestation of self-abandonment. If so, her response does not mean you are abusing her, but that she perceives she is in the same relative position to you that she was to her abuser. As a child she may have learned that stiffening, flattening, and shutting down were effective ways to survive when she was in danger. Is she still present and introspective even though she is shut down?

Yes, as far as I can tell.

Then continue working with this response as usual.

□ Invite her to practice other ways she can protect herself in session besides stiffening, flattening, and shutting down: leaving the room, telling you she doesn't want to respond right now, telling you she'll think about it and get back to you later, saying she is afraid, telling you that she is angry, or even screaming, "No."

□ Work with her to help you learn what she wants or needs when she is stiff and flat.

□ With forewarning, practice doing whatever you do that precipitates her shutting herself down. Direct her to attend to her responses, thoughts, self-talk, and irrational or rational beliefs as you ask her to try things that scare her. Direct her to be curious so as to discover how she goes about stiffening, flattening and shutting down.

"I'm going to say, 'So try talking to (the abuser).' Don't actually talk to him, just notice what happens when those words are spoken. Okay, here goes..."

□ Validate her behavior as reasonable under the circumstances. Encourage her to take good care of herself in session. Suggest that if circumstances feel too dangerous for her to participate in conversation, then perhaps they are too dangerous for her to stay in the room.

"However, if you go, take your body with you when you leave."



You know you're countertransferred when you think things like...

- **My perception of how you should be is more valid than yours. I know more than you do.**
- **I feel good when you do the things I think you should do.**
- **I feel bad when you do the things I think you should not do.**
- **When I am with you, whether I feel good or bad is dependent upon the actions you take.**
- **Since your behaviors do not fit into my worldview of how things ought to be, I know you are not flowing with the universe.**
- **I perceive that you should be different than you are and I have many ideas regarding how you might change.**
- **You are resisting my interventions. Clearly, you are not okay the way you are.**
- **It is my responsibility to encourage you to act in ways of which I approve.**
- **I will continue to try to change you, for my competency as a psychotherapist is determined by your response to my efforts.**

Q. A woman says if her boyfriend leaves her, she will be destroyed.

A. It sounds a little like she is developmentally stuck somewhere from birth to two years old.

Well, when she was an infant, her mother worked the swing shift. Each day for the first year, the infant was left alone in the car for the entire shift.

Under those circumstances, it seems unlikely that this woman was able to complete the developmental stage of, "Mommy will always be there; therefore it is safe for me to be by myself."

The difficult thing about resolving this issue as an adult, is that the Mommy-Who-Might-Always-Have-Been-There does not exist anymore, and there is no one to take her place twenty-four hour a day. While a psychotherapist can substitute for Mommy one or two hours per week and significant others can pinch-hit now and then, nobody is going to be there *all* the time except this person's own Inner Parent.

The relationship with the boyfriend is the medium through which she is re-enacting the relationship with her mother. Once this woman gives herself permission to do regression work, she can re-experience her abandonment and gather up the pieces of herself which were left behind. It will take awhile. With your non-abandonment as an example to introject, she may decide to terminate her relationship with the, "I am fundamentally leave-able" belief that she learned in childhood. Or she may re-decide to attend to and care for herself anyway, in effect *not* abandoning herself.

Whatever she does, keep inviting her to pay attention to herself, listen to internal messages, trust herself, and stay connected to her experiences in the moment.

□ I suggest strongly that you do not rescue her. Instead, invite her into her grief (or anger).

□ And while you are with her, do your best to access the part of yourself who can hold a position of unconditional positive regard, no matter what.

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Q. Once immediate lethality has passed, how do you work with a suicidal person therapeutically?

A. Suicidality usually changes from moment to moment depending on external and internal circumstances.

□ Start by asking him where, on a scale from zero to ten, he scores right now.

"How suicidal are you in this moment, right here in this room?"

□ Tell him a ten means he has already taken the pills and will be dead shortly. Zero means not at all.

□ If he responds with a self-rating of seven—eight or less, invite him to complete the suicide right now in the session through fantasy or enactment. One way is to say some version of,

"Okay, let's kill you right now. How would you like to go about it?"

The relationship with the boyfriend is the medium through which she is re-enacting the relationship with her mother.

The most popular choices are pills, car accident, or gun. If he feels the need to off himself quickly, he may want to get directly to the action part. I'll describe a scenario of what I might do with someone who opts for pills as a way to do himself in.

- I invite an exploration of what color the pills are, how many, where the person wants to be as they are swallowing them, the details of the environment, etc.

- Once pills are swallowed, I say some version of, "Well, you've got about twenty minutes before the pills start to work, so what would you like to do in the meantime?"

- I direct him to articulate any unsaid feelings or thoughts, and officially say good-bye to each of the people in his life whom he cares about or with whom he has unfinished business. Occasionally, he will have some murdering to do.

- When he feels complete or the "20 minutes" is up (I'm in charge of time and how fast or slow it goes by), I'll check to see if there is anything more he wants to do. When the answer is, "No," I respond with something like, "Okay, well, the pills are working...your eyes are glazing over...and now you're dead."

- After maybe a minute of silence, I'll say some version of, "What's it like being dead?" or "What do you notice?" Young people often enjoy fantasizing the funeral or the wake and hearing what other people have to say about them. Other folks float off into peaceful bliss fairly immediately. I encourage the enjoyment of that problem-free experience for a bit.

- If he's been feeling blissful, when it is nearing time to end the imagery or the session, I invite him to bring the blissful

feeling back with him as he returns to the present. Once he is back in the room, I invite him to notice that he did not have to die in reality, in order to feel good—right now. That is often a surprise to him.

- If we have time I will usually invite him to return to that blissful imagery and recapture the positive experience. Then I'll suggest he return to the present even more slowly than before and see if he can come all the way back to the room with even more of that pleasant experience still accessible.

- I will invite him to be curious as to how he goes about experiencing that feeling and we may experiment how he might maintain that good experience, back here in the real world, even after he leaves the session.

- Instead of dying or after they have been dead awhile, some folks change their mind. Since the laws of physics need not apply in an imagery, anything can happen. So I invite them to put all their body parts back together, climb back into their body, vomit up the pills, dig their way out of the grave, or whatever, and consciously make the decision to Be Alive.

- I often suggest a reward afterward. When someone has just died, the imagery of a warm bath, or a swim in a safe and beautiful environment occasionally segues into a re-birthing experience.

Mightn't fantasizing a successful suicide encourage a person to kill themselves?

In my experience, lethality is more probable from a place of denial than from a place of awareness. Somehow, once the suicidal part of a person gets satisfied, he is freed up to move on to something else. Like much else that is paradoxical about humans, once the death-wish is sated, the door to the life-wish is usually opened.

Perhaps what is needed is a safe way to satisfy the death-wish without doing actual harm to the organism. I do not know for sure. Certainly making the covert, overt, takes a lot of the passion and compulsion out of any desire.

I suspect serious lethality of anyone who will not participate in a suicidal scenario. And I keep my antenna alert for those few folks who pretend to be involved, but are not; they go through the motions of experiencing such an imagery, but a good part of their persona has gone out to lunch and is not in the room.

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Q. A twelve year old girl has a history of violence and I am scared to see her.

A. What are you scared about?

I'm scared she will hit me.

If you are scared, then there is danger. In this case, as in most cases, it is not the other-guy you are afraid of, it is yourself.

Huh?

Take responsibility. Rather than come from the perspective of "I'm scared she will hit me," try rephrasing that: "I'm scared I will allow her to hit me." When you phrase it that way, you give the job of keeping yourself safe to *yourself* as opposed to depending on the other-guy to change his behavior. If you are concerned, do not stay in denial. Sit by the door; stay alert.

Be instantly available to move your body out of your chair, out of the way, or out of the room altogether.

There is no justification for not taking physical care of yourself in session. You cannot control someone else's actions, but you *can* control your own.

Protect your clients by not letting your body be at the receiving end of their approaching violence.

"Janey, let me show you how we express our anger here (as you whack a pillow with a plastic bat). You can also throw these and kick that. What's not okay is that you or I get hurt. Let's practice that now."

Violent children have often been the receivers or observers of repeated violence. You may have a child abuse case here.

It can be embarrassing to admit someone hurts you. Use art and sandtray to invite this girl to share her fears with you, non-verbally.

Use art, sandtray, imagery, and role play to invite this girl to explore the seeds of her conviction that, "The way to protect myself is to be physically aggressive."

Q. I want this seventeen year old to slow down in her movement toward reuniting with her harassing family.

A. Consider that it may be you who are going too fast. How can *you* slow down?

I guess I could let her be how she is.

What stops you from doing that when you are with her?

I want to protect her.

In the helping-professions, the phrase, "protecting her" often means stealing an opportunity for her to learn the lesson she is trying to teach herself. If she is saved from learning this lesson while she lives with her parents, she may have to arrange to learn it later on in life. For example, she may have to marry someone to whom she responds as a victim, or choose employers with harassing attributes. Or she may have to train her children to be difficult.

Rather than come from the perspective of "I'm scared she will hit me," try rephrasing that—"I'm scared I will allow her to hit me."

Well, if she starts being harassed again, it will be hard for me not to step in and protect her.

Of course. So let's use this time to explore ways you can invite her to learn to protect herself.

Be direct.

"I'm going to pretend I am your personal advisor right now, and just tell you my concerns and what I think you should do. Here they are... Okay. I'm done. What is your response to all that?"

"Imagine you have a guardian angel, an Ideal Parent who likes you a lot. What would she say to do right now?... Now tell her all the reasons you might Not do what she says."

Invite her on a guided fantasy where she finds and listens to an inner symbol of wisdom.

Invite her to imagine her future. If she returns home, what will her life be like in a year? In five? What will her life be like if she stays where she is?

Role play verbal, physical, and emotional options that a person might have when they are being harassed.

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Q. I've just started work at this other agency. A certain thing happens during their staff meetings that I consider to be unethical. Also, another therapist there is, by his own statements if not unethical, certainly irresponsible. If I say anything to them, they'll all just get antagonized because I'm just the new kid on the block. So what I plan to do about it is keep quiet for now and later I'll...

A. So you are saying, "I'm afraid they won't like me until they get to know me better, therefore I'll swallow my integrity for now." That's certainly a choice many people make. As I observe it, integrity-swallowing usually results in resentment, and resentment almost always leads to job dissatisfaction. Perhaps there is another way so that you don't have to participate in what you perceive as someone else's dysfunction.

I'd like that, but I really can't imagine another option if I want to stay there without making enemies.

Do an experiment in mental health. Use yourself as a guinea pig. Start by accessing the part of your personality who does not need other people to be the way you want them to be before you can feel good. It is the place inside you where you can honor your values, take responsibility for your own feelings and at the same time, come from an "I'm okay—you're okay" position.

Once you have accessed the mindset that it's okay for other people to be different than you are (it's in your psyche somewhere, really it is), you might approach the individual privately and say something like,

"I'm a little bothered by a couple of the things you said in the meeting. I wonder if you really meant them as literally as I took them."

Chances are good he will deny, defend, or distract. He may even be alarmed enough to clean up his act. But that is his business. If you have something specific that you want, tell him what it is and then let it go. Do not depend on him to change before you get to chalk up an integrity point for yourself.

Whatever you do, stand up for your beliefs in a way that is respectful, non-abusive, and inviting of mental health.

In the group, you might say,

"I'd like to talk about what happens during our staff meetings. Is this policy negotiable? My concern is about..."

If your attitude is belligerent, whiney, or intolerant, then that is how people will see you. If you placate and hold onto anger, your co-workers will sense that too. It's more about *how* you say something than *what* you say. So, if you approach differences with respect, say what you

want, and then let go of needing to *get* what you want, your warm and caring attitude will usually be what others take away with them. ♪

Q. He's an adult but about five years old socially. At the end of his sessions, we usually hug. Last time, he kissed me on the cheek. I felt very uncomfortable. I think I should have seen that seductive behavior coming and set firm limits beforehand.

A. ☐ Well, if you do set firm limits beforehand, set them for yourself, not for him. Start immediately.

"(thinking to self) Okay brain, my first limit for myself is that I will bring the subject up before we begin the end of the session.

"(to self) If he attempts to kiss me on the cheek, I plan to step back, smile, and say..."

If this man were a child, five years old and three feet tall, you might have thought his cheek pecking rather delightful. Five-year-olds are in the middle of an Oedipal crush and they are *supposed* to be seductive.

☐ Since you are not threatened by the romantic feelings of a five-year-old, you would probably be able to set limits on touching with an attitude of positive regard and non-judgment. For example, if you wanted to set limits around a child's kissing, you might say something like,

"Thank you, Johnny. I'm pleased that you like me. However the rules here are that you and I don't kiss each other."

That uncomfortable feeling was a good measure of your response to this man and how much the non-therapist part of you was aware that he was, in fact, *not* five years old, but rather an adult male. Whatever a person's actual age, set limits from the same non-judgmental frame. Hold all people, including yourself, in the same positive regard as you would a child.

I guess I really blew it.

Not from my point of view. Making mistakes is part of life and, with luck, we learn from them. Also, it seems impossible to anticipate and forbid beforehand every boundary-crossing behavior that someone might exhibit.

So instead of looking around for someone to blame, how about accepting the fact that now and then you are not happy with your behavior. Next time, you'll be more prepared.

Instead of beating yourself up for not being the perfect therapist, let's explore ways to use the behavior therapeutically.

☐ Take responsibility for your part in the situation and then put the attention back on the client.

"I'm a little uncomfortable about people kissing me on the cheek. Last week, I didn't take care of myself the way I very well. If I had it to do over again, I would have told you of my discomfort and asked, 'What's your response to that?'"

"Last week, you kissed me on the cheek as we said goodbye. I was uncomfortable and was wondering what the words are that go with a kiss on the cheek?...It seems to me that if I went to kiss you on the cheek and you said, 'No thanks' or stepped backward, I might feel rejected or punched or something. What might you feel?...Hmm. Let's explore that."

☐ Assume that your level of discomfort last week matched something that was going on with him at the same time. You

perceived your emotion as negative. His might have been positive.

"How do you generally show appreciation to your acquaintances? What comes up for you when I ask that?"

"Remember an important time in your life when you had to say 'goodbye.'" ♪

Q. So the only thing it's okay to be countertransferred about is money? Right? I mean, it's okay to want or need them to pay you, right?

A. To be invested about money is as detrimental to the therapy as any other agenda you have of the client. Certainly you *prefer* that you be paid for your services, and it makes good business sense when you take action to invite that to happen. But *needing* someone to pay you is the same as *needing* him to return next time, *needing* him to understand your point of view, *needing* him to like you, or *needing* him to resolve his psychological issues. There's an underscoring of desperation that accompanies all this "needing."

When the somebody you need something from is right in front of you in session, part of you is going to be distracted from paying attention to the unfolding of that person's therapeutic process. And every moment you have the agenda that a patient be a certain way or take a certain action, you are in his system, and he is in yours. And that's countertransference—you and your dependence on him to meet your needs—smack in the middle of and blocking his therapeutic path.

Set boundaries for *your* actions, not for someone else's. In your mind think, "No problem. If I don't get paid, this is what I am going to do." Then do it. Have the agenda for yourself that you will maintain clear limits for yourself around money, succeeding appointments, place, time, and anything else important to you. Feel satisfied and productive whenever *you* live up to your expectations as opposed to hinging your satisfaction and competency to the possibility that *someone else* will live up to your expectations.

I get it in theory but, like what would you say to the client?

If you have rules for yourself and not for the other-guy, you probably won't say much to the client at all. You would, however, have an inner list of "What I'm going to do ifs." Examples might include,

- If he forgets his payment even once, I'll have a self-addressed, stamped envelope handy so he can mail it to me during the week.
- If he hasn't paid me prior to his next session, I'll ask him to

on becoming a Psychotherapist

We teach what we know, so in your everyday life...

Except for danger, experiment by ignoring the negative behavior of others. Instead, go out of your way to appreciate positive behavior and to notice it, out-loud. While you're at it, take responsibility for your appreciation. For example, try:

"I'm so glad you are here," as opposed to, "You look great."

"I'm enjoying that," as opposed to, "That looks nice," and

"I really like that," as opposed to, "You did good."



pay me both for last time and this time *before* we start.

• If it turns out he has forgotten his checkbook *again*, I'll say, "Oh rats, I was looking forward to seeing you today. Well, let's see, ... I have a free hour on Friday afternoon (or whenever). You wanna come back with your payment and try again?"

You can make new rules; you can change the rules. You can have different rules for different situations just as long as all the "rules" are about *you* and any action *you* are going to take. When you come from that perspective, you are dependent on yourself, only, and not on the other person.

Q. This patient is new and is going to be difficult.

A. Difficult for whom? *You* will have a difficult time only if you want her to be different. For her, "difficult" is one of the things she's in therapy to explore.

I've tried a number of things and nothing works to get her to connect with herself.

In psychotherapy, safety can largely be defined as not being judged. Your job is to invite mental health and unconditionally approve of this woman even when she does not accept your invitations. Even if she *never* accepts your invitations.

Paradoxically, connecting with herself will become possible only when she perceives she has permission to talk forever and *never* connect with herself. Once she feels less threatened, she may be able to confront whatever it is she came into your office to encounter. The way to make your office safe is for you to let go of wanting her to do or change anything in any way.

I don't know if I want to work with people who don't want to work.

That's a problem, isn't it? You want to help people, but only people who want to be helped. And it's frustrating when they don't cooperate.

Yes.

Well, see what you can do to stop trying so hard to get her to be different. From her perspective, I imagine it feels a bit as though you are judging her. What do you think?

Well, maybe.

Here's a idea. Next week, imagine you are in a live lab experiment. Your lesson is to learn how to hold her, and all her

issues, in unconditional positive regard, no matter what she does or doesn't do for the entire session. Then re-assess her "difficult"-ness.

Sigh. Okay, I'll try it.

Q. She told me her group therapist is better than I am. Yuck. She hit me right in my low self-esteem.

A. Everything she thinks about you is a projection onto you of some unowned part of herself. Even though you find it difficult not to give your power away, move toward working with this woman as if you were *not* personalizing what she says.

Stop trying so hard to get her to be different.

□ Invite her to do some chair work, putting "you" in one of the empty chairs. She can complain to "you" that you are not doing a good job. Encourage her to be specific and tell "you" exactly what she wants. Then direct her to switch chairs and, speaking from her version of *your* point of view, verbalize your defense.

□ While the bad-therapist "you" is in the empty chair, pull up a third chair and join her in the criticizing.

□ Encourage her to be specific and tell the actual you exactly what she wants.

"What is it you want from me right now?"

"Who taught you that attacking is one way to invite intimacy?"

□ Suggest a dialogue between the better therapist and the not-better therapist.

□ Wonder how she uses your incompetent therapy to avoid doing her work.

□ Love her. Appreciate the majesty with which she attempts to protect herself by criticizing you.

Q. I thought she was so easy to work with; she does everything I suggest. But I wonder lately why nothing ever gets resolved. I'm thinking, um...it's our posture.

A. So you suspect this person has been playing please-the-therapist and stockpiling resentment every time she agrees to do what you suggest?

Yes.

This is quite possible. The habitual placater is nice to be with, but too often the niceness is at their own expense. Consequently, they are often angry underneath that pleasant demeanor.

I have a theory that particularly when

it comes to habitual placaters, it is often a person's displayed behavior which cries out, "Notice me. I'm the personality part that is unresolved and I'm the part that needs completing." In this case, consider that because this woman displays an eager-to-please demeanor, that underneath any neurosis she really *is* a cooperative, pleasant person. Imagine her problem is that she doesn't believe she is nice. Therefore she lives her life "acting" nice, thus giving herself little or no opportunity to connect with her "nice" part and learn that she really *is* nice after all.

□ For awhile, invite this person to

introspect and connect with herself every time she is invited to work.

"Before you do what I just suggested, take a minute and talk to me from the part of you who doesn't want to do it."

"Name all the other things you don't want to do. As you speak, experiment to see if you can experience that not-wanting-to-do-it feeling as you talk."

"I'm going to suggest you do that again. This time, pay attention to your body response as I suggest it."

□ Make it your habit to invite all your clients to connect with fleeting or ongoing inner experiences as their sessions unfold.

"What's going on for you right now?"

"What do you notice about yourself, right now?"

"Do that again. What are the words for that movement?"

Q. A seventeen-year-old girl is having age-appropriate, non-incestuous sex. I'd like to do a little education but if I'm giving her advice, then I'm not doing psychotherapy.

A. □ If you can give advice because it celebrates *you* to share it (as opposed to because *she* needs it), then fine, give advice. But give advice as just another open-ended enactment of an Ideal Parent: let go of any attachment that she listens, takes your advice to heart, or agrees with you in any way.

"I'm finding a need in me to share some ideas about teen sexuality with you. Would this be a good time?... Okay, here I go. The first thing is..."

□ Another idea is to share opinions (not

"My wife and I are often not on the same page," the husband remarked as they settled themselves into their first couples' session. So I invited them to draw: "What's on *your* page?"

The wife drew two shapes, one representing her work world and another representing her home world. She said that she was often torn between the two; working hard at work, coming home exhausted, feeling overwhelmed with challenges at home (her husband has Parkinson's Disease) but caring very deeply for her husband and wanting to help him.

The husband drew a picture which showed a small person (him) dangling from scaffolding and his wife standing at the base. "I want to know what I can do to make her happy," he said. There was an obvious disconnect between what he drew on the paper and what he said.

As is often the case, the wife was able to express her feelings. The husband was more aware of his wife's feelings than of his own. This couple was struggling to communicate.

Expressing self through art is a wonderful way to process thinking, feeling, perceiving, and being different. So I invited them to continue working

in this medium. In their drawings they had the opportunity to visually see the differences in their perception of each other's reality through comparing and processing the drawings.

Resistant to sharing at first, the husband felt overwhelmed, small, and helpless. However, as trust developed, he was able to voice and own his concerns. A few sessions later, he shared, "I'm afraid of hurting my wife's feelings."

I invited them to practice I-statements while they communicated wants, perceptions, and emotional reactions. As they drew and talked, the husband came to acknowledge that the recrimination he expected from his wife was not realized when he shared his feelings in this non-judgmental way. This opened up opportunities for further safe sharing and understanding of their different feelings.

Another way we explored differences was through a well-known personality and temperament questionnaire. They completed it home and we processed their individual results in the next session. As they compared them, further differences were illuminated and explored. The couple took this opportunity to understand how, based on

personality and temperament, different people might respond differently to the same situation.

In learning how to communicate and understand differences, we also practiced the Family Wellness model. They learned the four steps: Know what you want. Say what you want. Listen to what others want. Negotiate (everyone wins). Of course the tendency is to say what you want for or from others, so the challenge for them was to know and say what they wanted for and from themselves. They found that when they did this, the other was more open to listening rather than being on the defensive. When the first three steps are worked through in this way, negotiation can be easier toward the win-win.

Part of our work together was exploring ways that the couple were different in their experiences, their points of view, and feelings about the same situation.

The husband's original metaphor, "not on the same page" implied being different was negative. Setting the intention of making differences okay, and finding ways toward communication and acceptance of differences, has opened the way to creative solutions and increased intimacy for this couple.

necessarily *your* opinions) from both sides of the spectrum and ask her to participate in a discussion of them. She is much more likely to consider the content of a statement if she is first allowed to say how stupid it is, and is then respectfully asked how she came to that opinion. So no arguing with her, here. Just practice joining her interpretations.

Thst: Some people think that sex should be saved for the marriage relationship. What do you think of that?

Clnt: That is so dumb. What if you never get married? I'm in love and that's all that's necessary.

Thst: (joining her instead of arguing) So I'm hearing you say that since you love this boy, sexual activity between you is a good thing to do. Is that right?

Clnt: Well, I dunno about "good," but I don't want to lose him and... (and so she begins to observe her behavior just a teeny bit outside her usual system of thought.)

□ Should she *ask* you to give her advice, give all sorts of advice from the middle and extreme ends of the advice spectrum. You may not agree with most of it, and it doesn't all have to be rational or true. Work with her responses. With luck, her frontal cortex will be developed enough so that she can laugh at some of your more absurd "advice."

"You should definitely stop this activity and return to abstinence immediately."

"Well, I guess as long as you're practicing safe sex, you are not being taken advantage of, and you feel cared about by your partner, then what you're doing is probably okay."

"Come to think of it, why not be sexual with lots of boys? I mean, y'know, why care about your reputation, or diseases, or pregnancy, or any of that other silly stuff?"

"Y'know, I heard that girls who have intercourse before age 23 are more prone to have their hair fall out earlier in life. I don't know, maybe you should. . ."

"Oh my gosh, you are in danger; I have to tell your parents as soon as this session is over."

Her overall attitude is belligerent.

□ Refuse to do the Judgmental Parent part that usually pairs up with the role of Defending Teen. Instead, access the part of you who is an Unconditionally Positive Parent. That way, she will be invited to figure out for herself if she approves or disapproves of her behavior.

Is she using birth control? Is she being exploited in anyway? Is she orgasmic?

As far as I know, no, no, and no.

Then address those issues matter-of-factly.

I know I wish when I was seventeen, someone had said certain things.

□ Tell her that directly. Ask her permission to bring up the topics that you wish someone had told you more about. She may decline the first few times you bring it up. Most people, once they discover that “No” is an accepted response, find “Yes” easier to say.

What would you bring up?

For teen girls, I’d bring up the issues I mentioned a minute ago: orgasm, birth control, and exploitation. If she is not having orgasms, I might wonder if there is way she can get herself held and cherished other than to let someone use her body for their pleasure only. If she is not using birth control, I’d suggest that babies and diseases actually happen, since my assumption would be that she doesn’t really believe those things could happen to her. And if I had the least suspicion that she was being exploited—even minimally, I’d give her my “even teenagers need someone to protect them and if no one else will, they are stuck having to do it themselves” sermon. Whatever you share with her, own all your opinions as yours: “*This has been my experience.*” “*This is what I believe.*” “*These are my concerns for you.*”

Keep in mind that even if someone had talked to you when you were her age, chances are good you would not have acted on most of it. Still, it would be nice if you had not had to wait until you were forty to invent those understandings yourself. This girl may receive your gift of information or she may not. Be content that you are planting a seed which may sprout should she ever be ready.

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Q. Since his depression looks like sadness, should I encourage him to cry?

A. Assembled from many tiers of emotion, neurotic depression is often the result of attachment, grief, fear of grief, rage, and fear of rage, all topped off by a sense of overwhelmedness. One emotion piles on top of another until the person gets over-loaded, and gives up with, “I can’t make anything change, so what’s the point?”

□ Start by inviting this man to be more of what he is and to continue doing what he is doing. Invite him to explore how he depresses himself.

“See if you can make yourself more depressed. Exaggerate everything.”...

“How are you doing that?... “Now see if you can make yourself less depressed. What words describe that?”

□ Invite him to focus inward, and work down through each of level of emotion by fully connecting with each one in the moment.

What if he feels annoyed at my invitations or afraid he’ll get so depressed he’ll stop breathing?

His response is not about you, so don’t get sidetracked. His response to you indicates he has touched another layer of the parfait of emotions that resulted in his depression in the first place.

□ If he feels annoyed, work with his annoyance.

Thst: See if you can depress yourself even more.

Clnt: Stop telling me to get more depressed.

Thst: Notice your annoyance. Pay attention to how it manifests itself physically. I’ll say, “Depress yourself even more,” again. See if you can let yourself get even *more* annoyed.

□ If he gets afraid, work with his fear.

Thst: Depress yourself even more.

Clnt: But what if I pressure myself so much I implode?

Thst: Notice how your concern manifests in your body. Let yourself become even more afraid.

Clnt: I’m afraid I’ll get so depressed I’ll stop breathing.

Thst: Close your eyes and imagine a man who is very depressed and has very shallow breathing. What do you notice about him?... Move closer to him... What does he need to hear from someone who cares about him?... Say that to him, right now... Now be that man. Listen to those words. What do you notice?...

□ If he becomes sad, work with his sadness.

Thst: Depress yourself even more.

Clnt: (Starts crying)

Thst: Breathe from your diaphragm. Move into your sadness.

□ Work with his joy.

Thst: Act even more depressed. Slide down onto the floor, melt into a puddle, and moan.

Clnt: (Does it, and starts laughing at the absurdity).

Thst: (When he is done laughing) Breathe. What do you experience now?

□ Work with his love for Self.

Thst: Depress yourself even more.

Clnt: (sighs satisfactorily)

Thst: I have a guess that your depression takes care of you, some how. If that’s true, attend to the sensation of being cared for. Breathe it in. Enjoy. (waits a bit.) Hey, depression part. Talk to me for a minute. Does George know you care about him?

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Q. I have to remember to love this client.

A. I disagree. Remember to love *yourself*. Your client is just another of nature’s creatures wandering about in his own swamp. It’s your job to encourage him to connect with and trust himself—not to fix the swamp nor to stop him from wandering.

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