

A Bad Feeling Can Be a Good Thing

Contributed by Simon Y. Feuerman, LCSW

Everyone hates a bad feeling.

That seems to be a universal human condition. Even we psychotherapists, who are trained to deal with bad feelings—we hate them too. And how! {mosgoogle right}

An informal but nearly unanimous poll I took recently among colleagues told me what therapists hate and fear most: they hate when patients leave. Some find it hard to let go of patients at any time, but it is especially painful when they leave before they had a chance to really be helped, for the treatment to have really made a difference.

And yet, it is a given in this business that patients leave.

In fact, you can pretty much count on them to leave. Sometimes they leave early in treatment. Sometimes they leave in the middle. Sometimes they leave after many years. But leave they do. It happens. In fact, it happens all the time.

So what are we afraid of and why do we hate it so when they leave? A closer look suggests that it is not their leaving that we fear; rather it is the feelings that we are left with when they do leave. How we hate those feelings! One woman therapist I know revealed in supervision group that she is loathe to even accept new patients into treatment, because she is afraid of the pain she will feel when they leave. What is the source of this pain? Therapists cite depression, failure, anger, and regret, to name just a few.

The question therapists often ask themselves is: Why does it happen? Why do they leave?

To be sure, we can never be certain about reasons people leave until they tell us. One could certainly wager, however, that they leave not for the obvious, reality reasons, such as the lack of money or time. Nor do they seem to leave because of therapists' incompetence or lack of progress, but rather they leave because they came in contact with a "bad" feeling.

What is a bad feeling? Perhaps they were told that they would have to deal with their alcohol problem, or would have to accept the fact that their husband won't change or that their goals are unrealistic or perhaps they realize that we have failed them in some way. They may have felt criticized, misunderstood, confused, judged, or disappointed.

Some would be tempted to say that if we want people to stay with us, we ought to give them a good feeling, or at least avoid giving them a bad one.

But as therapists, we know it's much more complicated than that. It may be our job to give bad feelings in some instances.

Of course, most therapists don't want to give patients bad feelings. In fact, they may even do everything to avoid giving a bad feeling (which, paradoxically, might make things worse.) We find ourselves bending a few rules. We may give those extra few minutes beyond the treatment hour. We might not charge for a missed appointment. Yet despite our efforts, they might get a bad feeling anyway, and when they do, they will surely be tempted to leave.

So, what's a clinician to do?

There are no clear-cut answers, but it might be helpful to look at the patient/client-therapist matrix from a different schema. We might consider the idea that a bad feeling in our line of work may have different implications and differ in meaning than it would under ordinary circumstances. We might even take the opinion that a good part of our work is a preparation for, or inoculation against, bad feelings.

In our trade, any feeling that stops people from talking, from saying everything that needs to be said, is a bad feeling. Any feeling that encourages people to continue to talk and to stimulate new thoughts and ideas is a good feeling. When seen from this perspective, a bad feeling can be good and a good feeling, if it stops people from talking, can be bad. The secret to maintaining treatment can therefore be in the training. Can we train people to keep talking—through good feelings and bad? Can we train people to stay connected, even when they are hurt, even when they feel misunderstood?

Apparently, it is possible, but you have to know how to give a bad feeling and how to receive one, so that it is therapeutic. There are therapists who are good at this. I call them the "bad feeling experts." They give, or at least allow for, bad, horrible feelings, and yet their patients keep coming. How do they do it?

One analyst I know is able to say the most difficult things to people without seeming to pay any of the normal consequences. She is a master at being even. When you are in her office in Greenwich Village, you feel that all of the world's problems, wars, plagues, broken hearts, can all be handled with a deft, light touch. When she disappoints, for example, by insisting on payment for a missed session or frustrates by not talking or not gratifying certain requests, she seems to be able to stretch the bonds of the relationship to the breaking point—without actually breaking.

I have heard her say things like, "You are disappointed and angry and you feel like not returning. You don't have to come back, you know," and then when the patient responds with something negative, she just keeps asking in the lightest tone of voice you can imagine, "How would that be helpful?"

Her secret may be that she is not conflicted about whatever feelings she encounters. She does not avoid or resist the good and the bad feelings that inevitably come back at her. She is open to good feelings, but she may not want them. She is open to bad feelings but she doesn't want them, either. She seems to be able to treat feelings like the weather: cloudy, sunny, rainy, snowy, blue skies.

Why can't we all be like that? Well, part of the conundrum seems to be that some therapists want good feelings as much as anyone. Moreover, some are invested in being seen as nurturing, caring. We want to be effective, too. However, for the sake of good feelings, we become invested in the idea of being seen as "nice";

Nice therapists give unconditional regard. Nice therapists give people a break. When there is a dispute over appointments or over money owed, nice therapists give patients the benefit of the doubt.

One therapist friend of mine won't ever raise a fee because it isn't nice. Another is lax about collecting his payments because he wants to be seen as a good guy. Still another will always return a telephone call even when she probably shouldn't.

As we all know, it is dangerous to be "nice" when we really don't feel that way. In circumstances when we are "nice" when we don't feel benevolent, we cut ourselves off from the awareness of our aggressive feelings. Unconsciously, behaving this way toward patients, being "nice" when we don't want to be, may have the effect of cutting patients off from their aggressive impulses, as well. They and we become in effect, "prisoners of niceness," and the treatment stagnates.

I would go so far as to suggest that a bad feeling is potentially more valuable than a good one, if a bad feeling stirs up a bit of healthy aggression. A bad feeling can also be an opportunity to reflect, to dream, to fantasize, to feel the pain of others. A bad feeling can be stimulating, educational and instructive.

In short, after it is properly understood, a bad feeling can lead to good things, in treatment and in life.

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