inclined, for example, to let you matter or get too close because of fear of suffering yet another loss. Hence the investigation of the past may be important not for the sake of constructing causal chains but because it permits us to be more accurately empathic.

CHAPTER 7

Teach Empathy

Accurate empathy is an essential trait not only for therapists but for patients, *and we must help patients develop empathy for others.* Keep in mind that our patients generally come to see us because of their lack of success in developing and maintaining gratifying interpersonal relationships. Many fail to empathize with the feelings and experiences of others.

I believe that the here-and-now offers therapists a powerful way to help patients develop empathy. The strategy is straightforward: Help patients experience empathy with you, and they will automatically make the necessary extrapolations to other important figures in their lives. It is quite common for therapists to ask patients how a certain statement or action of theirs might affect others. I suggest simply that the therapist include himself in that question.

When patients venture a guess about how I feel, I generally hone in on it. If, for example, a patient interprets some gesture

or comment and says, "You must be very tired of seeing me," or "I know you're sorry you ever got involved with me," or "I've got to be your most unpleasant hour of the day," I will do some reality testing and comment, "Is there a question in there for me?"

This is, of course, simple social-skills training: I urge the patient to address or question me directly, and I endeavor to answer in a manner that is direct and helpful. For example, I might respond: "You're reading me entirely wrong. I don't have any of those feelings. I've been pleased with our work. You've shown a lot of courage, you work hard, you've never missed a session, you've never been late, you've taken chances by sharing so many intimate things with me. In every way here, you do your job. But I do notice that whenever you venture a guess about how I feel about you, it often does not jibe with my inner experience, and the error is always in the same direction: You read me as caring for you much less than I do."

Another example:

"I know you've heard this story before but . . ." (and the patient proceeded to tell a long story).

"I'm struck by how often you say that I've heard the story before and then proceed to tell it."

"It's a bad habit, I know. I don't understand it."

"What's your hunch about how I feel listening to the same story over again?"

"Must be tedious. You probably want the hour to end—you're probably checking the clock."

"Is there a question in there for me?"

"Well, do you?"

"I *am* impatient hearing the same story again. I feel it gets interposed between the two of us, as though you're not really talking to me. You were right about my checking the clock. I did—but it was with the hope that when your story ended we would still have time to make contact before the end of the session."

CHAPTER 8

Let the Patient Matter to You

It was more than thirty years ago that I heard the saddest of psychotherapy tales. I was spending a year's fellowship in London at the redoubtable Tavistock Clinic and met with a prominent British psychoanalyst and group therapist who was retiring at the age of seventy and the evening before had held the final meeting of a long-term therapy group. The members, many of whom had been in the group for more than a decade, had reflected upon the many changes they had seen in one another, and all had agreed that there was one person who had not changed whatsoever: the therapist! In fact, they said he was *exactly* the same after ten years. He then looked up at me and, tapping on his desk for emphasis, said in his most teacherly voice: "That, my boy, is good technique."

I've always been saddened as I recall this incident. It is sad to think of being together with others for so long and yet never to have let them matter enough to be influenced and changed by them. I urge you to let your patients matter to you, to let

them enter your mind, influence you, change you—and not to conceal this from them.

Years ago I listened to a patient vilifying several of her friends for "sleeping around." This was typical of her: she was highly critical of everyone she described to me. I wondered aloud about the impact of her judgmentalism on her friends:

"What do you mean?" she responded. "Does my judging others have an impact on *you*?"

"I think it makes me wary of revealing too much of myself. If we were involved as friends, I'd be cautious about showing you my darker side."

"Well, this issue seems pretty black-and-white to me. What's your opinion about such casual sex? Can you personally possibly imagine separating sex from love?"

"Of course I can. That's part of our human nature."

"That repulses me."

The hour ended on that note and for days afterward I felt unsettled by our interaction, and I began the following session by telling her that it had been very uncomfortable for me to think that she was repulsed by me. She was startled by my reaction and told me I had entirely misunderstood her: what she had meant was that she was repulsed at human nature and at her own sexual wishes, not repulsed by me or my words.

Later in the session she returned to the incident and said that though she regretted being the cause of discomfort for me, she was nonetheless moved—and pleased—at having mattered to me. The interchange dramatically catalyzed therapy: in subsequent sessions she trusted me more and took much greater risks.

Recently one of my patients sent me an E-mail:

I love you but I also hate you because you leave, not just to Argentina and New York and for all I know, to Tibet and Timbuktu, but because every week you leave, you close the door, you probably just go turn on the baseball game or check the Dow and make a cup of tea whistling a happy tune and don't think of me at all and why should you?

This statement gives voice to the great unasked question for many patients: "Do you ever think about me between sessions or do I just drop out of your life for the rest of the week?"

My experience is that often patients do not vanish from my mind for the week, and if I've had thoughts since the last session that might be helpful for them to hear, I make sure to share them.

If I feel I've made an error in the session, I believe it is always best to acknowledge it directly. Once a patient described a dream:

> "I'm in my old elementary school and I speak to a little girl who is crying and has run out of her classroom. I say, 'You must remember that there are many who love you and it would be best not to run away from everyone.'"

I suggested that she was both the speaker and the little girl and that the dream paralleled and echoed the very thing we had been discussing in our last session. She responded, "Of course."

That nettled me: she characteristically failed to acknowledge my helpful comments and therefore I insisted on analyzing her comment, "Of course." Later, as I thought about this unsatisfying session, I realized the problem between us had been due largely to my stubborn determination to crack the "of course" in order to obtain full credit for my insight into the dream.

I opened the following session by acknowledging my immature behavior, and then we proceeded to have one of our most productive sessions, in which she revealed several important secrets she had long withheld. Therapist disclosure begets patient disclosure.

Patients sometimes matter enough to enter into my dreams and, if I believe that it will in some way facilitate therapy, I do not hesitate to share the dream. I once dreamed that I met a patient in an airport and attempted to give her a hug but was obstructed by the large purse she was holding. I related the dream to her and connected it to our discussion in our previous session about the "baggage" she brought into her relationship with me—that is, her strong and ambivalent feelings toward her father. She was moved by my sharing the dream and acknowledged the logic of my connecting it to her conflation of her father and me, but suggested another, cogent meaning to the dream—namely, that the dream expresses my regrets that our professional contract (symbolized by the purse, a container for money, to wit, the therapy fees) precluded a fully consummated relationship. I couldn't deny that her interpretation made compelling sense and that it reflected feelings lurking somewhere deep within me.