

The Impact of the Therapist's Personality on the Clinical Process

It is the last week before I take a break. Once again, there is a general reluctance for anyone to volunteer to present. There are complaints about the computer, as well as the general political situation. Finally, a member of the group volunteers to present.

She states that she is surprised that the patient has stayed with her. In the first session, she simply could not make contact with her. She was disconnected and far away, and the therapist did not expect that she would show up for the next session. However, she proceeded to come for the next session, and spoke about her boyfriend. She shared with the therapist the troubles in making contact with him.

She described her brief history and described her mother as weird if not crazy. She would keep ducks in the house, and be in general unrelated to the patient. At times she would attack the patient. The father, in general, was absent, and left the mother when the patient was 6 or 7 years old. The therapist suspects that there was sexual abuse in the patient's history, though there was no mention of such a problem as she continued on with her story. As a young adult, she went about the country giving one woman show's about sex abuse.

The major dialogue appeared fragmented and disconnected. The therapist could not make contact or intrude in the patient's space. In fact, she experienced a very formidable wall, which said loud and clear "stay out." I remarked to the group that fear of intrusion along with such fragmentation indicated extreme pathology. Certainly, along with trauma, one could entertain a mixture of psychotic features.

We proceeded to offer suggestions to the therapist. The more that you experience fears of intrusion as well as an underlying fear, questions should be concrete with little direction at getting at feelings. Stirring up feelings can be too traumatic and she needs plenty of space to describe her experiences, and perhaps find some type of transitional space to do the processing. Perhaps, plays or movies might be of help. If you push too much for direct feelings, the patient will get frightened and withdraw. The therapist readily agreed, and felt relieved. She saw her case as long term in nature.

I wondered out loud what this type of presentation has to do with it being our last session

before break. The group as a totality felt this new configuration of people working with each other was very beneficial. Sharing with one another was experienced as being very anchoring and helpful.

I wondered out loud whether being part of a community may be a further developmental challenge as we encounter our later years of development. Even when we are introverted in nature, our books and artform, though individualistic in nature, may also place us within a silent audience and community.

Certainly, in this period of time, when we experience annihilation anxiety, confusion and distortions in communication, sharing with one another feels like a necessity. Even though there are limitations to Zoom, in this brief period of time with this new group, we were able to overcome the limitations and make contact with one another.

As the members started to describe the experience of living in the age of epidemic, the polarity between evil and good hinted into discussion. One member voiced that this way of describing things as good and evil only leads to more splitting rather than unity. Others said that there is indeed such a thing as evil. As therapists, we hold as some kind of beacon of light our own struggle, both with our belief system, our political perceptions, and our values that we bring to each therapeutic encounter. To be true, if I was evil and needed to be fought, in this period of time, can we struggle to bring conflicting elements together, learn about our commonality as well as differences, and still not accept or avoid the forces of evil that surround us. To fight violence with violence only creates more fragmentation and rage. When we have acceptable boundaries that will accept a master-slave mentality, but still have in us a love of humanity and a confirmation of our struggle to be alive.

Involved in this struggle comes responsibility to face our own feelings as well as respecting those of another. Respect, boundaries, and individual responsibility are all part of this mix. I believe the therapist can stand for these values as a way of offering some very nonverbal help in becoming a true leader of our time.