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**CONSIDERATIONS ARISING
FROM THE PSYCHOANALYTIC
TREATMENT OF A CHILD**

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MYRON STOCKING, M.D.

A boy of eleven is to have a swimming lesson. The boy has had other lessons, some too early, others too late. He still does not know how to swim. Now he approaches the pool to meet his new instructor for the first time. The teacher is a solid man, observant, well muscled, and sure. The first words between the two are friendly, but the boy seems guarded. While he moves gracefully and appears to be well coordinated, he views himself as a “swimming retard.”

After their introduction the teacher invites the youngster to dive into water that is over his head, so they may “see what he can do.” Now the encounter shifts. The boy’s eyes drop, and he looks sullen. He refuses to enter the pool. The teacher asks the boy again to enter the water, his tone shifting from that of instruction to one of command. The boy is silent and does not move. The teacher steps forward forcefully, and the child edges away. Now the teacher lunges quickly, and the boy darts onto the diving board in retreat. The teacher jumps after him, wrestles with him for only a moment, and throws the boy, squirming crablike, into the water. As he sputters to the

surface, the boy looks surprised, even a little confused; but after a moment a smile spreads across his face. His gross dog paddle, accomplished with his head held high out of the water and at ninety degrees to the surface, proves adequate to sustain him until he reaches the edge of the pool.

We cannot pursue in detail here the evolving relationship between the teacher and his pupil or the course of the instruction. Briefly, in only a few lessons the boy was able to change his awkward paddling into a well-coordinated Australian crawl. The teacher was struck by the child's progress. In his opinion the boy could learn "to be a fine competitive swimmer."

Contrast the experience described with that of a four-year-old girl with the same teacher. This child comes to her first lesson with a sister two years older. The two girls are latecomers to a class of seven children that has already met three times. The sisters' entry is dramatic. They are dragged to the pool, screaming and crying, by their mother, who looks harried and embarrassed by their behavior. The mother leaves them quickly. Both children continue crying noisily despite the teacher's first awkward efforts at comforting them. Unsuccessful, he turns his attention to the other children. From time to time he approaches the girls again but is not able to comfort them. While the older child gradually becomes less afraid and is able to control her crying, the younger child remains frightened and continues a morose whimpering and crying throughout each of her lessons. In her fourth

lesson, the teacher firmly picks her up and holds her in his arms as he slips into the water. The child panics, and her wild crying leads her near to hysteria. Neither the outburst nor the feelings subside as the teacher tries to show her that she is safe, that he will hold her, and that there is nothing to fear.

In the weeks that followed the child would attend lessons only when forced. Thereafter she would not enter the water on her own, either at the lesson or in other circumstances, although before these lessons she had done so without fear.

The teacher approached each of the two children we have described in a similar way. At a critical point he forced each child to suspend his own judgment of the safety of his situation and to relinquish his own initiative. The teacher expected that his own judgment and determination would enable the child to face an anxiety-provoking situation that he would not otherwise have faced. The critical element in this approach was the instructor's intuitive use of his own person to create a situation in which a child might confront an irrational fear. The two children's stage of development, inherent abilities, and previous life experiences varied. In one instance the approach seemed unusually constructive. In the second situation the same approach was at least temporarily unsuccessful and may actually have been traumatic for the child.

There is in the realm of psychotherapy a technical modality analogous to the approach employed by the swimming instructor in the realm of his instruction. I refer to the therapeutic modality of *confrontation*. While psychotherapists frequently employ this technical tool intuitively, there has been little formal consideration of confrontation as a legitimate technical procedure in psychotherapy. The dramatic therapeutic return it sometimes produces, the frequency with which therapists employ it uncritically, and the potential danger of its inappropriate application converge to create a need for a detailed consideration of confrontation as a tool of therapy.

Confrontation in psychotherapy is the process by which a therapist brings a patient face to face with what he takes to be either a reality, or realities, of the patient's psychological function. The patient may or may not be conscious of the reality considered. In either case, the patient does not see the relevance of the reality to the therapeutic process. He accepts it without examination, apparently unaware of its potential importance for therapy. While his unawareness may appear casual, it expresses a resistance currently effective against the therapeutic work.

In the process of confrontation the therapist assumes the therapeutic initiative. By his activity he creates a therapeutic situation in which it is difficult for the patient to avoid the reality considered or to deal with it on the basis of automatic or unconscious modes of response that he had employed in

the past. When successful, confrontation facilitates a new psychological equilibrium based on the patient's integration of the reality confronted.

For the moment I will focus on those instances when confrontation is employed in approaching a reality of which the patient is unconscious. Freud (1914) described a form of behavior that serves as an alternative to remembering, with which some people express the residue of experiences forgotten through repression. In such behavior the patient acts out an experience, reproducing it "not as a memory but as an action; he *repeats* it, without, of course, knowing that he is repeating it" (p. 150). Freud regarded this repeating in action as the expression of what he called the "compulsion to repeat" (p. 150) and stated, "As long as the patient is in the treatment he cannot escape from this compulsion to repeat; and in the end we understand that this is his way of remembering" (p. 150). In Freud's view the transference itself is a special instance of this kind of repetition—a portion of the forgotten past brought "not only on to the doctor but also on to all the other aspects of the current situation" (p. 151). He related transference and the compulsion to repeat to the concept of resistance in this way: under the influence of resistance unconscious experience is deflected from the transference experience into the arena of the patient's life through behavior and action. "The greater the resistance, the more extensively will acting out (repetition) replace remembering" (p. 151).

Confrontation when directed at experience that is now unconscious is a therapeutic activity aimed at translating the patient's behavior into therapeutic communication. If successful the confrontation results in the patient's bringing in themes, issues, or experiences previously discharged in action more directly into the therapeutic situation for conscious scrutiny and consideration. One avenue for this more direct expression of unconscious experience within the therapeutic situation is within the transference. Expressed within the transference, previously unconscious experiences may become accessible to interpretation, a therapeutic modality related to confrontation, but distinct from it.

Interpretation, as defined by Edward Bibring (1954), is a therapeutic technique with insight as its goal. It is a process directed at making unconscious mental phenomena conscious and

...refers exclusively to unconscious material: to the unconscious defensive operations (motives and mechanisms of defense), to the unconscious, warded-off instinctual tendencies, to the hidden meanings of the patient's behavior patterns, to their unconscious interconnections, etc. In other words, in contrast to clarification, interpretation by its very nature transgresses the clinical data, the phenomenological-descriptive level. On the basis of their derivatives, the analyst tries to "guess" and to communicate (to explain) to the patient in form of (hypothetical) constructions and reconstructions those unconscious processes which are assumed to determine his manifest behavior. In general, interpretation consists not in a single act but in a prolonged process. A period of "preparation" (*e.g.*, in form of clarification) precedes it. Every interpretation, whether accepted by the patient or not, is considered at first as a working hypothesis which requires verification. This is done in

the process of “working through,” which thus has two functions. It serves as an empirical test in that it consists in the repeated application of the hypothetical interpretation to old and new material by the therapist as well as by the patient, inside and outside of the analytic session. By the same token it enables the patient (if the interpretation is correct) to assimilate it and thus to acquire full insight, (pp. 757-8)

Confrontation similarly may have insight as its goal. It may also be directed at unconscious process. It differs from interpretation in three essential ways:

(1) In the therapist’s attitude towards the understanding he attempts to convey. The therapist who interprets shares a hypothesis with his patient. While he will almost certainly regard his interpretation as a potentially useful construct, he brings it being aware that, no matter how fruitful potentially, a hypothesis requires further validation.

The therapist who confronts brings the patient face to face with “a reality.” He presents a view he accepts as real or factual. His construction is not offered as a hypothesis about the patient’s world, but rather as what the therapist takes to be either the direct observation of it or a successful reconstruction of it.

(2) The second major difference between confrontation and interpretation lies in the balance of activity between patient and therapist during each process. Interpretation is based on a body of associations or

evidence arising from the patient's activity and initiative at times when he has been successful, either alone or with his therapist, in overcoming his inner resistances. Interpretations are rendered at times when it is assumed that the therapeutic alliance is functioning effectively and when it seems likely that the patient will be able to actively integrate the interpretation on the basis of his own initiative or motivation.

Confrontation, by contrast, is used when the therapist and patient have not succeeded in diminishing the patient's resistance, at a time when the therapeutic alliance is ineffective. The therapist assumes the therapeutic initiative and bypasses the patient's inner resistances to bring him in touch with an underlying reality of his functioning. The therapeutic aim is that the truth thus rendered may subsequently be assimilated by the patient. The assumption of the initiative by the therapist is only momentary, and the success or failure of confrontation will be measured by the patient's success in making the reality confronted his own.

(3) The fruits of the therapeutic techniques of interpretation and confrontation are integrated by differing and distinct processes. As we have stressed, the therapist who interprets presents the patient with a hypothesis. The validation of the hypothesis is obtained through continuing joint work by therapist and patient, which is based on the patient's activity in the ongoing process of free association. Validation arises from the efforts of therapist and

patient jointly testing the understanding proposed against new data arising from the associative process. It is by the active process of continuing validation that the patient will make an interpretation his own.

In confrontation, on the contrary, the therapist presents a view of the patient's world or function for which he feels he already has sufficient validation. At the point when a confrontation is initiated, validation of the reality considered will seem unilateral, the therapist's alone. The patient's role in the process of validation has been limited to his participation in the action and behavior that led to the confrontation. For the patient, validation by conscious scrutiny occurs only as a result of the process of confrontation.

Further, the process by which the understanding that results from a confrontation is assimilated is often sudden, not gradual. Awareness of the reality confronted, but until now denied, provides the patient with a new building block with which to construct a view of his psychological world or function. Consider the different modes of problem-solving employed by an adult and a child working together with a construction set. If the grown-up were to help the child, who now had all the needed parts available, by turning one part around and juxtaposing it to others with which it might connect to produce a desired result, this help to the child would be analogous to the process of assimilation that follows successful interpretation. The child would, by his own scrutiny, see if the parts indeed fit and join them together

to build the structure envisaged.

Compare this process to another analogous to the process of integration following confrontation. A child struggles to complete a structure, but a necessary part or parts have been left in the toy box or slipped under the rug. The grown-up, either by deduction or observation, has discovered the missing parts. He presents them to the child and now the necessary building blocks are available to complete the structure. Until this point the needed parts have not been available. The new parts are joined in a way that is clearly apparent by their “fit.” The “correctness” or the “fit” of the solution is such that there can be little doubt of its effectiveness.

Clinical Data From The Psychoanalysis Of A Child

One morning Robby, a six-year-old then in the third month of psychoanalysis, entered my office. He took a colored marking pen from his pocket and handed it to me. It was identical to others I keep available in my playroom. Two weeks earlier Robby had asked me if he could have one of the pens from the playroom, and I had refused him. I had thought that he had accepted my refusal.

In the early weeks of treatment Robby had occasionally asked for small things from the playroom. His requests had been modest, and I granted them. Once he asked to keep a string of paper clips he had clipped together. Another

time I let him take some extra sheets of drawing paper of a kind he had enjoyed using during the hour.

Meeting Robby's request for the pen seemed to me more complicated than fulfilling his earlier wishes. He asked for the pen at a time in the treatment when his relationship to me was shifting. From the first Robby had been lively and active in our sessions. Initially he invested most of his energy and attention in the toys. Only recently he had shown more interest in me, and I thought I saw signs that he was beginning to care for me. During this period his play had gradually been becoming more expressive. Shortly before Robby asked for the pen, he had begun to use it in sequences of fantasy in play that expressed an assertive and intrusive masculinity he had not previously revealed.

It seemed to me that the time was now right to begin responding differently to the impulses that were now emerging in the treatment situation in his asking for things. I thought Robby and I could deepen our understanding of his experience if, instead of quietly gratifying his wishes, I tried to explore them with him in words, with the goal of understanding the organizing experiences that underlay current wishes and demands. For this reason I had refused the pen.

I asked Robby if he had taken the pen from the office, and he denied it.

“This is another pen; it belongs to me and my Daddy.” Robby went back to the shelf where the pens lay, and he compared the one he had shown me to one on the shelf. He traced off the brand name, first of one and then the other. They were the same. (The pens were of a type not widely available in Boston. I had ordered them by mail.) It seemed to me that in his action Robby was grappling with acknowledging a theft that with his words he had just denied. I told him I could understand it if he had taken the pen. Since I had let him take some things home before, it may have been harder for him to take my “no” on the pen. I wondered if he had decided to take it for himself and now had decided to bring it back. Robby again denied it. His denial put us on delicate ground. I am reluctant to burden a child new to therapy with demands for honesty that he is not ready to meet. I did not want to put Robby in the position of repeating his denials if they were not true. On the other hand, there were further reasons why I felt it important that Robby and I understand more explicitly what had happened.

Only recently Robby had introduced the issue of his own “trickiness” into the treatment. He had told me how sometimes he was able to trick his mother. His attitude, as he described instances when he had succeeded in misleading her, appeared mixed. He seemed to feel proud, strong, and excited; yet at the same time he looked apprehensive.

He had amplified his concerns in play that grew from fantasy. He played

with a toy soldier he called Sarge. Sarge was mercilessly bossed by his general. When the general left Sarge for even a moment, he left a watchdog to “keep an eye on him.” Even the watchdog ordered Sarge around. Sarge was able to trick both the general and the dog in a variety of ways. Later Sarge was apprehended, and he was nearly killed as a punishment. The general pushed him off a cliff to smash on the rocks below. As he was about to be crushed, the general rescued him, saying that the punishment had only been a trick.

Shortly before Robby began treatment his parents had separated. They had decided to divorce after Robby’s mother had deduced that her husband was having an affair, which until then he had succeeded in hiding. The father’s deception had not been easy to maintain. A shrewd, capable and attractive man, Robby’s father often lied. At times he had lied to Robby. Some of these times Robby had realized that his father was lying to him.

During the period in treatment I have been describing, Robby was actively struggling to cope with the recent loss of his father. His father no longer lived at home and visited the children only one day a week. Robby tried to cope with his loss in a variety of ways. For one, he tried to make himself like the father now gone. Now he was beginning to use his relationship with me to substitute for that with his father.

I felt progress in the analysis of these issues would be at least

temporarily blocked if I proceeded on the basis of assessing wrongly whether or not Robby had taken the pen. I believed the act of taking the pen at that point was the most tangible expression of a central and immediate inner conflict. If I had ignored what Robby experienced as a theft and was tricked by it, I thought it would undermine our alliance. His actual experience with me would converge with a repetition in the transference of experiences in which he had deceived his mother and others. He would have felt less respect for me if he tricked me, and he would feel guilty and in danger of punishment if he were detected.

As I considered Robby's persistent denials, he sat down and began drawing with the pen. Quickly he became disgruntled, apparently with the pen and began to throw it against the wall again and again. I said, "I think you did take the pen, and now you feel bad. I think you feel scared and angry now and want to destroy the pen for making you feel bad." I told Robby that I thought he had been trying for some time to figure out what I was good for and what good seeing me could do. I thought he wished I could take his Daddy's place in giving him some of the things he wanted. I told him, "I can't really help in that way. If we both tried hard I might help another way. It might really help if you can learn to see things as they are, without feeling so unhappy and scared by them. If I am to help we must both try to learn just what really happens between us. This is why I care so much about knowing what really happened to the pen."

Robby did not reply with words but quietly placed the pen in my drawer and left it there. I wondered if Robby by giving the pen back to me now was tacitly acknowledging he had taken it. I thought so, but it was hard to be certain since he had not told either what had happened earlier or what he now felt. We had only begun the process of confronting his behavior. As yet Robby and I had not agreed on the reality of his behavior and had not made explicit what unconscious impulses were expressed in his action. Yet, we had at least begun the therapeutic task of confrontation.

When confrontation is experienced positively the process supports the expression of fantasy and facilitates the emergence of the unconscious more directly within the treatment situation itself. As treatment now unfolded, there was evidence that Robby was responding to my intervention in a positive way. In the remainder of this session and in several sessions that followed, Robby's play developed a greater continuity and served for the increasingly clear expression of themes that had to this point been kept hidden.

It was during this period that he began to mix water and paint together to create a substance he called "formula." Formula was in some ways like the milk that his friend Beth's mother made for Beth's baby sister. There was a difference. Formula, Robby's own creation, was more powerful.

He illustrated in his play what formula could do. He had me pretend to be a baby. Robby was a grown-up who left me. He told me to say when he left, “That’s what you do that scares me.” Then he had me pretend that I am alone, small and helpless. A monster comes to get me. Robby is the monster. He tells me that I can trick the monster with formula. If I drink some and put some on the monster’s head, the formula will make me strong and the monster weak. Now he switches the play. He says, “I tricked you. The formula really protects me and punishes you.” Then he has me as the infant being “tricky” with formula. He pretends he catches me breaking a promise. He has a TV camera, and he can tell when I do something wrong. He says he knows so many things because of his immunizer shots—formula injected by a pen. To demonstrate he uses one of the marking pens so like the one he had brought in earlier.

In subsequent hours Robby continued to make formula and to explore its properties in his play. While it can make you strong, formula is also dangerous. If you drank two buckets of it, it would kill you. Again he pretends to leave me and returns now as a monster who puts formula on me, which kills me. “It makes you dead, like sleeping gas.”

Now Robby resurrects me and asks that I make formula and feed it to him. He is too wise to take it; but he says, “Try and trick me, act nice and tell me how good it will be for me.” He now has me coax him into taking the formula. If it weren’t for his magical defensive devices, which give him

immunity, the formula would kill him.

Shortly, he breaks off this play and decides that he must make his mother a gift for Mother's Day. He does so and insists he must really take the gift and give it to her. In fact this hour was our last meeting before Mother's Day. This is Robby's first attempt to take anything from the office since he returned the pen a week previously. I tell him it is fine for him to look at the part of what he feels towards his mother that makes him want to give her a present, but I think it would be wiser if he did not really use this as a real present to give her but instead kept it in the playroom. He ignores what I say as he continues to work on his gift. When the hour is over he tries to leave with it. If he is not to leave with it, I must take it from him. I do, by force, and put it in his work drawer. He yells at me, "My mother brings me here for you to help. This would help me." He leaves furious.

I took Robby's present from him because I thought it represented more than just a boy's expression of love for his mother on her day. While that strand of feeling was undoubtedly conscious to Robby, he was also aware that he was now hunting an ironclad justification for taking "a little something" from the office. The action represented his yearning for and his determination to give himself, within the transference, a small token of my love. He could not believe that the love he missed could be given freely to the child of his self-image. He felt entitled to take by stealth what he assumed no grown-up would

ever choose to give. In this action he responded at one time to old and unconscious images of his mother as well as to a current conscious idea of me as a real person. I thought it essential to confront his hunger and frustration as well as the emerging personality traits that were derived from them, even if shortly it would be Mother's Day.

In the next hour Robby remained angry and resentful. His play, however, was not blocked by these feelings; instead it served for expressing them. First, he makes more formula. Then he decides I must have an operation. He gives me sleeping gas by putting a glass tube in my mouth. He puts his own mouth on the other end of the tube, near my own lips, and breathes out. Then he takes an imaginary needle and pricks first my ear, and then my ankle. Next he picks up a small metal ball from a miniature croquet set and puts it near my crotch and pretends to cut it from my body with a metal wicket.

Now his play has become too explicit. Robby is clearly anxious and stops playing. He asks if his friend Beth, who actually is awaiting him outside, may come in the office. He denies he is afraid of how I will respond to his "operation," saying only, "Beth's dog swallowed a bone, and I was afraid it would hurt him. That's why I want Beth." He accepts it when I suggest he let Beth wait outside.

He resumes his play making formula; and as he does so, his eyes catch a game that includes some marbles. He takes the marbles from the game board and says he is going to take them home. He needs them. I tell him, "You can get marbles at the five-and-ten-cent store. Toys for home are for a Mommy or Daddy to get a boy. If you took the marbles, what would you or other children do some other time if you wanted to use the marble game?"

He tells me he will replace the marbles with some toy wooden acorns that he took from his kindergarten. While his mood has been playful and light, when I ask if he feels badly when he takes things from school, he becomes serious and looks sad. He says without conviction, "The teacher gave them to me." Then he interrupts himself to acknowledge that he took them and says, still looking sad and troubled, "The other children don't sneak things." I say, "I think I know how sad it makes you when you feel sneaky." He puts the marbles back.

Now I recall with Robby the day he brought in the pen. I say, "I believe you took the pen and then felt sad and brought it back." While earlier Robby had appeared by his actions to acknowledge taking the pen, he now continues his verbal denial. My question has gone too far. Robby says again, "I didn't take the pen." I tell him, "It is too important that we know what really happened to pretend or trick me.

May I ask Elaine (the babysitter who brings him to his session) whether there are pens like that at your home and if your father really gave the pen to you?" He replies, "Sure," somewhat listlessly.

We go out together and I ask Elaine. She is unsure. At first she seems doubtful, but then she says she believes she does recall that the father gave such a pen to Robby. It is hard to tell if she is simply reconstructing the facts or rallying to what she sees as Robby's defense. Whichever the case, as they leave together Robby turns to her and comments acidly, "My good friend, Dr. Stocking, he thought I stole it."

In the next period of treatment Robby's feeling ran deep. He expressed his experience in the transference in play shaped by fantasy. Simultaneously he used his real relationship with me as a battleground for struggling with current issues overlapping those activated in the transference by my confrontation.

Robby was high as a kite in the hour after I checked with Elaine to find out if the pen was his. He waged his battle over two issues. First, he insisted he would take the Mother's Day present he had made and with it he demanded a supply of "goodies" he felt he needed. Second he insisted his mother join him in the hour. I permitted neither. Robby responded at first by fighting to leave the room. When thwarted, he attacked me directly. He was

excited and in a mood of giddy naughtiness. He climbed on my desk and stood on it. He threw books off the desk, rang an intercom button wildly, and then destroyed some toys.

Robby's excitement was complex. In the transference he felt caught in a struggle with a mother representative that he experienced not just as withholding nourishment, but as bone dry. He saw me as unloving and threatening retaliation for a fury which he felt I had provoked. In his relationship to me as a real and current figure Robby had at first felt afraid I would detect his theft and punish him. Later, after Elaine had supplied him with a convincing cover story that he had hardly hoped for and certainly had not expected, Robby could see I felt puzzled and uncertain. He wondered if he had tricked me and now felt a mixture of exhilaration and power intermixed with apprehensive uncertainty that he might yet get caught. While deceiving me would fulfill the powerfully gratifying fantasy that he could meet his own needs by his trickery, in the real world a successful deception would have left him bereft. He would still not have his father, and he would lose as well whatever possibilities were offered by the treatment and the relationship with me. Robby had only just been beginning to see that, in some way he could not yet verbalize, the treatment situation and his experience with me in it offered some new alternatives in his life. Though still ill-defined these alternatives were beginning to seem real.

During the hour I have described I tried to interpret Robby's experience to him. It was hard for me to be sure to what degree I was successful. At the end of the hour he was fighting to stay as vigorously as earlier he had been fighting to leave. I carried him out, despite his wild struggles, to his mother.

Robby's anguish coupled with my own uncertainty of the facts about the pen led me to push still further to try and resolve a confusing treatment situation. As it happened, the next day his father brought him to his hour. I asked his father if the pen came from home. His father responded very much as Elaine had earlier. At first he seemed uncertain. Then he said he was pretty sure the pen did not come from home. Only a moment later he changed his mind. Still later that afternoon he called back to tell me that he had checked with his wife and together they decided that there probably had indeed been some marking pens of the type I had described around the house and Robby must have brought in one of these. In the session after I questioned his father Robby remained hyperactive and giddy. A number of times he attacked me physically.

The capacity of each child therapist to confront consistently a child's untransmuted aggression when it is directed at him and to respond with genuine compassion and empathy must vary greatly. The limits of my own empathy and compassion were being strained in the treatment situation I describe here. Robby and I were in danger of a deteriorating treatment

climate that might not be subsequently repaired.

For therapist and patient alike there is an inner aspect to confrontation just as there is an outer one. I can only speculate on Robby's inner experience during this period; I have potentially more direct access to my own. I will not trace the central strands of the inner experience that shaped my behavior during this period of treatment in detail here. Let me say only that essential elements in my own reaction were determined by my own early experience as a very small child and experiences later when I was almost Robby's age. Then I had experienced separations that I was too young to comprehend. I had known the loneliness and the despair that a young child may feel when his mother or father is not there. While I had not then been able to fully master the feelings aroused at that time, neither had the experience stopped me from growing. I had a basis for feeling hopeful that Robby might learn to use positively experiences that were now so threatening to him. While I felt sorry for Robby, I did not feel too sorry. There was an inner discipline to my own response that I felt could be very helpful to Robby if he could make it his own.

When I next met with Robby I was determined that together we identify what he was going through. He entered that hour in a defiant mood. He felt irritated that some toy furniture that he had placed on a shelf had been moved, although he was aware the toys on that shelf are for the use of all the

children who come to my office. He said sternly, “How did that happen—hey, what’s going on here?” I replied, “I think you still feel very angry with me. I think I may know why. If I were in your place I might feel like you do. I think you are very angry that I asked Elaine and your father about the pen. I think you were not sure that I am really on your side. You probably feel towards me like Sarge did towards the general.”

I told him I thought that something else bothered him even more. I thought he felt bad because he had taken the pen, because he had lied about the pen, because he had tricked Elaine and his parents, and was afraid he might trick me too. I said, “I don’t care about the pen, it is not important. It is very important that you and I learn to see things as they are, that is the real way I could help you, to see things how they are and not just how you want them to be.” As I spoke Robby was listening. His manner shifted. He seemed thoughtful and sad. He said, “I think you are right. My father not being with me is a big problem, but it’s not my biggest. My biggest problem is he has gotten me a Great Dane puppy. The puppy will grow bigger and bigger, he’ll be bigger than me, and there is no place to hide him.”

At that moment I had no idea what Robby was telling me. I knew he wanted a dog. However, his mother had told him he could not have a dog because there was not enough room in the apartment. I had not been aware that his father, who was openly critical of his wife’s decision against the dog,

had gone ahead and gotten Robby a Great Dane puppy. More important still, from Robby's point of view, was the fact that his father kept the dog at Miriam's apartment. Miriam was the girl for whom Robby's father had decided to divorce his wife. Father was taking Robby there on his visiting days despite the fact that father and Robby both knew his mother would feel hurt and angry if she had been aware of these visits. Father and Robby went anyway, and father had sworn Robby to keep the arrangement secret. Robby told me he felt sad to have been keeping such a secret from his mother and from me. He went on to tell me that he thought he had been wrong and bad often, but he felt that I myself had been wrong on one thing. He thought he should have been able to take the Mother's Day present. I said, "Maybe you are right. That might have been a time when it was too hard for you to see what I was talking about. Maybe I should have let you."

Robby sat down and began to make a paper mask, using staples. As he worked he asked me if I knew how he had taken the pen without my knowing it. I said I did not. He showed me exactly how he had sneaked it from the shelf, recalling how he had distracted my attention by assigning me a task on the other side of the room.

Following the period of treatment I have described, there was a dramatic shift in Robby's relationship to me, which was enduring. He never again made a demand on me that was unrealistic, nor did he ever again try to

hurt me. He became open in talking with me. He expressed his feelings with candor, but now was able to modulate the intensity of his feelings. He was often forceful, but never again cruel. More often he was gentle. At times he was sad; but now frequently he saw the humor in a situation, even if it were not a happy one.

Outside the treatment situation there was a change manifested in shifts in his behavior and activity that may or may not prove lasting and the significance of which is hard to assess. Several key adults in contact with Robby during this period commented on the shift in his behavior.

His nursery school teacher, whose earlier complaints of unmanageable behavior had provided a strong impetus towards treatment, commented that his behavior was no longer posing a problem in the class. He was better able to sustain himself without the teacher's continuous attention, and he began to develop activities on his own in which he enlisted the participation of other children in the class.

His mother was struck by signs of change that were a relief to her. The climate between mother and child shifted. Robby was no longer always fighting her efforts. He began to dress himself in the morning instead of demanding her help and then struggling against it.

Robby's father noticed a change too. Only a couple of months later,

when the divorce settlement was formalized, he referred to Robby's recent improvement in behavior as a reason for refusing to support the treatment further. Fortunately at that time his mother understood his need for more treatment and arranged to pay for continued psychotherapy sessions. In the period of the following six months, now meeting only two times a week, Robby and I focused primarily on a new and impending loss—that of the treatment and therapist. I was surprised by the amount we were able to accomplish in this period, under circumstances that I would have regarded as adverse for continued work.

We do not have the opportunity here to document in detail the work of these final months of psychotherapy. I will only mention here one of the ways Robby used to adapt to the current loss as we worked on the issue of separation. Quite explicitly and consciously he invested new energy in school. He told me in six-year-old language and in repetitive play in which he was pupil and I the teacher that he saw school as presenting the one possible sphere of action and relationships with which to replace his treatment.

Robby's mother communicated with me from time to time over the two-and-a-half years after the termination of his treatment. During that period Robby continued to get along more smoothly interpersonally. He had no recurrence of the anxiety symptoms that had been prominent before his treatment, and he performed quite well in a private school that places high

demands on its students for academic performance.

Discussion

Any body of clinical process described in detail will inevitably encompass human behavior and interaction that is too complicated to illustrate neatly any except the most limited kind of theoretical inferences. Because the relationship between the clinical data I have presented and the inferences I have drawn from them may not be perfectly clear, I would like to underline certain points of relationship between theory and the case material.

Earlier we defined confrontation as the process by which a therapist brings a patient face to face with what he takes to be either a reality or realities of the patient's psychological function. What were the reality or realities confronted by Robby and his therapist? They faced together a spectrum of realities within the process of confrontation described. First was the reality of Robby's taking the pen. For Robby this act was simply a fact, a fact of which he was never unconscious. The small theft, revealed only in the process of reparation, was trivial if viewed out of the context of treatment. Yet even this simple act, concrete and tangible, gave expression to the most complex facts of Robby's personality.

Next, Robby and his doctor faced a range of more complicated

experiences, such as Robby's visits with his father to his father's fiancée and his owning the dog. These realities too were essentially facts of Robby's life.

The term, reality, as used earlier was used broadly to allude to a range of diverse phenomena of differing degrees of abstractness. Within this broader usage, Robby's personality itself is a reality, and each of its components, and all the modes by which it functions are realities as well. The most elusive sense in which I have used the term *reality*, and the hardest to elucidate, is the one in which I have used it to refer to Robby's unconscious life, both as it had shaped his behavior and as it was revealed by it. Robby's emerging character traits of secrecy and dishonesty, viewed in this way, were realities confronted in the therapy. The analysis of Robby's unconscious experience as it was revealed in his fantasies and play or as expressed in his character could not have been successfully undertaken until the process of confrontation I have described was well under way.

Earlier I stressed three aspects of confrontation that differentiate it from the technical tool interpretation. First, the difference in the therapist's attitude toward the reality with which he is working in interpretation and confrontation was stressed. The therapist who confronts directs himself to what he takes to constitute a reality of the patient's functioning or experience. The clinical instance I have described does not demonstrate this generalization unequivocally. In the early stages of the confrontation I

described the work was hampered because I was not sure Robby had taken the pen. At some times I thought he had; at others I was not sure. It was only at the point when I felt sure myself that Robby had actually taken the pen that I was able to respond in a way that supported Robby in acknowledging the act and subsequently in coming to terms with the implications of it.

The second point stressed earlier was that the therapist inevitably assumes the initiative in the early stages of confrontation. At the start Robby's initiative in the process of confrontation was limited to his stealing and returning the pen. Left on his own he would have settled for returning the pen without getting into the deeper issues that taking it had reflected. The assumption of initiative by the therapist, while essential, was only temporary. Later, Robby himself actively brought the relevant data of his own experience. Without this active participation he could not have made the process of confrontation his own.

The third point stressed earlier was the abruptness of the process by which the patient may integrate the therapeutic work encompassed by the process of confrontation. The suddenness of change in Robby's relationship to me and in his behavior outside of the sessions seemed to me to reflect a personal reintegration growing out of the therapeutic process. This inner reorientation did not appear to depend on the ongoing and piece-by-piece working through described by Bibring (1954) as inherent to the process of

interpretation.

No discussion of confrontation can be regarded as balanced unless there is some consideration of the risks that are inherent in the process as well as the possible returns from it. Our swimming instructor had the pleasure of a dramatic success, but also the disheartening experience of a sad failure. While confrontation in psychotherapy may yield an unusually dramatic therapeutic return when it is successful, confrontation is a therapeutic tool that involves greater risk than any other.

The element of risk in confrontation arises from several factors. Confrontation requires that the therapist substitute his own assessment of a reality for the patient's. The power of confrontation has its root in the authority of the therapist (whether this arises from love, respect, or fear) and the power inherent in an accurate construction of a tellingly relevant reality. At the moment initiated, confrontation inevitably derives its motive power from the first factor, the authority or the force of the therapist, to gain the patient's serious consideration of a painful reality. It is only subsequently that the patient may have available those returns that can be derived from the accurate reconstruction of "a tellingly relevant reality." The patient must fly blind transiently and only as the reality has been confronted may the accuracy of its delineation, its truth, and its relevance be available to the patient and play their role in helping him establish a new integration. At least

temporarily the therapist has substituted his authority for the patient's willingness and ability to judge a reality for himself. The power and gratification the therapist may find in wielding authority, coupled with the gratification some patients find in submitting to it, converge to make confrontation a particularly risky therapeutic tool. Confrontation is a technique that may misfire, limiting the patient's autonomy in the guise of strengthening it.

Confrontation rests on the therapist's conviction that he has identified a reality that, recognized and integrated by the patient, will permit him a more satisfactory adaptation. Yet reality remains hard for humans to identify and to make their own. Which therapist can always be sure of his own construction of it? In the clinical situation I described with Robby, my certainty that he had taken the pen only grew gradually. I acted on the premise he had taken it, but only later did I feel really sure. If I had been wrong I doubt that Robby could have been able to get over the hurt of the unjust accusation and go on to do real therapeutic work, no matter how I might subsequently try to repair or manage such a mis-assessment of the real situation.

There is nothing inherent in confrontation that insures its success. On the contrary, confrontation is often undertaken in a difficult therapeutic climate when resistance is high and little understood by the patient. Not infrequently confrontation will be undertaken as a heroic measure in the

hope that a faltering therapy may be set on a more solid footing.

What when confrontation fails? Often there can be no moving back. The method of confrontation often involves the therapist's revealing himself, putting himself on the line with openness. If the person thus revealed lacks the humor, the integrity, the strength, the warmth, or whatever human quality the patient may require in order to use the therapist to promote his own growth, it is unlikely that subsequently any genuine therapeutic possibilities would exist.

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