



Difficult Conversations in the Therapy Room

By Deany Laliotis, LICSW & Katie Quinlan, CMHC



We want our clients to feel safe and connected with us. We tend to believe that we should offer unconditional positive regard and support our clients no matter what they're doing or not doing, because their problems are often rooted in unresolved developmental trauma. We want to be present and attuned, authentic and relational. But this stance can be challenging to maintain with some of our clients or in complicated clinical situations. What about the client who is a fundraiser for the opposing political party,

and it's all you can do to sit on your hands and maintain your professional composure when you realize it? Or what about the client who grew up in a high-demand, high-control religion and adamantly defends the caregivers who neglected them? What about a client who identifies as Black and who is coming in for post-traumatic stress disorder (PTSD) due to their sibling being shot by White police officers and you're keenly aware of your own whiteness? What about when the client that you've been working with for a while begins to act out with you the way they do with others, and you're blindsided by it?

We have all experienced these scenarios and have responded in different ways. But how do we determine whether it's a conversation to be had with our client, or instead, it's an attitude adjustment on our part? Where is the line between being non-judgmental and making a judgment? Regardless of how we handle it, the nonverbal information is already in the room. The question is, what do we do about it? There are consequences to the choices we make, whether we avoid the issue or address it in some way, either with our clients or ourselves.

The authors want to qualify that these vignettes are being shared with

you, our fellow colleagues, not as counsel or advice but as an invitation to be mindful of the implicit conversations we're having with our clients. There are always multiple people and conversations going on in the therapy room. Many of those people are invisible to us, and the conversations we're having with them, and they're having with us, are taking place largely outside our conscious awareness. So, while we'll never have a handle on all those conversations, at least we can be in charge of the ones we are having with our clients.

who described John as his biggest disappointment in life, while his mother quietly ignored having her son's sense of self eviscerated by his father. Similarly, once he becomes attached to a woman, he too, experiences disappointment and judges her for not being smart enough, pretty enough, slim enough, athletic enough, you name it...a woman's worst nightmare.

As part of our contract for therapy, we agreed that the overall goal of our work was for John to achieve greater self-acceptance, enabling him to be more accepting of a partner

house with her that she can design as she pleases, a lifelong dream of hers.

You must be wondering by now where the thorniness comes in. You guessed it; it was too good to be true. Unbeknownst to me at the time, he was planning to spend the rest of his life with his partner. But he had developed a crush on his yoga teacher, who, as usual, represented the perfection he was never able to attain. She was beautiful, fit, intelligent, friendly, and newly single. She was his dream come true. Despite the many conversations we had throughout therapy about the fact that there was no one perfect person out there, he was convinced that the yoga teacher was the exception and that he had to have her. So, he started an affair with her, all the while building a life and a home with his partner.

After some time, John decided to tell me what was going on. He shared feelings of guilt and shame and wanted to clear his conscience. Despite my best efforts, he did not want to accept that the disillusionment with his current partner was more of the same and that the glitter would inevitably fade with the yoga teacher. He wanted to continue to pursue the yoga teacher while maintaining the façade of building a future with his now fiancée. After a while, I began to feel complicit because he was carrying a secret from his fiancée, and that somehow, telling me served to assuage his guilt. So, I eventually shared my experience with him and further observed that how he was conducting his life was acceptable to him, but that asking me to keep his secret (even though I couldn't tell anyone) was not acceptable to me. I felt more like a co-conspirator, which felt anything but therapeutic. It also turns out that he had seen another therapist for several sessions without disclosing it to me until after the fact. So now I was cheated on, too.



DEANY—BEING CHEATED ON

I worked with a heterosexual man who came to me wanting help with his relationships with women (I identify as a White woman who is heterosexual). He self-identified as an avoidant, who loves women from a distance but struggles to maintain that connection once they get “backstage” and have to reconcile one another's imperfections. John (pseudonym) came by his struggles honestly as we all do, by growing up with a harsh and demanding father

and develop a stronger capacity for a secure attachment. Meanwhile, after several recent relationship failures, he started dating a woman who had a high tolerance for his “suggestions for improvement,” and she even brought a sense of humor to the relationship, which seemed to work for them both. While this relationship was gaining traction, he and I were chipping away at these childhood memories of humiliation and neglect. I'm hopeful that we're getting somewhere as he plans to put down roots and build a

As a relational EMDR therapist, I shared my experience with John. I disclosed my discomfort around his leading a double life with his partner, and that I was similarly uncomfortable that he had been dishonest with me. Further, I reflected that I could appreciate what it might feel like to be his partner, which is to feel alone and disconnected because he was so emotionally unavailable. My hope was that sharing my experience would invite him to reflect on how his actions impact others, and further, that it would prevent him from having the kind of intimacy and connectedness he longed for. It was an invitation from me for him to relate to that part of himself and reevaluate his choices. John was a kind and generous man by nature, so I was hopeful that inviting him to self-reflect would be helpful to him. Instead, his reaction was that I didn't understand him. I suppose that, in retrospect, it became hard for John to know about

this part of himself and his secrets, but I couldn't help him if he wasn't ready to approach it and be honest with himself. Ultimately, he continued to pursue his course of action, which was contrary to our agreed-upon contract for change, so it was mutually decided that we would terminate the therapy.

KATIE—THOU SHALT NOT COLLUDE

Cheryl (pseudonym), a 32-year-old married woman who was coming to therapy for low self-esteem, reiterated numerous times how wonderful her parents were, raising a large family with biological and adoptive children throughout her life. Cheryl was one of the older children in this large and stressed family system. She was struggling to make genuine interpersonal connections in her adult life that did not involve taking care of others. She also recognized significant deficits in identifying her needs and asking others for help.

During the history-taking phase, Cheryl described growing up in a strict religious household where everyone was expected to pull their weight, and the parents were the authority figures, never to be challenged. Cheryl would often express confusion about her struggles and, understandably, inferred that they must be about her because her parents were so perfect. As we developed a rapport and considered how to approach her trauma work, Cheryl would disclose painful and significant episodes of emotional and physical neglect that occurred from early childhood through adulthood. These experiences of maltreatment and profound neglect were so painful to hear that I found myself becoming angry as she defended the very caregivers who routinely took advantage of her or ignored her experience and needs altogether. I struggled with this internal conflict, recognizing

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that Cheryl knew what had happened to her and continued to honor her mother and father through the eyes of a child rather than question their choices and acknowledge their impact on her.

Since Cheryl could only see her parents as perfect and infallible, it made sense that she blamed herself for her despair and, as a result, had a lot of self-loathing as she must be the problem. Her sole strategy to connect with others was to be of service at any and all expense to herself, so she never learned about the mutuality and reciprocity of a healthy adult relationship. As her therapist, I recognized that for Cheryl and me to mutually agree on what we were working on, I was going to need to be honest with her about how I understood her struggle. I could not agree with her understanding that something must be wrong with her because of a rigid and childlike view of her past. There was no way she was going to be able to do productive trauma work if she was not willing to consider a more adult perspective on her past experiences rather than blindly defending the people who were in charge and taking responsibility for their choices.

As Cheryl and I started to have this conversation, she began to contemplate the enormity of what happened to her as well as what she lacked in her development. It felt like I was presenting an alternate reality for her to consider while at the same time holding space for her experience, so she didn't feel invalidated. This was an ongoing thread in our work together. At times, I wasn't sure how this would work out. Sometimes she could stay with it, and at other times, she felt like she was betraying her parents or was going to get in trouble with God for having her perspective on things. But slowly, over time, she

gave herself permission to carve out a space to consider what was true for her despite the story she was told and had unquestioningly upheld well into her adult life. As she learned to have compassion for herself and her experience, she also started to consider the possibility that God is more compassionate and understanding than demanding and punitive, allowing her to feel more hopeful in her spiritual life.

With Cheryl, I took a calculated risk of having an uncomfortable conversation with no certainty of how she would respond. My countertransference of anger on her behalf flared up in the face of her stance of idealizing the people who hurt her. I found myself feeling irritated whenever she would share stories about how wonderful and generous her parents were. I was not angry with her, and I did not need her to feel angry with her parents, but my consistent reaction to this dynamic was good information that we were not having the same conversation and, ultimately, running into a strong defense that we needed to name in order to proceed. Fortunately, she responded in an open, curious, and collaborative way and our work could continue.



It was in that relational connection between us that I learned to appreciate the importance of keeping my heart open, no matter what their story is or the political party they're affiliated with, so I can continue to bring my best self to the work.

I have other cases in which clients have not necessarily responded to my invitation to see things more clearly in their lives as we map out our work together. One of my clients, Mark (pseudonym), was 40 years old, a first-generation immigrant from a close-knit family system and an orthodox religious tradition. Mark presented with issues around sexually acting out with men in a way that was high-risk and concerning for him. Mark identified as gay and desired an intimate, long-term relationship, but refused to move forward on his wish for himself due to his family's belief system and their explicit statement that they would disapprove of such a relationship. I started our work by normalizing Mark's dilemma. For any first-generation family living in another country, there is a tension between the culture they come from and the culture they live in. We discussed how there is always a cost, no matter his choice.

I asked him if it would be okay if we think of our therapy as creating an emotional space for him to fully expand and explore that cost/benefit ratio, so he can make an informed choice, and his decisions are not in reaction to his family, but come out

of a clear, authentic understanding of himself. We identified how this is a dilemma he has not resolved, and instead, he acts out. I wish I could say that Mark took me up on that offer and we continued a productive therapeutic journey. Instead, he discontinued our work together shortly after that conversation, only to return to our practice a year later, presenting with the same acting out behaviors.

DEANY—STRATEGIZING WITH THE ENEMY

I live and work in the most political city in the U.S.—Washington, D.C. The chances of one or more of my clients having a different political orientation from my own is 100 percent. I've had a lot of practice over the years working with clients from different backgrounds, ethnicities, races, genders, sexual orientations, and political parties, but this was the

first time my client's work was for the opposing political party and was part of the issue that brought the couple into therapy.

Bob and Jenny (psueonyms) were an ambitious couple in their early thirties, who had been married only a couple of years and did not have children. Their clients were political candidates seeking election or reelection. They both came from humble backgrounds and other parts of the country, hoping to make a name for themselves as power brokers by leveraging their talents as political strategists, who could get the job done. They both worked long hours, well into the late evenings and on weekends, planning and hosting fundraising events for their clients ahead of a high-stakes' election cycle.

They came to see me after a recent incident where they both had too much to drink at one of these

fundraising events and had a big fight at home later that night because Jenny did not want to be intimate with Bob. It turns out that this scenario had become all too frequent as the election was getting closer, and the pressure to perform was mounting. They also wanted to start a family, but having sex had become a rare event given their workload, their drinking, and their exhaustion.

As part of understanding their story throughout treatment, the couple shared details about the people they work for, the behind-the-scenes maneuvering that takes place, and the pressure of performing in a ruthless environment. This was more than I wanted to be exposed to, and I felt increasingly uncomfortable with their world. At the same time, this power couple is falling apart at home, drinking alcohol to excess, and struggling to stay connected to one another and



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what is important to them. It turns out that Bob came from an alcoholic family and was parentified as a child, and Jenny, whose physically disabled sister had died young, was expected to be the one who could make the family whole again.

As with all of our clients, I understood that their unresolved childhood experiences were being activated by the inherent stressors of their current lives, which is the Adaptive Information Processing (AIP) understanding I proposed to them. I invited each of them to appreciate their past-present connections and offered to do some reprocessing sessions while in the presence of their partner. My thinking was that, in addition to the trauma work that was needed, each of them could benefit from having more empathy and understanding for their partner. It turns out that I, too, needed to have more empathy for them as I was getting caught in the drama of their stories, the world they lived in that I couldn't relate to, and was beginning to lose sight of their human frailties that brought them in to see me in the first place.

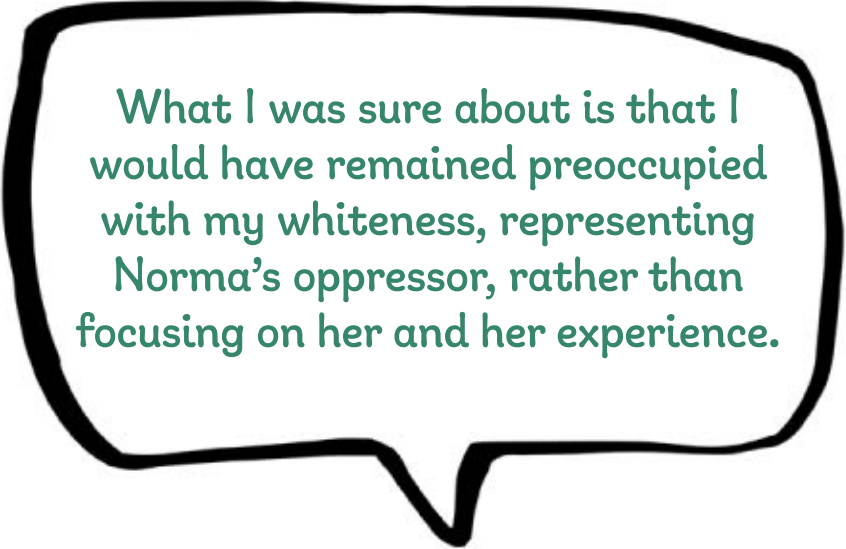
In the EMDR reprocessing sessions, we accessed some of their painful and emotionally confusing experiences that were playing out in their day-to-day lives. As I invited them to share their experiences about the other, I, too, shared my experience of being touched by their pain. It was in that relational connection between us that I learned to appreciate the importance of keeping my heart open, no matter what their story is or the political party they're affiliated with, so I can continue to bring my best self to the work. In retrospect, I can appreciate that their distance from one another had an impact on me, too, making it hard for me to feel connected to them because they, themselves,

were hostile and disconnected from one another.

In this case, there was nothing to discuss with my clients as it was abundantly clear that this was my problem and mine alone. I understand that as a therapist, it is important to find something I like and can connect to with everyone I see. I appreciated that Jenny and Bob came to Washington to make a difference in the world. I also appreciated that part of what they wanted to change was based on their unhealed wounds that made them feel powerless. And even if I have different sensibilities, I understood them in a way that allowed me to see and appreciate them. And if that were too hard, then the best thing would be to refer them to

KATIE—BLINDSIDED

"Haven't you heard the expression, 'keep sweet'?" She asked as she rolled her eyes. I had never heard the expression, so I asked her for clarification. She explained to me that in her faith tradition, from an early age, girls were taught to obey and be submissive. She described her history of "keeping sweet" in her house so that she would not be subjected to her stepfather's unpredictable violence. Jessica (pseudonym) does not identify as religious. She has negative feelings about what she learned to do through her church and at home. She described becoming adept at pleasing others and being invisible, which she now finds repugnant as an accomplished adult woman. The concept of "keeping sweet" was entirely new to



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someone who could care for them the way they deserve to be cared for. It's unreasonable to expect that we can be good therapists to all clients. But when we can be good enough, it makes us better. That was certainly the case with Jenny and Bob, and I am grateful for the opportunity.

me and didn't align with the woman who was presenting as my client. I should have been more curious.

And then it happened in session. We were in the middle of intense memory reprocessing regarding a foundational memory connected to early childhood anxiety. She was



making significant progress and showing up. She is the kind of client I look forward to seeing because she's committed to the work and was willing to "go there." So, imagine my surprise when her psychiatrist called me to coordinate care due to Jessica's elevated suicidal ideation and depressive symptoms. What?!? We never discussed this. In fact, Jessica was my model client, focusing diligently on the work we set out to do. She was entirely on board, or so I thought.

When Jessica came in for her next session, I invited her to speak openly with me about what she had been experiencing. Together, we explored how she felt she needed to show up a certain way with me. And then it dawned on me...she was keeping sweet in her sessions with me. As we connected this pattern to her presenting issue and trauma history, I also recognized the need to offer her an apology because I missed it. She may have a history of being good at being invisible, but I knew that, and I was still blinded by my sense of satisfaction in how she was showing up so compliantly. I was frustrated with myself for my need to see Jessica as better than she was, even if that was what she projected to the world. And I was horrified that my myopic focus on the piece of work we were doing created a situation in which she

did not feel comfortable being herself. As I brought up the new information I had received from her psychiatrist (with her full permission), I felt trepidation about how she would hear it, not wanting her to feel any shame or create more of a rupture in our relationship. Taking a step-down position and sincerely apologizing for unknowingly creating a treatment environment in which she felt she had to show up as a good client, reminiscent of dynamics from her childhood trauma, helped her to feel understood and allowed for necessary repair.

Jessica's adaptation of keeping sweet allowed her to keep herself safe at the expense of having and holding a full emotional experience. While it was what she wanted and knew how to do, it was not what she needed to improve her mental health as she could identify that her depression was a direct result of her struggle to be authentic. We contracted to continue our work more openly and transparently, which included that either one of us could call it out if the sweetness was seeping into the work. I had the opportunity to clarify that I have no expectations of how she shows up. What I proposed was for her to use the safety of the space we shared to explore how she wanted to show up if she weren't keeping sweet.

DEANY—IDENTIFYING WITH THE OPPRESSOR

I received a call from a former client about a schoolteacher with limited resources who needed help for her PTSD due to her brother being shot and killed while in a parked car in another city. Norma (pseudonym) is a Black woman, single, in her early thirties, lives alone, and has been isolated in her apartment since the incident occurred a couple of months before. During our initial in-person session, she described how she knows and understands the racial violence that takes place all too often in the Black community, but she never imagined that it would be someone in her family.

Norma grew up in the South as one of six children to a mother who was a heroin addict. As one of the older children, it was she who often found her mother unconscious, not knowing if she was dead or alive. She described coming to terms with death at an early age. At some point, Norma accepted that she was powerless to do anything about her mother's addiction and embraced the prospect of death as a possible end to the story.

But her brother getting shot was different. The two brothers were in the car, hanging out, when two White police officers approached them. They were young. They did nothing

wrong. And they were unarmed. While we've all heard the rest of this story too many times, this time, it was her brother. He was Black, and the officers were White. And, so am I.

So, after we agreed to do the trauma processing together, Norma came in for her next session. We reviewed the basics about what would happen, and I asked her if she had any questions. She dutifully replied no, that she understood what I had said and was ready to proceed, even though she acknowledged being nervous about going through the memory and the ancillary events surrounding her brother's death. Meanwhile, I found myself working much harder than usual, trying to make Norma feel at home when I realized that "feeling at home" was not a reasonable expectation on my part. So, I decided to take the chance and broached the subject of our racial differences as I was becoming increasingly concerned about whether this was going to work despite my felt sense that we had established a good rapport. I leaned slightly forward and indicated that I had a question for her if that was okay. "Sure," Norma replied. "What's it like for you to talk with me, a White woman, about your trauma as a Black woman?"

The pause between my question and her response seemed like an eternity, but in reality, I was feeling anxious about her answer. "It's fine, now that you asked me about it," Norma replied. Wow, it's fine, now that you asked me about it.

While I struggled with the decision of whether to say something to Norma, I knew that the only way I could be authentic with her as her therapist was to bring it up for discussion. I knew it would be okay to some extent, but how could I be certain? What I was sure about is that I would have remained preoccupied with my

whiteness, representing Norma's oppressor, rather than focusing on her and her experience.

Norma and I had a few more sessions together, targeting the memory of learning about her brother's death, to include the funeral, talking with the authorities, and, of course, helping her get back to the life and the work that she loved, which was working with the children in her classrooms. Part of the frame for the piece of work we did together was about helping Norma make the decision to embrace life and live it fully rather than to brace for the next bad thing that could happen, which was old stuff from childhood that was solidified by the tragedy of her brother's death. Instead, for Norma, it became about giving herself the gift that she offered to her kids every day. It was her courage that inspired me to be radically honest with her. And that was her gift to me.

TAKEAWAYS

We will all have different ways of thinking and responding to these dilemmas. It's not about what we decide to do or not do. It's about being authentic and true to ourselves and to our clients, which is about being committed to the process without being attached to an outcome. The process involves acknowledging what is happening or not happening and honoring the therapeutic contract we entered into with our clients when either of us struggles to uphold their end of that agreement. But it's also about acknowledging that we, too, have limitations, and that it's not only okay to have them, but we need to acknowledge them, not deny them because it makes us feel bad. To pretend that something isn't a problem when it is is not only inauthentic but also an act of injustice to our clients. Hiding behind our professional

persona will invariably impact what's possible. Being honest and humble as a psychotherapist is the best self-care for us as it gives us the freedom to show up for our clients in the same way we ask them to show up for themselves.

We share our stories, not because we have answers to any of these dilemmas, but because we all have experienced some version of these scenarios. It's important that we share our experiences, so we can learn from and support one another. That's what being in community is all about. None of us gets to where we are without having the good fortune of peer support and mentorship to help us continue to develop. And if we're going to do this work well, we need to be in consultation with others, where we are continually challenged to grow, both personally and professionally, and to take necessary risks. Dr. Francine Shapiro set the example for all of us. She possessed the courage and tenacity to speak her truth about EMDR, which paved the way for all of us to be here now. So, let's "Go With That!" ●

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