Podcast #43—TEXT--How I Helped an Impossible Patient

Today I want to talk about my work with a difficult patient, a patient that most therapists would never choose to work with, a patient whose prognosis seems now, in retrospect, to have been quite grim—a patient that therapists would call "impossible."

So, this was many years ago. I was newly in practice….a beginner, really, when my patient, Eleanor, consulted me for help with her depression. She was married and had one son, Alex, who was about 8 years old at the time.

11 months into treatment, I took a vacation. When I returned, Eleanor was suicidal. She was suicidal on and off for the next year, calling me day and night, desperate, almost frantically self-destructive. I took all her calls. In order to help create a supportive therapeutic environment, I also began seeing Eleanor 3x/week. She reported spending hours "howling in pain," but made it clear that she would never accept hospitalization under any circumstances.

So, here I am, a new therapist, with a patient who was constantly calling me, suicidal. I remember walking around chronically anxious, anticipating the next crisis, my worry level extremely high. I felt trapped and helpless. She would

calm down a bit after speaking with me, but this was only a temporary reprieve.

Now, here's something that is hard to admit—for me or for any therapist, I think. I walked around sometimes wishing that the patient would go ahead and successfully kill herself—in that way taking this tremendous burden off my shoulders. In my worst moments, I found myself sort of hating her and hating myself for feeling that way. I'm not proud of these feelings, but my feelings of helplessness, guilt, and responsibility were suffocating me.

I sought consultation to get some help with this impossible patient

The patient was the eldest of 3 children. Her father was an alcoholic, and her mother a chronically depressed woman who spent large parts of each day alone in her room crying. There was such difficulty in getting the mother's attention that the patient would write notes to her in the hope of eventually having her mother read them.

Eleanor remembered that when she was 10 years old her mother came into her room in the middle of the night to give her a kiss. The patient had just put on some acne cream and so turned away from her mother. The next thing she knew, there was a loud blast from the next room. Her mother had shot herself in the head. Eleanor reports that she was told at the

funeral not to upset her younger siblings and related also that her father directly blamed Eleanor for her mother's suicide. He told her it was her fault.

As a result of my consultation, I was able to create a moment in my work with Eleanor which seemed to have a positive effect on her and which certainly helped me feel better. Here it is: I told her that it was impossible for me to think clearly and work effectively with her as long as suicide was a constant and immediate threat, as it had been for the past year. I told her that I knew she was terribly depressed but that somehow the threat of suicide had to be put on the back burner. Finally, I told her this: That if she DID kill herself, I would be very very sad, but that I would go on living, as would everyone else, but that, tragically she would just be dead.

This was hard for me to say and do because I, myself, had grown up wrestling with omnipotent feelings of responsibility for my own depressed mother and had typically gone out of my way to take are of unhappy women in my own life. And so this stuff from Eleanor was triggering me a lot. I felt responsible for her and tormented by guilt.

So there are lots of ways to understand these processes and experiences. But one thing was painfully clear. *Eleanor had enormous, life-threatening survivor guilt.* She felt that her

innocuous rejection of her mother's kiss drove her mother to kill herself. She believed that, simply by surviving, she was a murderer. And of course, this trauma and guilt were greatly exaggerated when the father explicitly blamed her. Here's what I figured out: Eleanor felt THAT SHE WAS SUPPOSED TO BE DEAD LIKE HER MOTHER AND THAT SUCH A FATE WOULD SERVE HER RIGHT GIVEN THE FACT THAT SHE HAD NOT ONLY SURVIVED BUT HAD, IN FACT, FELT ENORMOUS HOSTILITY TOWARD THIS NEGLECTFUL AND IMPAIRED MOTHER. She felt omnipotently responsible for her mother when, in fact, she wasn't really responsible at all. She had understandably felt hostility toward her mother but this had nothing at all to do with the mother's suicide.

But then what was happening in the therapy between Eleanor and me? Therapists can learn a lot about what's going on inside a patient by paying attention to what the patient is making the therapist feel. Sometimes a patient puts me in the role of a parent and repeats their childhood relationships in therapy that way. That's what we call "transference," and if the therapist can act and respond in ways that are healthier than the patient's parents originally did, then the patient is relieved and feels safer and gets better. We call this "transference testing."

What Eleanor was doing with me was different—and understanding this helped me turned the therapy around. What was happening between Eleanor and me was what we call "passive-into-active testing." She was doing to me what her mother did to her. She was treating me and making me feel like a 10 year old girl who was omnipotently responsible for her depressed suicidal mother. What she had experienced as a passive victim of her parents' psychopathology she was now replaying in a way in which she was active and I was the passive object.

So, I was able to see clearly that in therapy, I was the 10 year old girl and she was the suicidal mother.

When a patient turns passive into active, the therapist is made to feel him or herself in the role of a child related to a parent. It's understandable that would feel especially terrible, because parents have all the power. Children, on the other hand, are dependent and can't leave and their ability to insulate themselves from the effects of a parent's psychology is very very limited. So, being put in the position of such a child is usually particularly painful.

And that's what I felt. I felt trapped, that my options were limited. I felt powerless, even though I wasn't.

When a therapist feels helpless and trapped with a patient, there is almost certainly a passive into active enactment or re-enactment going on.

The result of my deeper understanding of what was going on was that I was able to intervene in a more helpful way. The key point here isn't just that the patient was turning passive into active and making me feel toward her what she felt toward her mother, but in so doing, the patient was testing me to see if I would, indeed, feel and act out the role she was assigning me. This is an example of what I was calling "passive-into-active testing. "

Let me now elaborate further on these two types of testing. The first is transference testing. This is easy to see. A patient of mine had a father who was competitive with his son and always had to win every argument. My patient picked arguments with me to see—to test—if I too would have to compete and win. When I didn't, the patient's pathogenic belief about men was disconfirmed and the patient was able to become more friendly and intimate with other men. Or another patient, a woman, had a mother who was extremely narcissistic and who liked to have her daughter sit and attend to her when she put on her makeup every day. This patient then tested me to see if I, too, needed her admiration and attention and when I didn't, she felt relieved and was able to

develop a greater self-confidence and pride in her own accomplishments.

So, these are transference tests.

Eleanor was doing passive-into-active testing, however, and doing so in a way that was much more difficult for me to pass. She wasn't experiencing me like she experienced her mother but was making me experience her as if I was the 10 year old daughter and SHE was the crazy mother. I have found that the children of crazy parents often do passive into active testing.

So, how would I pass or fail Eleanor's passive into active testing? Well, for a year, I failed…because I acted too much like she did as a child—namely, I felt responsible, guilty, worried and resentful. I experienced and was living out HER survivor guilt. See what I mean? I was the one who felt guilty about failing at my "job" which seemed to be to take life or death responsibility for her.

But then I PASSED HER TEST! How? By, in effect, communicating to her that I was *not* the 10 year old daughter of a depressed mother but the therapist of a depressed woman. By telling her that her constant suicidality was getting in the way of my thinking and interfering with our work and that she had to find a way to better contain these feelings, I was communicating to her that I would no longer feel or act as

if I was omnipotently responsible for her life and death, and, further, that my life would not be ruined if, tragically, she DID kill herself. This not only relieved ME of the stress that her suicidality was causing me, but it also reassured HER. You see, Eleanor didn't really want to ruin my life. She wanted me to understand how hard her life had been with a suicidal mother and secretly wanted me to somehow feed back to her a healthier way to cope. She certainly wanted me to understand her suffering but wanted to also learn—somehow—that she could have the choice, the freedom, to act like an adult. And that's exactly what she did, in fact, learn. By MY acting like an adult, she could identify with my strength and act more like one herself.

I went out of my way to be sure that Eleanor didn't feel that I was blaming her for doing anything harmful to me in an any way. Instead, I told her this: "I can see how hard, how torturous it must have been for her as a child, worried all the time about your mother, feeling responsible for something that you had no control over and that wasn't your fault."

Eleanor gradually began to get better. She saw how she was treating her own son somewhat like her mother had treated her, and stopped doing it. She soon stopped calling me and the pressure around her suicidality lessened.

What I like about understanding situations like this in terms of passive-into-active testing is that when a patient is putting pressure on you, or making your life difficult as a therapist, you can easily make a shift in your mind, in your understanding, and say to yourself "Oh, so this is how the patient must have felt growing up" and that increases your empathy. And also, you can then have a road map helping you do the opposite and a clear way of seeing if you're right. That is, if you pass the test, the patient starts to get better in various ways.

And that's ultimately the only thing that matters.