Embracing challenge in therapy

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Matt Wotton and **Graham Johnston** suggest practical ways to help you embrace challenge in your practice

If you're anything like us, then there are probably more times than we would care to admit when you back off, back down or back away from confrontation and challenge with our clients. We know this temptation from our own experience, our reflections on practice and from supervision. Now we also know it from a recent, large-scale research study.

The study of more than 1,300 people, led by Professors John Norcross and Mick Cooper, found that more than 70% wanted their therapists to focus on specific goals, give structure to therapy and take the lead.[1] They wanted a directive approach that was 'active, structured and educational'. Only 15% wanted a non-directive approach. It's not a one-off finding either. A Swedish survey found broadly the same.[2] And ETHOS, a major, BACP-funded study on counselling in schools published in *The Lancet*, pointed in the same direction.[3]

Perhaps unsurprisingly, the Norcross and Cooper study showed that therapists want less direction in their own personal therapy. What that means is, clients typically enter therapy wanting their therapist to focus on goals, provide structure, teach skills and take the lead, far more than therapists may be comfortable with doing. This finding contains an important lesson for clinicians – we need to be mindful of our own treatment preferences and recognise they may well not match those of our clients. As Cooper, who also led the ETHOS study, said: 'The findings challenge a passive, neutral stance.'[4]

Yet this is precisely the stance therapists and counsellors are often taught to offer, particularly if their training is grounded in person-centred theory. They focus on offering a safe space, and being accepting and non-judgmental. But the finding above suggests this is not enough. Clients expect these qualities as a minimum, but they come to therapy because they have pressing problems and they want change. And change is often best achieved through challenge and direction-setting. They are not content to spend their time – and money – just on a safe space.

Let's look at three objections, before we consider some practical ways in which we can start putting challenge into practice.

1. Clients don't really know what they want (especially if they are new to therapy).
2. Client preferences evolve over time and, as they mature into therapy, they realise they need more space.
3. I am the rare exception who provides just the right level of challenge to my clients!

Let's address each of those objections in turn:

1. Evidence shows a good association between what clients say they want and how well they do in therapy.[5] Research based on 53 studies and more than 16,000 clients shows that accommodating preferences was associated with both more positive outcomes and fewer treatment drop-outs – clients were half as likely to drop out, which is a huge effect. So, clients do seem to know what works better for them.
2. Client preferences don't change that much over time. Those of us who use a preference inventory can demonstrate that preferences do, in fact, remain fairly consistent.[6]
3. Although therapists often think they operate in the sweet spot of challenge and empathy, research by the late Leigh McCullough, psychotherapist and former clinical professor at Harvard Medical School, found that, in reality, they do the opposite: 'Having reviewed thousands of hours of taped sessions, time and time again, the merciless video-tape reveals therapists turning away from emotional states at crucial times.'[7]

'But herein lies the opportunity. We can combine care, concern and challenge in the service of change'

Coasting

Some of the most thoughtful work in this area comes from the US psychoanalyst Irwin Hirsch, whose searingly honest book, *Coasting in the Countertransference: conflicts of self interest between analyst and patient*, identifies the natural tendency of therapists to 'coast' with their clients.[8] The essence of his argument is that therapists have self-interested motivations and personal shortcomings, just like anyone else. He invites us to do away with the myth that therapists are possessed by especially kind or altruistic characteristics – in other words, to accept our shared and flawed humanity.

Hirsch says that therapists often choose a comfortable relationship with their clients, because that's how we are wired and, truthfully, in private practice at least, we rely on our clients for our salary. We shouldn't sidestep just how hard it can be to make a living. According to the latest BACP membership research, 77.8% of members earn less than £30,000 a year from counselling, and only 34.7% say they can earn a living from it.[9] And this isn't just because members work part time; according to a previous survey,[10] 52% rely on counselling as their main form of income. It's a similar position for UKCP members; in the most recent survey, almost half of respondents earned less than £20,000.[11]

So, we need clients in order to make our living, but we also need them in order to practise doing something that we love and value. Hirsch encourages us to be honest about the 'high' that comes from receiving new referrals, having most of our available hours filled, and earning a satisfactory living. Four decades before him, Heinrich Racker said that, when clients stay with us, the experience is similar to the feeling of being loved.[12] In addition, we see first-hand just how much pain our clients are in. The thought of adding to that pain via a challenging question or point of view can feel risky, or even cruel.

But herein lies the opportunity. Empathy and challenge go together. We can combine care, concern and challenge in the service of change. Clients are not asking us to be abrasive or uncaring – they want challenge and empathy. Some have suggested the analogy of a good massage – to feel the benefit, you will inevitably feel some discomfort. Too much discomfort will leave ▶

you vowing never to go back, but a gentle massage is unlikely to be of much long-term benefit. When it comes to empathy and challenge, it's 'both/and', not 'either/or'. As Lawrence Friedman said, 'The therapist must accept the patient on their own terms, and at the same time not settle for them.'[13]

Embracing challenge

So how do we embrace challenge? First and foremost, via self-awareness and honesty. We need to accept that we are likely to pursue selfish interests which, if we don't catch, will play out to the detriment of our clients. And if we continue to find that difficult, we can explore that discomfort in our own therapy. If we are not in therapy, we can read and reflect. Hirsch's book is a great place to start.

The fundamental point is that we can push beyond our natural tendency to 'coast'. The literature on 'deliberate practice' suggests that, in all human endeavours, we can stretch to discomfort and so build endurance. In essence, we can generate new habits. By challenging our homeostasis, we force our brains and bodies to adapt, as psychologist Anders Ericsson, the world expert in this area, puts it.[14] The motivation to endure the necessary discomfort comes from our concern to accommodate our client's preferences, which we know will improve their outcomes.

We can take the issue to supervision too, of course. But a note of caution here. Supervisors can also 'coast in the countertransference'. They too need to get paid and might be wary of challenging us too hard!

While the mix of empathy and challenge is 'clinical common sense', those of us trained in humanistic or psychodynamic traditions will have heard good reason to be cautious about inserting too much of ourselves into sessions. In the person-centred tradition, the client leads; in the psychodynamic tradition, the unconscious leads. While the idea that we should keep our preoccupations in check is sound, in reality clients often need help to benefit from therapy, especially with very difficult thoughts or memories. Without help, the tendency is to avoid or gloss over them. Clients often need permission to share their story, and permission is not inferred from silence alone. Often it comes only from the feeling that we 'get them', which encourages them to go on, or go further.

Challenge in practice

Karen Maroda has a useful example of this in her book, *Psychodynamic Techniques: working with emotion in the therapeutic relationship*.[15] She describes a female client who says she's no longer interested in sex. As Maroda questions her, the client describes no longer going to bed at the same time as her boyfriend as evidence of this lack of interest. More questions reveal that she stays up and surfs the internet. Yet more questions reveal she spends hours looking at porn. In other words, she is still interested in sex, just not with her boyfriend. Maroda asks her about the emotional tone of the scenes, who is in them and what is happening. From a seemingly throw-away comment – 'I am no longer interested in sex' – the client reveals a lifelong interest in exploring her sexuality with other women. And here's the kicker – the client has been in long-term therapy before. But when Maroda asks whether she has already explored the issue, the client says, 'No, it never came up.'

Ian Kerner, a US couples therapist, deploys an even more direct question in relation to his clinical work. He is the author of a book called *So Tell Me About The Last Time You Had Sex*, and that is often his first question to couples.[16] It cuts to the chase and reveals what is often the central dynamic of the relationship. A direct question of this sort can reveal what narrative accounts leave out. Not many couples will offer up that sort of information of their own accord, but most will respond to a direct question on the subject, often with relief.

This idea of challenge is also central to the suite of mentalization-based treatments (MBTs). Here therapists are explicitly tasked with challenging clients' unwarranted beliefs, and to do so at an intensity that matches the patient. So, a statement such as, 'It was obvious they were all out to get me,' might be met with, 'Was it? Because it's not obvious to me...' Here the therapist interrupts the dialogue and focuses on the moment when thinking seems to break down. This idea, known as 'Stop and stand', intentionally introduces an element of surprise that 'trips' or halts the client. In addiction recovery, which also necessitates a purposeful stance from the therapist, some go even further. Steven J Lee, who works with people addicted to crystal meth, says one of his most useful interventions is to tell the client, 'I think you're bulls****ing me.'[17]

'Clients often need permission to share their story, and permission is not inferred from silence alone'

Clearly this will not be the right approach for every client, but it does invite us to consider being more bold in our work – always, of course, in our clients' interests.

One of the simplest ways to challenge is to notice when the client is moving too fast and is about to skip over something important. Susie Orbach provides an example of this in her *In Therapy* BBC Radio 4 series.[18] Her client is describing intense anxiety and fear that her boyfriend will dump her. She pauses for just a moment, but before Orbach can respond, the client says, 'Anyway...' and begins to move on. Orbach intervenes by saying, 'No, not "anyway", let's just stay here.' In the video of the session, you see Orbach move forward and raise her hand, literally trying to stop the client.

Lewis Aron, a well-known relational psychoanalyst in the US, had a client who was describing his girlfriend's faults and wondering whether to break up with her.[19] He asked Aron, 'Are there important things about your wife that you don't like?' Aron replied, 'Yes, there are... and there are important things about me she doesn't like. There are important things about me that I don't like! Why should she have to like them?' By using self-disclosure, he reframed the issue, challenging his client to adopt a different perspective. A similar technique is used in motivational interviewing – a client unable to count the cost of their behaviour might be invited to see it from the point of view of their child, partner or employer. Often clients can then articulate costs much more readily.

Therapists can also directly offer a different point of view. Mark Epstein, who integrates Buddhism with psychotherapy, suggests encouraging clients to detach from their endless stream of preferences and preoccupations. He invites clients to replace, 'This is what my life should be like/this is how I should be...' with 'Right now, it's like this' – a radically different stance that accepts discomfort and does not try to control it. It also keeps the client in the present moment – and it is far harder to think compulsively about the present moment than it is to think about the past or the future. In Acceptance and Commitment Therapy (ACT), one of the third-wave behavioural therapies, mindfulness is used to reframe statements such as 'I am worthless' to 'I am having the thought that I am worthless', or 'I am noticing that I am having the thought that I am worthless', each creating more space for reflection on commonplace, recurring negative thoughts.

'Challenge isn't easy... the real question in therapy is not whether you are nice, but whether you are effective'

The final idea comes from Paul Geltner's book *Emotional Communication*.[20] His client is a timid man who previously avoided social situations and was terrified of being thought 'showy' or brash. But increasingly he is frustrated that he hasn't got what he wants out of life. During one session, he cautiously describes wanting to speak up at work. Plus, there's a guy in the gym he really wants to impress. He then says he saw a beautiful leather jacket he wanted to buy, a departure from his usual conservative clothes. He asks the therapist if he has ever experienced similar impulses.

Geltner outlines three possible responses. In the first, the therapist is measured and brief and turns the focus back to the client, 'Perhaps you are anxious because you think I'll be disapproving.' In the second, he offers more empathy, 'It sounds hard for you to risk telling me about these feelings. You might be afraid I'll disapprove, as your parents did.' But in the third, he role-models the embrace of those feelings, 'Of course I have those feelings! Sometimes all I want to do is show off, be smart and wear great clothes. It's scary, but sometimes there is nothing better than showing people your stuff, going after the world and getting it. That jacket sounds great! Where did you see it? What kind of leather is it?'

This response is an explicit challenge to the stuffy response of the client's parents. It 'shows' rather than 'tells'. It role-models exuberance. It challenges the notion that modesty is always the right response. And it encourages the client to take up the reins and go on.

Challenge isn't easy and doesn't come naturally to many of us. It must always be balanced with empathy. But there are good reasons to embrace challenge in our practice, not least because 70% of our clients are asking for it and will get more out of therapy if we can provide it.[1] Salvador Minuchin, the godfather of family therapy, says that challenging people is 'being nice in a different way' and that the real question in therapy is not whether you are nice, but whether you are effective. ■

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