

# **Expectations in Therapy or “I Never Promised You a Rose Garden”**

By Joan Schain-West, MSW, PhD

One of the most difficult tasks as a therapist is navigating the fine line between gratifying the regressive element in the patient’s need for support, approval and gratification of unmet, infantile needs and the ultimate goal of treatment which is to strengthen and enhance the adult self of the patient. Both issues often arise within the same session – learning to negotiate between the regressive desires and the adult goals is a life-long process. When the therapist helps the patient understand and accept primitive feelings, relating their origin to past traumas, the patient can be helped to reduce fear of these feelings and the need to defend against them. The patient’s fear of fragmentation is reduced and the patient can more easily accept and control impulses arising from the past and learn how they influence his reactions in the present. I believe there is also an important element in the treatment during which the therapist illustrates adult reactions to a presenting problem thereby offering the patient alternatives to the child responses he has learned. However, an important part of this aspect of therapy is to be clear to the patient that infantile impulses and desires and yearnings will continue to arise since past unmet needs cannot be completely erased. The expectation of avoiding the grip of yesterday’s trauma, as if it were today and not acting on these feelings with child responses, can be accomplished. Therapy cannot change the traumas and deprivations of the past; therapy can only help the patient avoid being locked into emotional responses with a child’s mind.

Many patients come into therapy with high hopes of resolving deep seated and long lasting problems in their life. Of course, there are others with low expectations and a basically cynical attitude. While it is premature in the beginning of treatment when the therapist is establishing a working relationship and gathering historical data, I believe at some point along the way, it is helpful to point out the limits as well as the gains that can be expected. For example, therapy cannot change traumatic or deprived experiences of the past but can help patients recognize that they are, indeed, from the past and do not need to be acted on with child-like responses even though the emotion and thoughts to do so will arise. In addressing this limitation the therapist is also setting limits on the degree of fulfillment of unmet infantile needs that every patient (and person) comes with into adult life. Patients can be encouraged to use their adult minds and good judgment when primitive yearnings arise while at the same time experiencing gratification of their childhood need to be heard, listened to and to share their feelings. Thus, both horns of the dilemma can be met. Undue gratification of child yearnings by the therapist may slow progress as the patient comes to expect that elsewhere. The patient then fails to develop realistic expectations.

This dilemma can be also viewed as the negotiation between attachment and autonomy. With a focus on the adult part of the personality, attachment is quite different from that of the more primitive form of attachment when one partner in a relationship seeks and receives primitive gratification while the other gains narcissistic gratification in not being the “needy” one. Both are being cheated from a truly intimate relationship; be it in marriage, friendship or ultimately patient and therapist.

## **Clinical Example:**

A middle aged professional woman I will call Mrs. K, and her husband, sought conjoint marital therapy for their perception of a troubled marriage. Mrs. K was both depressed and angry over unmet needs in her marriage with a bright but withdrawn physician husband. History-taking revealed that her childhood, as an only child, was lonely and, at times, frightening at the hands of a very depressed mother and uninvolved father.

Mrs. K’s first marriage ended in divorce after her husband left her precipitously without the financial resources to provide for her children’s education. He had been abusive and cruel as well as repeatedly unfaithful. Throughout, Mrs. K strived to “keep the family together” until the final blow of his departure. Mrs. K’s reactions to her second husband were highly colored by her expectations of pain, loss, abuse and desertion.

Mr. K had grown up in a home with a psychotic mother and withdrawn father. His mother was intrusive, demanding, controlling and critical as well as suffering from bouts of depression. Her own

mother had committed suicide, blaming her daughter for not visiting her frequently enough. Mr. K was heavily defended against the painful feelings of his childhood – he was emotionally remote and withdrawn.

Mrs. K's desires toward Mr. K were experienced by him as pressuring, controlling and intrusive. When Mrs. K was helped to understand the way her husband experienced her as he had his mother, she was able to "back-off," meet some of her needs elsewhere, exercise control of her infantile self and wait for her husband to come to her. After all, he had the same need for closeness that she did but could not pursue it as long as his wife behaved like his mother!

The patient experienced my interpretation about her behavior and its effects as painful. However, I persisted with this interpretation, relating it to Mrs. K's early traumas. I repeatedly referred to the wife's behavior as, 'not the adult she could be.' An "adult" in control of her feelings would be reassuring to her husband and allow him to more readily respond to his wife's needs instead of becoming defensive and withdrawn. I pointed out that her desires can be only partially met and would not be met at all if she persisted in her pressuring style. Throughout the treatment I felt it was necessary to check the state of our therapeutic alliance from time to time. However, with reassurance of the purpose and hopeful outcome for the marriage, I was able to maintain our positive relationship. Mrs. K originally wanted my help to "fix him." I was clear about the limitations of the treatment and that, given his history, he could only express himself in a limited way but did provide the stability, security and commitment she also needed.

As Mrs. K came to understand her effect on her husband she was able to restrain her impulsive reactions even though she had the same yearnings for attention and affirmation. Mr. K was then able to relax his defensive remoteness and demonstrate more loving behavior. His behavior was difficult for him to look at and to change but ultimately he was able to acknowledge that he needed to see his wife as different from his mother. He could then open up to her to a greater degree. My work with the husband was supportive in acknowledging his feelings and confronting his retreat, withdrawal and distancing maneuvers. These were directly related to his early relationship with his mother and were repeatedly pointed out as inappropriate to the current reality. The couple ultimately went into a partnership of two adults and not the withholding parent and needy child ones of their past. However, maintaining an adult relationship required vigilance and I could not offer a definitive "cure" for difficult feelings that could arise.

An important feature of this approach in therapy is the ability of the therapist to hold on to his or her position even when the patient seems derailed by an interpretation. A pitfall for the therapist is to side with one aspect of the patient's personality (the needy or hurt baby/child or the narcissistic parent who denies or neglects the pain of the other). Support can be offered to the adult self who went into treatment seeking change. Exclusive focus on the traumas and deprivations of the past do not enable the patient to move forward. These traumas can be recognized as they get enacted in the present without dwelling on them. They cannot be erased with therapy but they can be brought under control and no longer determine the nature of the patient's present and future relationships. Patients have more resources and resiliency than we often give them credit for when we address their strengths.

Looking at the question of expectations in therapy, it is important to address the limitations of patients and their situation as well as to provide hope for those changes that are realistic. In the case of the couple described, it was clear that the husband would not be able to fulfill all the expectations for connection and intimacy that the wife desired. However, he did make major changes in his approach to her, modifying his distant stance, softening his approach to her and reaching out to better meet his wife's emotional needs in so far as he was able. The wife recognized and appreciated these efforts but, more importantly, focused on those qualities that the husband was able to provide such as stability, loyalty and intelligence; character traits obviously very important to her. She realized he would not be the open, easy-going partner she may have wished for. As their mutual acceptance increased, so did the warm and intimate aspects of their relationship. Had more expectations been implied in the therapy, or fantasies not discouraged, the couple would not have been able to make such good use of that which they accomplished.

Ringling in my ears were the words of a therapist about the realistic expectations of therapy. I was

reminded of the poignant passage in which Frieda Fromm-Reichmann introduces a note of reality to her patient during their successful work together. Her patient asked, “What good is your reality when justice fails and dishonesty is glossed over and the ones who keep faith suffer. What good is your reality then?” Dr. Fromm-Reichmann’s answer, “I never promised you a rose garden. I never promised you perfect justice. My help is so that you can be free to fight for all these things.” Although this passage in the book is Dr. Fromm-Reichmann’s response to her patient’s indignation about unfairness on her hospital ward and in the world of “reality,” it has always seemed to me to be applicable to any “reality” addressed by any patient in therapy. In doing this, the spirit and satisfaction of major positive gains are not diminished by unrealistic hopes and expectations.

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Greenberg, Joanne. I Never Promised You a Rose Garden. New York: Signet, 1964.

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