Reading for subsection 1
(Nine Basic Affects: Positive Affects, Negative Affects, and Surprise-Startle)

Subject: Negative Therapeutic Reaction II
Date: Friday, September 26, 1997
From: Melvyn Hill, Ph.D.
To: Tomkins-Talk

Just today another situation arose in my practice that illustrates a negative therapeutic reaction as it can be mishandled, and then turned around in therapy.

The patient is a young woman in her early thirties who came to see me after several years of therapy that she felt had not helped her at all. She had been depressed for as long as she could remember. In brief, she had suffered a series of severe losses in child hood that had left her with deep pessimism about life. Her parents had divorced when she was four, and she stayed with her mother. When her mother re-married she formed a strong attachment to her stepfather, and was then caught in the crossfire between her mother and her father over this new attachment. At eight her father died suddenly. And when she was eleven, her stepfather was stabbed to death by a thief in broad daylight, on a city street. Her stepsister, who she also loved, had to return to live with her mother. Throughout these traumatic losses, she was given two contradictory messages by her mother and maternal grandmother, the two consistent caretakers in her childhood.

Firstly, they insisted that she had to be "strong" and "get over this" and not "give into this" and they said they knew that she would "get on with life." Seeing how distraught her mother had become, especially at the loss of her second husband, whom she had loved dearly, my patient (let's call her Rachel) wanted more than anything to avoid causing her mother any additional concern. She pretended to be able to manage on her own, and did not turn to anyone for help. But she felt overwhelmed, sobbed endlessly in secret, and worst of all, became convinced that she was inadequate because she could not live up to the expectation that had been set for her. She was reduced to a virtually constant state of mourning, and formed an image of herself as profoundly defective and shameful.

Secondly, she was told that she was special because of what had happened to her, and she soon became aware that at home and at school adults were treating her differently from the other children. They always spoke to her in soft tones and made a point of giving extra consideration to her. This proved enormously seductive to her. As long as she transformed herself into a child who was permanently injured by life, she could always rely upon being considered special. In this way she came to form an identity as a child disabled by the cruelty of life.

These two threads in her image of herself became tightly interwoven. And, as a result, she became "stuck" with being both disabled by loss and with being inadequate to stop grieving, all the while pretending to have to risen above her losses. Her friends knew her as a wonderfully entertaining person, with an ebullient sense of humor, who somehow could not marry and have a family, although that was what she wanted more than anything else. Her difficulties in relationships with men all arose from these early experiences, but they are not pertinent to the present discussion.

When she first visited me, Rachel announced, “I know you have helped some of my friends. And they have nothing but praise for you. They have changed their lives. But I am always the one who fails. I don’t think you will be able to help me. I don’t believe that anyone can. And I am afraid that I will ruin your reputation.”

Over the course of a year we had formed a close relationship, within which her initial conviction that I would hate her for being an impossible patient gradually yielded to an admission that she realized how much we liked each other. And her initial opposition to taking any medication finally gave way to accepting my recommendation that she take an SSRI. In due course I referred her to a psychiatrist who prescribed Zoloft. There was a marked improvement in her capacity for enjoyment and interest, and she began to take some positive steps toward improving her life. She became much more able to assert herself, and much clearer in assessing the quality of her interactions with others. Her relationship with each member of her close family improved, and from constant expressions of ambivalence she shifted towards open acknowledgment of her love for them, and her understanding of their struggles in life, nevertheless a great deal of work remains to be done. And her refrain that she can never change persisted. In particular, she regarded as hopeless her chances of advancement in her career and of getting married. She continued to believe she was a failure, and attributed this inadequacy to the grief that persisted.

Last week she visited the psychiatrist who sees her every four or five months to renew her prescription, and arrived in my office today with the following story: The psychiatrist (let’s call her Dr. Stein) had enquired about how she was feeling. Rachel told her that while her mood had lightened, she still felt a prevailing sadness in the pit of her stomach that she believed would never go away. Dr. Stein replied: “You are always saying that nothing is enough for you. Dr. Hill is not helping enough. The Zoloft is not helping enough. But it seems to me that you are the one who is not helping yourself. You have to take responsibility for yourself. It is not enough for you to go to your sessions and to take your medication. You also have to work on yourself. These feelings can be changed, and it is up to you to change them.”

Rachel reported, “I thought she was right. It is up to me to change the way I feel. People have been telling me that all my life. My mother and my grandmother always said so. My previous therapist said so. And, of course, they are all right. Nobody else can change me but myself. But at the same time I felt scolded. And on my way home I began to feel an enormous rage at Dr. Stein. How dare she talk to me like that! What does she know about me anyway? She sees me for twenty minutes every four or five months, and she gives me a scolding. She is callous. I don’t want to go back to her. Fuck her medication!”

In my previous post I mentioned that a therapist who reacts with anger to a patient’s negative therapeutic reaction would fulfill the patient’s need for punishment and succeed in driving her out of therapy, or, in this case, drive her off her medication.

My task was to undo the damage. At first, I helped her identify Dr. Stein’s intervention as an *attack-other* posture that made Rachel feel intensely ashamed of herself. This released her from her rage, after which I showed her that Dr. Stein had no evidence on

which to base this attack. Next, I validated her deep sense of responsibility in her therapy, the diligence of her work, and that far from dragging her heels, she was proceeding at an excellent pace in working with powerful and difficult emotions and ideas that arose from severe early traumas. After a while our therapeutic alliance had been healed.

Now she came back with “But I know that I am still feeling terribly sad, especially when I am alone in my apartment, and I am haunted by the thought that this is who I am and I can never feel any differently about life.” She went on to make a negative comparison between her outlook on life, and her 97-year-old grandmother who is full of interest and enjoys herself with small pleasures—“for instance, she has pictures of me and my brother all around her, and when I call her she gets so excited to talk to me and always wants to know when she can see me next.”

At this point I could address the powerful reasons behind her belief that she could not change, and her need to feel like a failure in therapy, as in life. At first I addressed the way she had taken her grieving childhood self and made a fixed identity out of it, since it made her special in the eyes of the surrounding adults. To give this up led to fears of having no identity at all, of being nobody and of having no significance.

Then I addressed the fact that beneath her attempts to maintain independence, to be “strong” and “get over” her grief, she could not allow herself to receive help from me. And she could not turn to me when she felt overwhelmed by her feelings. Consequently she was plagued by the conviction that she was inadequate and felt utterly ashamed of herself. “Things are now exactly as they were when you were a little girl,” I said. “You’re right,” she said, I still feel like I am a little girl.” I had reached the level of shame that constantly provoked her *attack-self* posture, and consequently her constant search for ways to punish herself. And the situation in therapy provided her with her latest, state of the art, weapons.

By now Rachel was in tears, and was able to call out, “please help me!” And now I was in a position to make a therapeutic intervention. I said “You know, there is no way that a little girl can manage such overwhelming emotions all on her own. She needs an adult who can be there with her and help her with these emotions. And who can take her by the hand and reassure her that while she is experiencing these losses, they have not ruined her chances to enjoy life and to be involved with all the pleasures it has to offer.” “But there was nobody like that for me,” she replied. “Exactly,” I said, “but now I am here. And you need to give this little girl a chance to realize that I am here and you are here, and together we can help her realize that she is not supposed to handle all of this on her own, and that when she shares what she is feeling with us, we won’t let her feel overwhelmed or ashamed of her feelings. And we can show her that nobody has taken the joy of life away from her.”

Rachel’s tears dried up. And a wonderful smile lit up her face. It was the end of the session. She announced that she could not make her next appointment because she would be going to visit her grandmother to celebrate her 97th birthday. “Okay, then,” I said,” so I will see you in two weeks time.” “ No. Can’t I have an appointment on another day? Before I leave town?” “Sure,” I said. Yet as we arranged a time, I realized I had been startled by her response. Before, whenever she had gone out of town to visit her family, she had always refused to reschedule her appointments.