

Compassionate Therapy: Some Very Difficult Clients

I'm Coming Back Until You Fix Me

Jeffrey A. Kottler



I'm Coming Back Until You Fix Me

Jeffrey Kottler

e-Book 2016 International Psychotherapy Institute

From *Compassionate Therapy* by Jeffrey Kottler

Copyright © 1992 by Jeffrey Kottler

All Rights Reserved

Created in the United States of America

Table of Contents

[I'm Coming Back Until You Fix Me](#)

[Some Clients' Need for Control](#)

[The Seductive Variation](#)

[The Need to Be Forceful](#)

[Preventive Actions](#)

I'm Coming Back Until You Fix Me

Her first action when she walked into the office, even before she sat down, was to turn the clock around so she could not see its face. "I can't look at that thing staring at me all the time. It makes me nervous. I would just sit here counting the minutes."

Next, she told me her rules: she was willing to pay only a certain amount; she would pay her bills only after receiving her insurance reimbursements; I was not to talk to her husband under any circumstances; the only time she was available for appointments was Wednesday or Thursday at 5:00. Was that satisfactory?

"Why can't I talk to your husband?" I was so stunned it was the only thing I could think of to say.

"Because he doesn't know I'm here—he would never let me come if he knew. That's another thing: you can't ever call me at home, I won't even give you my home number. And you should send the bills to my office address."

The situation did get better after this initial encounter. I decided not to challenge her. (She reminded me of a bully in my third grade class and I was afraid she might beat me up.) I exercised supreme tolerance and patience, which for me is especially difficult—I have my own problems related to not being in control. But I decided to wait her out. Maybe I was feeling unusually secure that week.

Sometime between the second and third appointment I received a message from my answering service to call her. I waited until my next break, a few hours later, and called her back.

"Hello."

"Hi. This is Jeffrey Kottler returning your call."

"Is this how long it usually takes you to get back to someone?"

"Excuse me?"

"I said, does it always take you so long to return a phone call?"

"This was my first break," I said more meekly than I would have preferred.

"Well, this isn't acceptable at all. What if this had been an emergency?"

"Obviously it isn't an emergency. What can I do for you?"

"I just wanted to know if we could change our appointment from Wednesday to Thursday?" This next week only, she was quick to inform me.

"I'm sorry but I have no other times available." I didn't feel very accommodating.

"If you can't make a simple change, maybe I should find somebody else who can be more flexible." *Flexible? She's accusing me of not being flexible? This woman cannot even deal with the fact that I hung a new picture in my office—she noticed immediately—and she's telling me that I am rigid? Talk about projection!*

So, I said: "Maybe you should."

I felt immediately sorry afterward. I knew she was only testing me, yet I felt helpless to respond the way I wanted. At that moment I just wanted to be rid of her.

And she accommodated me by hanging up.

A few days later she called back and left a message. I returned her phone call immediately, even with someone else in the waiting room. Neither one of us mentioned the previous incident, but in our own ways we each apologized —she by calling back, I by complying with her cry for prompt attention.

After several months, most of her demands gradually eased. One day I forgot to turn the clock around as she had trained me to do. I realized this partway through the hour, but I did not want to draw her attention to that stupid clock. I was escorting her out the door when she touched me on the shoulder and smiled, "What? You didn't think I noticed? I guess I'm getting a little better, huh?"

I could have hugged her.

Some Clients' Need for Control

Controlling clients feel entitled to special treatment. As children they threw temper tantrums to get what they wanted; as adults they find more sophisticated ways to perpetuate their feelings of omnipotence (Boulanger, 1988). They become needy, whiny, demanding, or pathetic —whatever it

takes to maintain control of their relationships.

Brehm and Brehm (1981) believe the need for control is based principally on a perceived lack of freedom. When people feel a loss of power in other arenas of their lives, they become especially determined to maintain as much control as possible in the therapy situation. In the absence of internal power, they try to wield as much external control as possible in an effort to restore the illusion of freedom.

Labeled *reactance theory* by Brehm and Brehm, this motivation to control can be quite healthy in small doses as it helps to promote a degree of autonomy. Dowd and Seibel (1990) further distinguish between situational and characterological reactance. In the latter condition, which is most typical of difficult clients, control, coercion, and manipulation become a way of life. In situational reactance, which the authors equate with what we most often think of as resistance, the client is attempting to defend against temporary helplessness.

There are other benefits of control as well. In discussing the dynamics of controlling clients, Fiore (1988) describes some of the more primitive defenses these people use to help them maintain intimate contact without losing control, externalize conflicts to keep them at a safe distance, and use the therapist as a container for frightening impulses. In the most common of these defenses, protective identification, the client is able to disown unacceptable feelings, dump them onto the therapist, and then enjoy vicariously what he or she is renouncing. Fiore (1988, p. 99) gives an example of how the controlling client would describe this process:

When I get close to somebody I start dumping all this negative stuff on them. Even though I know it's my stuff, sometimes I think they're doing it to me. Sometimes it shifts back and forth so much I lose track of who is doing what to whom. Then I really start feeling crazy. Now you can point this out to me, and I can know it intellectually, but it doesn't seem to make any difference. One of the things that really bugs people about me is that I am so controlling. That's because when I dump this stuff out there, it feels like the other guy is out to get me so I really have to stay in control of things.

The challenge of therapy, then, is how to tolerate the client's need to act out the controlling scenario, to contain its effects, without suffering undue hardships. The secret to being a successful "container," according to experts on this subject such as Winnicott (1960), Bion (1977), and Kernberg (1980), is to maintain an empathic attitude while defining the parameters of the "holding environment"

until the client no longer requires the defenses. This is some challenge indeed: to absorb the brunt of a client's controlling efforts without becoming frustrated in the process!

The Seductive Variation

One of the most challenging clients is the one who attempts to control us through seductive behavior. Conventional wisdom maintains that sexually provocative behavior represents the client's attempt to disown underlying feelings of anger, fear, and emptiness by controlling the therapist. Clients who sexualize relationships do so to avoid true intimacy, to keep others under their spell, and to feel desired by others. They are never able to feel satiated in their attempts to win attention and devotion (Shochet, Levin, Lowen, and Lisansky, 1976).

Close to 90 percent of practicing therapists say they feel sexually attracted to some clients (Pope, Keith-Spiegel, and Tabachnick, 1986), and the majority (64%) feel guilty, anxious, and confused by these feelings. Although these reactions do not necessarily involve a client who is trying to control us and can often be the result of our own unresolved issues, seduction is a relatively common and effective way some individuals use to try to get under a therapist's skin. Many of us feel temptations that we know would have dangerous and detrimental results for the welfare of clients if we acted on them; nevertheless they are distracting and can make us feel almost as vulnerable as the person we are trying to help. Of course, the situation is even more difficult when the controlling client is doing everything within his or her power to be seductive, especially when the therapist finds that person especially attractive.

Maria is one of the most beautiful women I have ever seen — and she isn't wearing any underwear. At least I don't *think* she has anything on under that tight, sheer dress. Incredible as it may seem, I have hardly looked at her (after my first astonished glance).

My legs are crossed. My armpits are wet. I'm doing my best to look cool and detached. It isn't working.

Maria, however, is quite enjoying herself. As she tells me why she is here, she has slipped her shoes off so she can tuck her legs underneath her. Her already short dress rides further up her thighs. I am

panicked. Where can I look now? Everywhere seems dangerous. I fixate on her eyes, and that is when I notice her smug smile. Why did it take me so long to notice that she is doing this on purpose? I breathe a little easier. But I don't dare uncross my legs.

Maria informs me that she has been in therapy before. Actually she has seen four different therapists in as many years. Why, I ask her innocently, has she then landed in my lap... er, office? She has nowhere else to turn. She feels lost, abandoned, completely alone. It all started when her boyfriend abruptly ended their relationship. Her boyfriend, you see, was also her previous therapist.

I become indignant, enraged. How could a professional in whom this vulnerable woman bestowed her trust, take advantage of her? How, indeed! And then she tells me that he was not the first. Two of her other former therapists also became intimate with her (the third was female). I see. *I do see*. I am next.

I understand that her faith in men in general, and men therapists in particular, has been compromised. In fact, she cannot like members of my sex and profession very much at all. I tell her this and then suggest *very carefully* that it seems as though she is even being seductive with me — the dress and her actions. I explain that if I am to help her at all we must both agree to keep the barriers of this relationship intact. (I realize that I am talking as much to myself as to her.)

Maria smiles sweetly and innocently, but I see a flash of anger that passes so fast I am not sure it was not my imagination. Then her indignation explodes. How dare I suggest that she is nothing more than a whore! But I didn't mean... I am just like all the men she has ever known. She spits out the accusation that I want to sleep with her, just like all the rest before me. (She got me on *that* one, anyway.)

"Look," I tell her patiently, "I want to help you. I really do. But you just told me you ended up in bed with all your previous male therapists. I'm male. I'm a therapist. Don't you think there is a pattern evident here?"

Maria never came back after that first session. And, boy, was I relieved! What if she had gotten me on a bad day, when I was mad at my wife or when I forgot to cross my legs? What if, in spite of my best intentions, I lost control?

Well, Maria is still out there in the world and I'm certain she is still trying to seduce as many male therapists as she can — unless someone has finally been able to reach her. Because I decided to confront her about the games I sensed she was playing, and because I desperately wanted to protect myself, Maria bolted. She could not feel that she had sufficient control if she was not allowed to be seductive.

Although she is a dramatic illustration, Maria is not representative of most seductive clients, who generally operate with greater subtlety. An example occurred while I was acting as a coleader of a group and one of the members was obviously attracted to my partner. The member would do everything he could think of to capture her attention or to receive the slightest acknowledgment from her that she liked him. His most successful seductive ploy was to belittle himself and complain that he would never have a good relationship with a woman. This remark was an invitation for the female members of the group to jump in and reassure him that he was attractive, but only my partners comments would spark a reaction. He would gush to her about how grateful he was for her support. Everyone else reacted with exasperation, and it was that very phenomenon that my coleader pointed out to him. "Why don't you check out what other members are reacting to in that last exchange with me?"

Unlike Maria, this man was able to acknowledge his attempts to control female authority figures by being seductive. He eventually developed some real insight into why this controlling behavior had worked so well while he was living in a household with three sisters. He further responded positively to the female group members who shared with him their feelings about his controlling games. In spite of his ability to understand what he was doing, he required forceful confrontation within a very supportive context to alter his seductive behavior.

The Need to Be Forceful

Greenberg (1984) describes an extreme case of a controlling client who neither respected nor valued other people's rights. She was consistently unpleasant and irritating. When placed in a therapy group, she successfully alienated most of the other members by interrupting them constantly. Most often, whatever she said was phrased as a complaint or a criticism. She told others how contemptible she found them and would not hesitate, at a moment's notice, to lambaste someone into submission. She became the focal point of the group's energy and the vortex from which all conflict radiated.

Yet Greenberg maintains that in spite of this client's attempt to control other people's behavior, it was *his* problem rather than hers that needed to be worked on first. He views controlling abrasive clients as presenting opportunities for him to become more flexible. He even sees possible benefits for other group members in the constructive dialogue that can ensue when the abrasive member challenges the existing group cohesion.

Having led a number of groups with such participants in attendance, I am not altogether certain I agree that the potential benefits of including someone with a high need for control and dominance outweighs the risks.

I had been running one therapy group quite smoothly over a period of many months when I added a new participant. I believed that Dorothy could gain some valuable insight from hearing how others perceived her. This assumption certainly had some merit; however, I did not anticipate the extent to which she could pollute the trust and intimacy levels that had long been established among the other group members.

At first I was delighted with how members pulled together to confront this "alien" in their midst. It did not take Dorothy long to get her bearings, identify the leaders and weak links, and go to work instating herself as the President-for-Life. Some rumblings of discontent, some feeble protests regarding Dorothy's style were heard, but such rebellions were ruthlessly stamped out. And where was I during this coup d'état? Dorothy had found a way to neutralize me as well; she recruited support for the idea that the group members could never learn to become independent from therapy if I was always doing the rescuing. She had a point. So I backed off to see what would unfold.

Because they no longer felt safe expressing their dissatisfactions, fearing that they would be stomped on by Dorothy or one of the "storm troopers" she had trained, several members dropped out of the group. Before I realized what was going on, I was left with a nucleus of Dorothy and a few others who had fallen under her spell. We continued the group for some time afterward, but the levels of trust and intimacy were never the same.

Some clients, such as Dorothy, feel that if they cannot be completely in control they will cease to exist. Therefore they will do everything within their power to keep things on their terms. And they are

lifelong experts at getting others to do their bidding. Based on this realization, Boulanger (1988) recommends that a strict therapeutic contract be negotiated in advance with these clients, especially with regard to time considerations. If rules are firmly established about the handling of cancellations, missed or late appointments, and length of session, clients do not have to be confronted directly.

I agree thoroughly with this premise. Unfortunately, however, I am something less than a strict disciplinarian in enforcing rules. Because I act rebelliously myself whenever I get the chance, I secretly admire others who challenge existing rules and see how much they can get away with. Also, in order for me to feel competent, I need for almost every one of my clients to like me. Obviously, controlling clients have a field day with me.

In the end, I choose the easier of two paths, all the while hearing the admonitions of former supervisors: "Don't do it! You can't let them take over or they will eat you alive!"

I have had a hard time seeing a client as the enemy, as a person who needs to be "managed" or wrestled into submission. I prefer instead to give people the benefit of the doubt. I can allow a client to control the sessions (and me) within certain limits and for a certain period of time. I have not found it untenable to give a client free rein until he or she has crossed a line of unacceptability. My greatest concern was the fear that I would lose a client by being too demanding. I was in awe of colleagues who could get their clients to jump through hoops if that was what they wanted, much less get them to pay for missed appointments. My approach is that if I ignore the problem, maybe it will work itself out. Much to my surprise, in the majority of cases this is exactly what happens. Only when that tactic does not work will I resort to more forceful means.

Preventive Actions

The best antidote for clients who have a history of poisoning their intimate relationships is a dose of preventive limit setting. Smith and Steindler (1983) suggest that by being sensitive to the signals clients send, we can anticipate the directions in which they may act out. We can then establish firm boundaries before matters escalate to uncomfortable levels.

Imagine, for example, that any of the following incidents occurs during an initial interview:

- The client asks if you are married.
- The client comments that you seem so much nicer than any of the other therapists she has seen.
- The client directs you to close the curtains so the lighting in the room will be more muted.
- The client talks nonstop during the whole hour without responding to any of the few questions you ask.
- The client takes issue in an especially vehement manner with several things you say.
- You have a hard time getting the client to leave when the session is over.

These behaviors do not necessarily signal that trouble is around the corner, but they do alert us to be vigilant and to expect the unexpected. Assuming that we do not create a self-fulfilling prophecy by reading more danger than is necessary into relatively benign messages, accurately predicting problem areas that may develop can help us to prepare effective responses.

Ashley talks about problems she has had with previous therapists. “Can you believe how rigid some people can be? I mean I wasn’t all *that* late most of the time, but this one doctor absolutely insisted that he would not see me any longer than the scheduled hour, even if he didn’t have anyone else waiting immediately after me. That’s why I like you so much. It wasn’t my fault that traffic was so bad today and I really appreciate your letting me stay this extra time.”

Warning bells are clanging like crazy. She is practically giving us her plan to test the limits of what she can get away with. And the therapist has already stepped into the trap, but not too far; he still has the opportunity to alter the norms that are being established. This action may be the most important key for helping controlling clients: to intervene *before* behavior has gotten out of hand.

It is important for clients to feel some degree of control in a situation that can be quite threatening. Extremely vulnerable people attempt to exercise even more control than is either necessary or helpful; it is our job to help them slowly relinquish this control without losing their dignity. This therapeutic task requires a delicate blend of tolerance for individual differences, on the one hand, and firm limit setting when things become chaotic, on the other. The controlling client eventually learns one of our most sacred premises: that being in control is much more an internal rather than an external state; it represents a

degree of confidence in the ability to function in difficult situations and yet know that stability can be maintained. Of course, this axiom is true as much for therapists who feel the need for total control as it is for their clients.