PODCAST #34 --TESTING IN PSYCHOTHERAPY

Maybe this sounds sort of obvious, but….Among the most difficult patients I've treated—that any therapist treats-- are those we can't help. These are people who are clearly in great distress but who either reject or are immune to all my interpretations, all my advice. As is true with most therapists, I hate feeling helpless and these patients make me feel helpless. It's easy for a therapist in this situation to become frustrated and angry and to advertently or inadvertently act these feelings out with `the patient. For example, it's easy to subtly blame the patient for his or her own suffering and lack of therapeutic progress. While technically true that the patient is responsible for his or her own life, the fact remains that such blaming invariably makes things much worse.

Here's a clinical example: Soon after I completed my clinical training I saw a woman—I'll call her Jessica--

who became suicidal, calling me night and day in crisis. This pattern continued on and off for 2 years. I was constantly worried about her. I always took her phone calls and was usually able to calm her down—talking her "off the ledge" so to speak, but my attempt to help her understand the source of her suffering always came to naught. I met with her frequently but she seemed to make little progress.

Finally, I got some help from a seasoned clinician and was able – finally – to help the patient reduce her distress, including her suicidality, and she began to make significant progress in therapy. I had finally found the key to understanding and helping her.

I hope to explain this "key" in some detail because it illustrates an important dimension of psychotherapy and how it works. And it has to do with testing.

Let me set the context---The psychoanalyst Joseph Weiss and his colleagues in the San Francisco Psychotherapy Research Group have argued that one powerful way that patients get better in therapy is through "testing." Patients, their research shows, test their therapists in various ways and if the latter passes the tests, the patient feels safe enough to make progress; if the therapist fails the tests, the patient becomes stuck and the treatment may even fall apart.

To understand testing—and, yes, to understand what happened in my work with Jessica—one has to, first, take a step back, and understand how Weiss views psychopathology. Because patients repeat some version of their psychopathology in therapy in the form of tests. See--Weiss says that in the course of development, people develop certain beliefs that he calls "pathogenic,"-–they are pathogenic because, by interfering with normal and healthy developmental needs and strivings, they create suffering. So pathogenic beliefs are beliefs formed in childhood that

create suffering. So, for example, one man I saw had grown up believing that he wasn't supposed to be stronger than his parents, that he would, in fact, hurt them if he acted in ways that were competent, assertive and successful. These beliefs were "pathogenic" because they led him to feel guilty and to then put himself down and act in self-demeaning ways. Or--A woman I treated developed the pathogenic belief that she wasn't supposed to be special and, as a result, she chose romantic partners who treated her with neglect and indifference. And still another woman grew up complying with her very critical mother—the pathogenic belief here was that her mother was "right", she was correct, in her critical judgments of the daughter-- and, as a result, my patient felt chronically unlovable and unattractive.

So, to summarize. In response to real experiences, experiences seen through the eyes of a child, people develop certain beliefs about themselves, other people, and the world that cause them to psychologically suffer.

And it is this suffering that leads people to seek a therapist's help.

It follows then, for Weiss, that the therapeutic process is simply this: it's a process by which a patient works with a therapist to free him or herself of painful pathogenic beliefs.

That's it. That's the secret sauce of psychotherapy.

Weiss and his colleagues argued that one of the most powerful ways that this work is accomplished is through testing. Here's how one vitally important form of testing works: The patient experiences and treats the therapist as if the therapist was and is an important person from the patient's past. This is called transference and is well known to most therapists. And to the extent that this earlier relationship was pathogenic, and is now being repeated with the therapist, transference enables the therapist to identify the patient's pathogenic beliefs because what happened

in the past is being relived in the present—and in the therapist's office.

But Weiss is an optimist and he argues that patients don't *only* repeat the past with the therapist, but seek to overcome the pathogenic beliefs that arose at that time. Specifically, the patient really—unconsciously even-- wants the therapist to be *different* than his or her parents, to, instead, provide a new corrective experience that can then potentially heal these early wounds. In other words, Weiss suggests that patients are testing the therapist to see if the latter will confirm or disconfirm their pathogenic beliefs. By acting in ways that are the opposite of a problematic parent, the patient is helped to correct what went wrong.

Let me give you some examples. So, one patient came to experience me as like his father. The patient's father was extremely competitive, frequently dominating the patient verbally and physically. After a while in therapy, I noticed that the patient began to pick

fights and argue with me more and more. At first, I found myself being drawn into these conflicts. He was exhibiting a paternal transference to me and I deduced that this was a test and that, in the process of acting this out, he was looking for signs that I was either like—or unlike-- his father—in this case, that I needed to win the arguments or be smarter or otherwise compete with him. Armed with this insight, I was able to not only explain what was happening to him, but I was able to comfortably and non-defensively let him win arguments. In this way, I passed the patient's test and he felt safe enough to not only see what was happening, but to move forward in his life as well.

Another patient grew up with a father who she saw as weak and insecure and who needed his wife and daughter to flatter him and reassure him that he was important. She tested me after a while by boasting about her accomplishments, all the while looking for signs that I'd be put off or feel left out by her taking center stage, much as she felt her father had done in her

childhood. When I didn't act threatened like her father, I passed her test and she was able to make progress.

Finally another patient's mother was self-centered and narcissistic. The patient tested me by flattering and praising me with the fear that I, like her mother, might like and need such flattery too much. When I communicated that I didn't need it and, instead, was perfectly comfortable shining a light on *her* accomplishments, her transference test was passed.

In all these situations, the therapist is provisionally put into the position of a parent and the patient tests to see if the therapist will repeat the dysfunction of that parent. If the therapist wittingly or unwittingly *does* repeat these dysfunctional patterns, the patient will unconsciously construe the therapy as being too risky to move forward. On the other hand, if the therapist does not fall into repeating the parental role, or – even better – does the opposite, the patient's test will be passed and the patient will make therapeutic progress.

Now, let's return to the case of Jessica, my suicidal patient. Her suicide threats and panicky calls to me were another type of test, one that Weiss calls "passive-into-active" tests. Here's how they work: The patient --in these cases --puts the therapist in the position that the patient was in as a child and the patient assumes the role of the pathogenic parent. The patient doesn't experience the therapist like a parent, but, instead, the patient becomes the parent in the relationship and assigns the therapist the role of the child.

If this seems confusing, try picturing this: We each have, buried deep in our minds, some version of the parent child relationship that we experienced growing up----that is, we have both sides of the relationship somewhere inside of us. Transference usually involves projecting the parental role onto the therapist, with the patient experiencing things the way he or she did as a child. But sometimes, the opposite happens.

Sometimes, the patient projects the role of the child onto the therapist, while inhabiting and acting out the role of the pathogenic parent. What the patient once experienced passively, he or she now recreates with the therapist, but this time, the patient is the active parent and the therapist is assigned the role of the passive child. When this happens in therapy, it becomes part of what we call "passive – into – active" testing.

Let's see how this worked with Jessica. Jessica grew up as the only child of a divorced mother who suffered from severe depression. When Jessica was 12 years old, just entering adolescence, she remembered her mother coming into her bedroom to kiss her good night. Jessica, however, had just applied some lotion for acne and so turned away from her mother. Later that night, the mother shot and killed herself. Jessica's psychotic father showed up at the funeral and blamed Jessica for causing her mother's death.

Obviously, this was an incredibly traumatic event in Jessica's life and she never quite got over it. Here's what happened instead—Jessica felt so guilty, so almost criminally responsible for her mother's suicide that she identified with her mother's depression and suicidality. We see this sometimes with people who feel guilty about having better lives than their parents—we call this "survivor guilt—namely, that—out of guilt-- they put themselves in the same boat as the parents who they've surpassed.

This is exactly what Jessica did. She had an almost psychotic belief—a deeply pathogenic belief—that she had killed her mother. The punishment, in her mind, was to become like the mother—namely, depressed and suicidal. So that's what she brought into psychotherapy with me. She became her mother and put me in the role of the worried, guilty, helpless child. And I found that I had accepted this role assignment—I felt almost omnipotently responsible for Jessica's life or death, and

found myself helpless and worried just as she had felt growing up.

When Jessica was a child, she couldn't let herself see that she wasn't responsible for her mother's life—or her mother's death. None of us can do this when we're children. Our parents have an awesome authority to determine the way the world is and the way it's supposed to be.

As an adult, however, --and as a therapist—I realized that I didn't need to accept this role of being so helpless and so overly responsible. I found ways to communicate this new-found insight to her Jessica in words and actions. I explained to her what was going on between us and I began setting limits on my availability, for example, not taking her phone calls between sessions. I frankly talked to her about her suicidal threats, telling her that if I thought she was acutely suicidal, I'd hospitalize her, even if it was against her will, and if she succeeded in killing herself, I'd feel

terrible but I'd go on living a good life. These were things that she couldn't do with or say to her mother.

By my taking these steps to do the opposite of what she was forced to do and feel as a child, Jessica was actually relieved. She identified with my strength, with my ability to set boundaries and became stronger herself. I had passed her test.

Along with transference testing, passive-into-active testing is often what lies at the heart of either the success – or failure—of psychotherapy. For those of you who want to learn more about these dynamics, check out Joe Weiss's book, *How Psychotherapy Words*.