

Compassionate Therapy: When the Therapist Is Difficult

Seven Games Therapists Play



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Games Therapists Play

When a client is difficult, this condition is often a function not only of client characteristics and behavior but also of therapist qualities and issues as well as interactive effects between the partners in the relationship. The client takes a particular stance that the therapist then interprets in a number of ways —“frightened,” “defensive,” or perhaps “controlling” or “difficult.” The therapist responds in some way based on the meaning she assigns to the clients behavior. The client, in turn, senses or observes the way the therapist feels about him. That perception influences the client’s next move in this complicated interaction. Before long, the therapist is convinced that the client is “being difficult,” but sometimes this behavior is a legitimate response to the therapist’s unresolved issues, as illustrated in the following case.

Marilyn and Nathan were on the verge of divorce. Nathan, contrite and apologetic, expressed his willingness to do anything in his power to save their marriage. Marilyn was filled with rage toward this man, who for over twenty years had demanded that she stay home and put her own career on hold. For her to realize how resentful she had felt all these years represented tremendous progress for her.

In our third session together Marilyn felt ready to tell her husband how she felt, yet the more passionate she became in expressing her rage, the more objective, aloof, and infuriatingly logical Nathan became. In response to all her outbursts, he simply shrugged and said softly: “We can’t change the past, dear.

Why don’t we talk about what we can do now instead of rehashing this stuff over and over?” His attitude generated more anger in Marilyn. Clearly, she was being difficult.

Or at least that is what I thought at the time.

I took the position that we could not settle this problem until they were both calm enough to talk to each other like rational adults. *(They reminded me of my parents when they used to fight and my feelings of helplessness to stop them.)*

Every time Marilyn’s rage would boil, I would attempt to divert her, to calm her down. *(I have real*

problems dealing with anger. I don't allow myself to feel angry very often and whenever anyone is angry with me, I withdraw and pout.)

Marilyn felt that I did not like her. She told me she did not feel safe, that her husband and I were ganging up on her, treating her like a child. *(I felt attacked, as though she were questioning my competence. Now I was really convinced she was a most difficult client.)*

I attempted to reassure her that I did like her and I was not siding with her husband against her. *(I lied. By this time I was strongly identifying with her husband whom I felt sorry for. In spite of my best efforts to appear neutral, I definitely had strong feelings about who the real problem was.)*

After this fateful session, I was able to step back from the scene and reflect on what was going on inside me that led me to dislike this woman so much. Yes, she was forceful. Yes, she made a lot of noise. Yes, her style of expressing herself was different from what I am used to. But here was a person doing her absolute best to work on herself, to change a codependent relationship. And all I could think of was that she was being difficult.

Horseradish! I was being difficult because of my inability or unwillingness to accept the way she needed to express herself. I had to face the chronic problem I have in denying my own anger. Overidentifying with client problems is certainly one of the most common ways in which we make therapeutic encounters more trying than they have to be, and contact with disruptive family situations such as the one between Nathan and Marilyn are among the most disturbing of all.

Favorite Games

Too often therapists play games with themselves and with other people. There are several that I have observed in my own behavior and the behavior of colleagues whom I have interviewed, supervised, and observed. These are described below.

1. *I worked hard to get where I am and you should show great deference and respect for what I know and who I am.* It is not necessarily arrogance and narcissism that leads us to believe we are important; society pays homage to members of our profession. We are the sanctioned healers and gurus, duly deputized by

the legislature to provide sanctuary for the walking wounded. We have worked very hard to get where we are. We have paid our dues in a multitude of ways —through personal sacrifices, by subjecting ourselves to rigorous training, and in devoting our lives to the pursuit of knowledge. It is really not difficult for us to believe that we are indeed very special.

Have you ever noticed the way some therapists will hold court at a social gathering, fielding questions, offering definitive answers to life's most perplexing problems with a voice of authority? When a therapist talks, people listen. They assume we have a special pipeline to truth.

It is easy to see how we come to expect, even demand, that clients pay tribute to us. We may act like folksy, easygoing people, but cross the line of respect and watch us flare. It is all right not to address us by title but only after you ask our permission.

Interrupt us while we are talking and we will easily relinquish the floor. What you have to say, dear client, is eminently important and should be heard. We will even make that very point aloud. But inside we feel uneasy and unfinished. Next time, we may not back down so easily.

Make fun of what we do or tell a “shrink” joke and we will laugh at the absurdity of our profession. But inside we feel hurt and offended.

This first game that many therapists play (those like myself who are unfinished in our need for validation) sets up a competitive arena in which clients who are already suspicious of authority are given permission to be themselves, yet they are often punished by the therapists withdrawal if they cross an imaginary line.

2. I am omnipotent and omniscient. I have magical powers that allow me to read your mind and predict the future. Our power to be influential is based, in part, on our ability to set ourselves up as models whom clients find attractive, mysterious, and trustworthy. We rely on a variety of mechanisms to instill this sense of confidence. We appear to see things that are invisible to mere mortals. We reflect underlying feelings and interpret messages that previously have been buried. We predict that certain things will happen; most of the time they occur just as we said they would. Even when things do not unfold exactly as we predicted they would, we always have a reasonable explanation prepared.

Like any good magician, we have a number of tricks that make us masters of illusion. And we get mad when perceptive but ornery clients seek to destroy our attempts at “sleight of mind.” I have a small clock perfectly positioned on a table next to my “client chair” that allows me to monitor time unobtrusively. My clients are usually quite impressed with the way I always seem to know exactly when the session is over—without ever looking at my watch.

One client, who began our very first session by announcing that he considered all members of my profession to be “money-grubbing frauds,” always found a way to block my view of the clock. Some days he would “accidentally” push the tissue box in front of it. Other times he would toss his keys or sunglasses on the table and knock it askew. One time, he even had the audacity to turn it away deliberately and then challenged me to say something. I did, of course. Something suitably caustic and censoring like “You seem to have a need to control every little thing in your environment.” I was very proud of putting him back in his place and decided that at the very next opportunity, I would demonstrate my magical powers in other ways. Nevertheless, he was never much impressed. So we went around and around, competing to see who could be more difficult.

3. *I am impervious to any attempts you make to get to me. I am thoroughly objective and detached. While I care for you, you are only a client, not part of my life.* I like this one a lot. This is when we put on the “Freud mask” and appear thoroughly unflappable. This is when we pretend we really are not shocked or hurt or disappointed or angry or frustrated or anxious—even though deep inside us is a seething cauldron of emotional activity. The difficult client is, of course, exquisitely tuned to these feelings and knows that he is getting to us. We pretend to be impervious to these assaults and act as though when the client walks out the door she is out of our lives. This behavior only makes the client more determined to make us cry inside. Then, naturally, we become even more aloof and withholding. And so the dance continues.

4. *I am everything that you should strive to be. Look at me—how calm, self assured, and in control I appear. You could be like this, too, if only you would listen and follow my advice.* In spite of our claim that therapists are value-free, nonjudgmental, and accepting of different cultures, backgrounds, and life philosophies, we all have our preferences regarding the best way to operate. This means that although we start with the announcement that we will help the client reach whatever stated goals she feels are

important, we have our own agenda of alternatives that we consider far preferable. We do not, of course, let the client know this explicitly, but often she is highly suspicious that we are trying to talk her out of her agenda in favor of our own. The following are examples of this game.

“You want me to see both you and your husband so that I can convince him to be more attentive to household responsibilities? Well, that certainly sounds like an important issue to explore between you.”
READ: *Come on, lady! If that's what it takes to get you both in here, fine. Then we can really get to the heart of the matter — examining your interactive patterns.*

“You would like me to talk to your son who has been causing a lot of problems since your divorce? I wonder if I might meet with you first to get some background information?” READ: *I would rather work with you. Besides, it is probably YOUR problems that your son is drawing attention to.*

“That is an excellent idea — to talk to your boss about your dissatisfaction with your job. And if that doesn't work, maybe we can think of some other alternatives.” READ: *How many times do I have to tell you: unless you go back to school and finish your degree you are going to be stuck in that dead-end job forever.*

“You say you are ready to stop therapy for awhile and try things on your own? I see no immediate objection. Why don't we talk about that just a bit to explore the ramifications of your decision.” READ: *You have got to be kidding! There is no way I am letting you out of here right now, given the impetuous way you run away from relationships once they start to become intimate.*

Reframing problems and formulating our own diagnostic impressions apart from client self-perceptions is what we are being paid for. This becomes a game when we know the client is not ready to accept our interpretations and we try to appease him with something else more palatable. The client senses what we are up to, and so becomes “difficult” in an attempt to get us to admit our ploy. When we innocently deny any such effort, the client becomes even more mistrustful and escalates the battle of wills.

5. *I am very good at what I do and I have helped a lot of people. If therapy isn't going the way it should, it's YOUR fault.* There is a game plan that we memorized in graduate school. It goes something like this: our job is to be a good listener, the client's role is to be a good talker—to say whatever is on her mind, to be

straightforward and truthful, to be thorough in her descriptions. Without such cooperation, we can hardly be expected to be very helpful. An analogy of this noncooperation is that of a patient who complains to his doctor of excruciating pain. When the doctor asks where it hurts, the patient smiles enigmatically and replies: "That is for *you* to figure out."

We therefore expect, if not demand, that the client provide a degree of cooperation so we can work our wondrous healing magic. If therapy does not proceed as expected, or if the client's condition worsens rather than improves, the *first* place we think of placing blame is squarely on the client's shoulders: "I'm doing the same thing with you that I am doing with everyone else, and *they* are getting better. So it must be you."

This reasoning obviously ignores the reality that if we insist on applying a similar strategy to all our clients a few become angry because they believe we are not treating them like individuals. Sometimes they are right, as shown in the following example:

Tricia and Danielle are both suffering from the aftermath of a sticky divorce. They are both depressed and have self-esteem problems. I treat them both with a dose of caring and support. I challenge them to put the past behind them and to venture out into the world again. I am positive I am doing essentially the same things with both of them. Tricia rapidly improves while Danielle slowly deteriorates further. She is being difficult.

At times Danielle becomes seductive. I gently reassure her while interpreting what she is up to. She pouts and becomes worse—to punish me, I think egocentrically, because I did not respond to her the way she wanted. I analyze meticulously every aspect of her behavior to find the source of her resistance. She claims that I am disappointed in her. I lie and say no. She does not believe me and worsens still more.

Months go by before I stop and consider *my* role in this mess. What am I doing to sabotage the treatment? In a moment of frustration I blurt out this very question. And to my surprise, she gives me a very coherent answer. Danielle feels that I am angry with her because she cannot or will not be the way I want her to be. She got enough of that crap from her husband. She does not mean to be so difficult, but I rub her the wrong way when she senses my disappointment in her progress. Isn't it all right if she moves at her own pace, she wonders?

Conflicts of Power

The therapeutic relationship is not only a type of partnership; it is also a confrontation between two persons representing different goals and values, and in many cases, different genders, races, ages, education, cultures, religions, and socioeconomic backgrounds (Mens-Verhulst, 1991). Conflicts of power are thus at the root of most difficult relationships.

The games that clients play to maintain some degree of control are compounded by those of their therapists, who are also trying to establish dominance and also inadvertently acting out unresolved personal issues. Every time clients speak, we relate to what they are saying, not only as a helper but also as a person. When these roles conflict, the result exacerbates any resistance or defensiveness that the client may be feeling.

Take, for example, the need many of us feel for control and power. Many of us gravitated toward this field because we like to be in charge of relationships in our lives. We may hate, even more than most people, the feeling of having others pull the strings. For this reason we selected a profession that not only allows us to establish ground rules for our working relationships but one that also equips us with the skills to control, to a large extent, our personal relationships. We tend to be more articulate and to be better debaters than others we know. We have made a life study of how people behave and why they act the way they do. We understand motives and human phenomena that are unknown outside our field. We are acutely sensitive to moods and are able to perceive things operating that are invisible to most others. In short, we are the Olympic athletes of interpersonal relationships. We are armed to the teeth with understandings, techniques, interventions, and maneuvers that allow us to control relationships far more than others who have not had our training. And we enjoy this power a lot.

Enter a client who is used to exercising control over others, someone who also enjoys wielding power in relationships. Such persons, mortally wounded in earlier life because they were once at the mercy of another who betrayed their trust, object vigorously to the idea that someone else (even a paid professional) would exercise any power over them. They see the books and diplomas on the wall that advertise our ability to see inside them, and they feel threatened. They notice how deftly we guide the interaction and manage the session, and they feel envious. They sense our need to be in control and they feel intimidated. And once threatened, they declare war.

