



## The Patient Aids the Analyst: Some Clinical and Theoretical Observations

Erwin Singer

"The Patient Aids the Analyst: Some Clinical and Theoretical Observations," in: B. Landis and E. S. Tauber (Eds.), *In the Name of Life. Essays in Honor of Erich Fromm*, New York (Holt, Rinehart and Winston) 1971, pp. 56-68.

Dr. Erwin Singer is Professor of Education (Psychology) at City College of the City University of New York and visiting professor of psychology at New York University (Postdoctoral Program). Born in Vienna, he received his Ph.D. from New York University. He is a training and supervising analyst for the William Alanson White Institute of Psychiatry, Psychoanalysis and Psychology. A new edition of his book *Key Concepts in Psychotherapy* has appeared recently.

From their very beginnings most publications on psychoanalytic technique have stressed at least implicitly a dominant theme: that the analyst derive little personal satisfaction from his work other than the gratification the healer inevitably derives from the sense of a job well done and, of course, from the financial rewards attending his efforts. All other satisfactions arising in his working day have been suspect of countertransference tendencies rooted in the analyst's unresolved conflicts.

Structuring the psychoanalytic relationship in these terms molded the process into a one-way street: the helping relationship was to be one in which the analyst aided the patient, in which he could not and should not expect any comparable aid from his client. As is well known, at least two important factors were responsible for the development of this posture: First, the basic medical model and the medical tradition under whose aegis psychoanalysis unfolded imply that the doctor's superior knowledge and skills actively applied to a relatively passive patient would bring about cure; and second, any genuine and realistic help which the patient might offer the therapist would involve the former's familiarity with the therapist's personality and with his difficulties and problems in living. Yet such knowledge, it was said, would interfere with the development and the purity

of the desired transference and would therefore militate against the therapeutic process. [057]

It is the purpose of this paper to explore the potential shortcomings of this austere stance without detracting from its merits; to outline and to illustrate with clinical material the potential therapeutic power of the analyst's revealing his own life situation, thereby making it possible for the patient to be realistically helpful; and finally, as its main contribution, to support implications for a theory of personality development derived from these observations, implications at variance with those traditionally advanced in the psychoanalytic literature.

An analyst's willingness to be aided by his patient when it was he who was asked to be the helper may easily reflect conscious or unconscious exploitive efforts. Little could be more crippling to a presumably already badly damaged person than to be exploited. In addition, an analyst's making reference to events or issues in his own life while inquiring about the patient's existence or while reacting to the latter's utterances may well indicate self-indulgence and an attempt to ingratiate himself through flattery, since he is now treating the patient as a confidant. A host of other contra-therapeutic attitudes potentially lurking behind the therapist's self-revealing comments will readily come to



mind. Therefore the admonitions Freud and others offered to the analyst are well taken: to keep in mind that the central considerations in analytic therapy are the patient's emotional growth, his development of insight, his being helped to know himself, and to avoid most strenuously all extraneous material.

Without questioning these basic and admirable objectives of analytic psychotherapy, some (relatively few) authors have seriously questioned the belief that such goals are actually advanced by the analyst's maintaining strict anonymity. Among those who have expressed doubts are Jourard, Searles, and most prominently Tauber, and Tauber and Green in their book *Prelogical Experience*. The latter have cogently demonstrated how the analyst's discussion of his dreams and fleeting thoughts about his patient—clearly an expression of his willingness to reveal himself to his analysand—may, in the ensuing exchange, lead to an important understanding of the patient-therapist relationship and the psychodynamics of both patient and therapist. By pointing to the potentially constructive, creative, and communicative use of countertransference phenomena, they make it clear that the analyst's insistence on anonymity may prove deleterious to the aims of the analytic process.

There is an additional dangerous shortcoming implicit in the analyst's anonymity and the following pages examine this danger. If the analyst [058] maintains a one-way-street position and is simply the person who holds up the mirror in which Dorian Gray may see his image, then the analytic situation will not likely lend itself to the spontaneous sharing of the patient's authentically positive reactions and to the revelation of that which is most constructive in his makeup. A rather one-sided and caricatured picture of the patient is likely to emerge. Certainly the anonymity of the analyst lends itself exquisitely to the development of all kinds of transference reactions. But, unbending anonymity, while furthering the denouement of hidden destructive and other primitive tendencies, does not promote and activate reality-oriented and constructive qualities. Of course, the patient may reveal his strengths in examining constructive reactions that occur outside the consultation

room. But just as we are able to see the patient's pathology and its roots most pointedly in his transference reactions to the analyst, it is reasonable to suggest that we are equally likely to best see his strengths—his constructive reactions to life's realities—in comparably immediate and intimate terms. Only then is the analytic situation a naturalistic microcosm of the patient's life. But such expressions of health would demand, as pointed out earlier, the patient's familiarity with at least some aspects of the analyst's life.

I will now sketch a very painful event in my life, the considerations which moved me to reveal it to my patients, and their reactions to my sharing my pain with them.

Some time ago my wife became seriously ill. Upon learning the tentative diagnosis, knowing full well that I would be unwilling and unable to concentrate on my work and in my eagerness to be at her side while further diagnostic procedures were in progress, I canceled all appointments till further notice. My patients, although they knew that I took frequent and at times suddenly announced vacations, sensed from my voice that this cancellation did not reflect a frivolous impulse and spontaneously inquired, "What's up?" Too troubled to engage in lengthy conversations and hesitant about how much I wanted to say, I merely replied that I would explain when I saw them again.

I was of course preoccupied during this period. Yet I had to give the question of what to tell my patients upon my return some thought. My immediate inclination was to tell them candidly what had happened. After all, it seemed only fair that an analyst who investigated the reasons for his patient's breaking appointments be equally frank when he absented himself. [059]

But then doubts about this course arose. Was it all that simple? Were my motives really as pure as they appeared to me? Was I perhaps looking for sympathy and a chance to talk about my pain when the patient's trials should be my legitimate concern? Was I trying to stop some of the more difficult among them from sniping at me—surely they would be less demanding if they knew the painful reality of my life? Was I trying to induce guilt or show some patients



how trivial many of their complaints were by presenting to them real troubles? And was I not about to burden unduly human beings already distressed enough? These and similar ruminations occupied my thoughts while the days passed.

Clearly one or more of such countertransference motives could lurk behind the impulse to reveal to the patients this development in my life. And now looking back I believe that these deliberations with myself were essential.

With some trepidation I decided to tell them the truth. But the uncertainty about my motivations, about the possibility of my exploiting the patients, made me, when I faced them, less sure of myself than I had hoped to be. It led me to the occasional expression of an embarrassing preamble: a statement to the effect that I regretted burdening the person with my problems. But in any case I informed all patients about the reason for my absence.

Their responses seemed to me astonishing, and that I was astonished reflected poorly on me. Concern, genuine sympathy, eagerness to be helpful with problems likely to arise, and above all efforts to be supportive and comforting—these reactions were eye openers. As I listened, deeply moved and profoundly grateful, to the patients' efforts, it became apparent that each person expressed his desire to be helpful in his particular style, a manner which often, when occurring under different circumstances, had been identified as reflecting a pathological character orientation. I will give a few illustrations.

Mrs. N., a woman torn between her desires to be an effective domineering manager of other people's affairs (as was her socially successful mother) and her simultaneous longings for magical gratification of dependent needs for nurturance, immediately responded in terms of both facets. She eagerly informed me about the outstanding authorities on my wife's illness and intimated that she might be able to get us an entrée to one of them, a man indeed quite prominent but, since he was semiretired, difficult to reach. At the same time she insisted with great self-confidence that my wife was going to be "all right," that she knew this as a fact. Her [060] eagerness to be comforting and encouraging, while at times expressed in childish fashion and

at other times couched in unrealistic but seemingly authoritative pronouncements, was very moving.

Dr. S., a fiercely competitive physician—though he managed to obscure this tendency very well—was constantly suspicious and fearful of being exploited professionally and personally. Hearing my story immediately made him feel that he wanted to withdraw, with a sense of "Oh, my God, now I will have to take care of him, too!" Yet secretly he had always longed for the savior's role, to be the last of the just, to shoulder the burdens of the world, fearful only that he would be exploited by being denied the proper recognition. And therefore he always played the martyr. But it also became apparent that he was genuinely eager to press his considerable knowledge into the service of being helpful to me. Although he actually expressed resentment about feeling obligated to inquire about details of the findings, he also persisted in asking about my wife's condition and encouraged me by keeping me abreast of little-known and promising research findings. By putting the many facets of the illness into proper perspective for me, he offered me genuine aid and comfort. Thus it was by no means surprising that one day, after once again ruminating about his resentment, he suddenly sat up and exclaimed: "For pity's sake, I really would like to help you and yet I always insist on feeling put upon, resentful, and suspicious. If I cannot learn here how to enjoy being helpful, what the hell am I here for?"

Mr. D. was a successful businessman in his early forties. Despite his accomplishments, his lifelong meekness and submissiveness knew no bounds, and were always accompanied by a preoccupation with finding shortcomings in others, with detecting the weak spots in precisely those whom he claimed to admire, in those whom he tended to approach in almost groveling deference. It frequently turned out that they were actually rather pathetic people, individuals whose pathos he had sensed, acquaintances whom he could flatter with his "adoration" of them, people who therefore could fall hard and easily from the heights of his esteem. In his transference reactions he had been on a constant lookout for my "hang-ups" and shortcomings



and indeed he discovered quite a few of them. In any case, his approach to others, made up of a strange mixture of self-debasement and contempt, pointedly expressed itself in troublesome symptoms which caused him and those around him a good deal of grief.

One of his preferred ways of detecting the character flaws of his friends and associates was to "buy" them, to shower them with gifts and [O61] entertainment, only to look down on them if they fell for his bribes and accepted his largesse. Then, with a little deprecatory gesture of the hand, he would do away with them, feeling delighted about having found them out as tarts of sorts, yet simultaneously feeling depressed by his conviction that he was cared for only because he had money.

Hearing about my wife's and my plight caused him deep consternation and he cried silently for a while. Then his constructive and supportive impulses came to the fore and characteristically expressed themselves in, to him, familiar terms: He inquired about my financial situation, whether I was going to be hard pressed by enormous medical expenses, and made assurances of his readiness to lend me money. In spite of his frequent use of affluence for manipulative purposes, this offer sounded genuine. I thanked him with sincerity and explained that I could manage. When he insisted, "Please don't forget if you should need it," I promised him that I would certainly remember his offer and that I would not hesitate to call on him if need should arise. He looked at me as if startled and once again began to weep.

One final illustration. Dr. L., an embittered and tight-lipped young scientist, had just gone through painful divorce proceedings. His marital difficulties arose partly from his persistently detached manner. He had always prized this detachment as the reflection of a calm and reasonable disposition, of the importance he had placed on "objectivity," and of his belief that keeping reserved, dignified, and unmindful of any turmoil would help reason prevail. No matter what his wife did or did not do, "She could not ruffle my cool"; and this, he thought, was all to his credit. It was not apparent to him that his very equanimity had markedly cruel overtones.

After I had told him what calamity had oc-

casioned my absence, he remained stiff and silent for quite a while. Then calmly and in contrast to my depressed mood he inquired about the prognosis; and when I told him that the physicians were quite confident, he nodded his head in "objective" concurrence and told me about his familiarity with similar cases and their "objectively" satisfactory outcomes. Strangely enough, his seeming unconcern and calmness, though uncongenial to my temperament, had a reassuring effect on me. It was only several sessions later that he remarked with a good deal of sadness—and I believe this was the first time I had seen him genuinely sad—how distressed he had been during that session. Not that he had pretended feeling calm, but that he had also felt like hugging me and putting his arm around my shoulder. This he could not do, he remarked with distress. Every fiber had fought against it, and he regretted [O62] having remained once again outwardly detached when inwardly he had been eager to be more involved.

I hope that these vignettes illustrate what I have learned: that the capacity to rise to the occasion when compassion and helpfulness are called for is part and parcel of the makeup of all human beings. Importantly, in no single instance did my disclosures have any ill effects; on the contrary, the insights, memories, and heightened awareness which followed my self-exposure proved remarkable, and I have the deep conviction that my frankness accelerated the therapeutic process in several instances.

These observations confirm in a personal way the doubts others have expressed previously as to the validity of the position that the analyst's anonymity has universal therapeutic value. Strict psychoanalytic anonymity would have reduced my patients' opportunities to see their own strengths; and certainly it would have limited my knowledge of their caring and compassionate capacities.

In addition, my observations lend support to one of Erich Fromm's hypotheses when he outlined the dialectic relationship between productive and nonproductive character facets. He suggests that in every personality we observe traits capable of being expressed in either positive or negative terms. For instance, he points out that the human trait which may express it-



self constructively in generosity perversely comes to the fore as wastefulness in the non-productive marketing character. Similarly, he observes that the potentiality for man's following productively the directions of others can express itself in the nonproductive pathology of submission; or that the capacity to guide constructively can make itself felt pathologically in tendencies to dominate. In the reactions of the people I have discussed we observe the positive manifestations of potentials and attitudes usually and unfortunately expressed by them in non-productive and pathological terms. Thus Mrs. N.'s manipulative and domineering efforts may be seen as a perverted expression of her capacity to take charge and to be helpful. Or Mr. D.'s penchant for depriving others of genuine satisfactions can be viewed as a perverse and pathological manifestation of his capacity to preserve and eventually muster his resources for moments of real need.

It is not the aim of this paper to definitively outline those of life's circumstances which make human beings "decide" to overcome life's difficulties through destructiveness rather than through constructiveness, to use Fromm's terminology. Suffice it to say—as will be seen—my disclosures and the patients' reactions to them became excellent points of departure [063] for emotionally meaningful instead of intellectually sterile inquiries into the origins of these decisions.

My patients' efforts to search themselves, much more seriously after my disclosures than ever before, brought to light certain themes which up to now had never emerged or had at best been mentioned only fleetingly.

Mrs. N., for instance, now genuinely attempted to grasp the truth of critical childhood experiences and of the affect associated with certain of her present-day reactions to them. She had grown up in an atmosphere dominated by a mother not only immensely resourceful and socially successful, but also vain and attractive. Her father had been equally towering in his professional, financial, and social successes, though he was severely depressed and withdrawn. With great pain Mrs. N. now began to reexperience instances of feeling totally unable to make any

meaningful contributions to these all-knowing, all-successful, and seemingly "need-less" people. These feelings became particularly obvious in relation to her mother. On the other hand, she had somehow sensed the father's essential loneliness and on occasions she had caught his need for her, a tendency vigorously repressed, yet at moments betrayed by him to the girl. While his repressed needs contributed to her symptoms, they left her at least with some dim sense of being potentially useful. But in relation to mother all she could do was to sit in awe, and to hope that some day she would be able secretly to approach her mother's successes. Of course, any such success should never be attained openly, lest it represent in her eyes too much of a challenge to mother's superiority—a superiority that my patient was unwittingly substantiating through her own submissive behavior. Growth and maturity would therefore have to descend upon her magically, i.e., in ways for which she could not be held responsible, and her actual capabilities would have to be expressed in negative terms. Concern with the welfare of others was to be shown primarily through often abrasive manipulations, persistence through petulant power operations, and intimacy through pathetic helplessness.

Pointed recall of childhood events associated with the crystallization of this character orientation, together with penetrating examinations of her present behavior and affect, were now in evidence; there is little doubt in my mind that these developments and my frankness about my situation were causally related, that the admission of my pain made the vision of genuine usefulness a realistic possibility for her. In sincere bewilderment [064] she remarked a few days after my return to work: "I feel so strange, as if it were really possible to be truly useful to you, not just being busy trying to accumulate points..."

Dr. S. also felt impelled by my report to search his life more thoughtfully than before. While eminently successful at a relatively early age, he often felt like a fraud, and indeed in certain ways he was just that. He frequently published manuscripts less in the hope of making a contribution than with the desire to show off and develop an impressive list of publication



credits.

Several times he had discussed with some puzzlement little incidents in the hospital and his reactions to them. For instance, he was quite embarrassed when a patient praised his medical ability to others, or when he was thanked with profound gratitude for having restored health. He was honest enough not to ascribe this embarrassment to the modesty of the humanitarian physician for whom running his errands of mercy successfully is its own reward. But he did notice within himself a desire to experience the superiority "of the white man who willingly accepts his burden." Fortunately his search for such haughty exultation seemed embarrassing to him when faced with heartfelt gratitude.

My gratitude for his genuine helpfulness forced him into further self-examination. This in turn led him to pay more careful attention to daily events, his reactions to them, and memories they evoked. Thus he reported one day with great agitation that his father, feeling ill, had made an appointment to see a physician practicing the son's specialty. But he had not called the patient to inquire about the doctor—actually a prominent physician at the hospital where the patient worked—until he had made all the arrangements. The patient did feel deeply hurt about not having been consulted earlier, and about having been treated as if his training were of little consequence.

Reflection on this and similar incidents led to important insight. With shock he grasped his lifelong sense of having been incapable of making any authentic contributions to his family, that all he had ever been asked to do was to *appear* competent. The real substance of his knowledge and skills had never mattered. What was even more painful and saddening to him was his growing recognition that he had allied himself with this orientation, that he had grown up to cherish the grandstand play and had come to value form over substance. This realization became more poignant through his gradual recall of how, in quest for status within the family, he [065] had forged silent alliances with one parent against the other. They had usually been expressed in the exchange of knowing looks and supercilious smiles. Because of this, demands for genuine relatedness now loomed as threats, as if

they would interfere with old alliances and his concentration on form and style. Thus he resented them and met them with suspiciousness and complaining self-pity about being exploited. That in the process he would also invite actual exploitation by others, making his self-righteous accusations and whining appear justified, became obvious.

The point that I am clearly eager to make is this: much of the neurotic distress experienced by my patients seemed associated with their profound sense of personal uselessness and their sense of having failed as human beings because they knew that the only contributions they had made were embodied in nonconstructive reactions and behavior responding to equally nonconstructive demands. And so destructive interaction with others became a virtuous, alas pernicious life-style governed by the motto: I will contribute by sham and by lack of authenticity—I will contribute by destructiveness. The genuineness of my distress and of my needs had disturbed the smooth operation of this style.

The sample presented is small. Nevertheless I believe that the findings point in a direction proposed occasionally during the past few years in the psychological and psychoanalytic literature. This direction suggests that those concerned with the origins of psychopathology and with efforts to rekindle emotional growth must give serious attention to the possibility that the most devastating of human experiences is the sense of uselessness. This meshes with Fromm's idea that destructiveness is an alternative in living when constructive strivings have been thwarted; with Binswanger's discussion of Ellen West's sacrifice; with Searles' view that the origins of schizophrenia can often be found in the child's pathetic effort to be useful to a pathetic parent; and with Feiner and Levenson's discussion of what they call the "compassionate sacrifice" observed by them in their young patients.

Implied is the thought that anxiety does not emanate from the *fear* of castration but from the terror of the recognition that one *is already* castrated; or that one need not look for the causes of anxiety in a man's *fear* of disapproval but in his horrifying realization that he *is already* disapproved since he is deemed unnecessary.



That is, the roots of anxiety and of emotional derangement can often be found in a person's sense of futility in living, as expressed in his feelings of isolation and uselessness culminating [O66] in his dread of loneliness. But since human beings cannot endure this nightmare of being irrelevant, they must find themselves a pseudo "usefulness" in neurotic or psychotic living.

This is not an effort to absolve the person from his real-enough guilt. For in accepting his role assignment of insignificance he becomes a collaborator with his casting director, causing discomfort to himself and spreading it to the world around him. If this conception of neurotic and psychotic processes has merit, then the therapeutic experience must afford the patient an opportunity to grasp not only his failure to be useful but also his potential for achieving human worth and fulfillment in constructive contributions. Therefore the therapeutic encounter demands an attempt to help the patient see his difficulties in living, at least in part, as the inevitable outcome of his attempt to deny justified feelings of personal insignificance.

The effort to deny this sense of personal insignificance may also be partly responsible for the enormous increase of pathology among middle-and upper-class youngsters. These strata have practiced child rearing procedures that protect their offspring from the rough winds of emotional pain no matter how real the tragedies and the sadness in life around them were. The child-centered home becomes all too readily perverted into a home in which the child is shielded from psychological reality. Caring for the child became perverted into making too few significant human demands on him. Of course this assignment to the status of uselessness and inability to shoulder human burdens is easily obscured by procedures giving the impression that demands were really made. "Clean your room," "take out the garbage," "wash the dishes," "do your school work"—these are poor substitutes for "hold my hand," "dance with me in joy," and "dry my tears." The former are empty and ritualistic steps, the latter are genuine human calls and demands upon the emotional depths of others. The former are inauthentic and usually irrelevant demands because they do not offer an opportunity for giving of oneself in humanly sup-

portive, caring, empathic, and compassionate terms. When the environment fails to make demands for the expression of these human potentialities, when in fact their very expression is precluded by sterile arrangements, then individuals cannot help but feel useless. In making these comments I am not joining the chorus of those who rail against permissiveness; on the contrary, I suggest that true permissiveness has been lacking when the child has not been permitted to experience the full range of human reactions and when he has been kept from making meaningful contributions to others. The [O67] permissiveness of Dewey and Spock was accepted by many in its form, while the substance of their thoughts has all too often been neglected.

This lack of authenticity in parent-child relations, the child's inadequate opportunities to express constructive relatedness, finds an analogue in the traditional analytic relationship. The great promise of psychoanalysis to provide a situation in which the totality of one's inner life can be heard is at least in part negated by stultifying arrangements that prevent the patient's directly experiencing and expressing his constructive tendencies. For here, too, no authentic demands are made on the person. And so, based on the experiences I have described, I believe that a marked reduction of the analyst's anonymity is essential to therapeutic progress. This requires the analyst's willingness to share with his patient his own moods and feelings, not as a therapeutic "technique" but as a genuine expression of his concern. Fortunately this does not mean exclusively the sharing of catastrophic news. In the analyst's working day there arise inevitably innumerable "extra-therapeutic" reactions, be they fatigue or verve, joys or sorrows, excitement or irritation. To share these at least occasionally so that one's patient can be a helpful companion without intruding on the patient's life and without precluding his opportunities to express all his other reactions—this, I believe, is the road the therapist must travel.

I am aware of the possibility that my own concerns during this period in my life forced me to selectively attend to and interpret the data provided by my patients. And it is certainly conceivable that my own sense of helplessness in



the face of grave illness and my eagerness to be useful by being reassuring to my wife were sensed by the people with whom I worked, causing them to respond to me in the manner I described. Worse, it is possible that I was eager to think that I was offered that for which I longed even though it was not really forthcoming.

However, I am inclined to dismiss these possibilities at this time. The patients' growth and their reflections on my and their experiences during this time support the formulations I have advanced. For some patients the events described here accelerated a process of growth well underway. But others were reached emotionally for the first time in therapy by my disclosures and willingness to accept their help. Overall some patients seemed more moved than others; to some my frankness and willingness to accept help were more meaningful than to others; and consequently their therapeutic impact varied from individual to individual. I have some hunches [068] about these individual

variations. First, I told of my situation with varying degrees of comfort and I suspect that the therapeutic impact of my disclosures was less in those instances where I was most hesitant. Second, the younger the patient, and therefore the less likely to have been personally acquainted with realistic tragedies, the less likely was he to be able to empathize with me, and therefore the less profound was his personal reaction to my situation. And finally, the longer and the more intensively we had worked together, the stronger was the positive therapeutic reaction evoked by my self-exposure.

These formulations are presented with caution. Only further investigations and reports from colleagues who had similar personal and analytical experiences will provide more definitive knowledge about the issues raised here. What I have tried to do is to point to a, to my mind, profitable direction of inquiry into the developmental aspects of a person's sense of uselessness and to the analytic issues that derive from it.