

Treating the Chronically Disappointed

From: [Family Therapy Networker](#)

Date: [January 1, 2000](#)

Author: [Bohen, Halcyone](#)

My client sprawls on my sofa, her head thrown back. Her chin points up toward the ceiling, eyes squinched closed. Two deep, vertical lines divide her brow, darkening her features. It's a scowling, brooding face before me. She is silent except for deep sighs, broadcasting chronic disappointment.

I'm feeling like Sisyphus. I've done months of good therapy, using many modalities--behavioral, cognitive, experiential, family systems, self psychological, plus mind-body and biochemical interventions. She's had several rounds of antidepressants. She's improved her nutrition, exercise and sleep. Following fruitful EMDR sessions, her beliefs about herself are much more positive. She's well aware of the neglect and abuse in her childhood, and has differentiated herself from her troubled family of origin in many ways. After many job losses, she's now doing well at work. But she looks miserable again today. The stone I've nudged painstakingly up the mountain for months has rolled back down overnight.

I'm starting to watch the clock, irritated with what seems to me like her acting out today instead of speaking. It's hardly her first display of these postures. Finally, she says she feels trapped. Meanwhile, I've started to feel trapped with her.

Most clinicians recognize moments like this--sitting with clients and their profound discouragement or their unremitting litanies:

The poor me's: "Others have better luck than me." "I've always had lousy bosses." "I'm not as smart . . . thin . . . pretty . . . successful as"

The "I can't's": "I can't find a job . . . a girlfriend . . . an apartment . . . recognition."

The blamers: "He won't let me . . ." "She makes me feel . . ." "I can't because you . . ." "He never . . ." "You always"

And the injured innocents: "I only . . . was a little late . . . had a one-night stand . . . forgot the list."
Whatever.

Somebody always lets them down, or doesn't understand or doesn't help--a spouse, a boss, a parent, a child. They can feel insatiable, inconsolable, forever wanting someone else to fix what they're unhappy about. They feel they're not "enough" and neither is anyone else. I'm just the latest in the lineup. They're hoping I'll have the magic bullet. I won't, of course.

In the pantheon of psychotherapy challenges, these chronically disappointed folks are not the most troubled or harmful of our patients. But they fill a nagging niche in our practices. They may include those with traditional DSM diagnoses like depression and anxiety, or narcissism and borderline personality disorder. But what links them in my mind is what it is like for *me* being with them.

Listening to them, I can start to feel in myself what *they* feel most of the time: tired, discouraged, stuck, overwhelmed, depleted, ineffective. Like a victim, helpless in one major life area or another. Or worse, I can start *acting* the way they do: some days friendly and trusting, other times, defensive, wary, angry, distant and blaming. And disappointed in them or me or both. Brain research may eventually explain these sequences and show us alternative ways to help. But for now, how can I keep myself from going down this sinkhole with them?

The term "chronically disappointed" helps, for starters. I'm not suggesting a new DSM category, but the term orients me because it describes their worldview and, therefore, what they struggle with. Seeing them this way, I know my work will be to loosen their attachment to their bleak belief system about how life must go. The phrase reminds me, as well, of the kinds of deprivations that create these sour expectations and what the therapy will require. These clients tend to be therapy loyalists, hanging in with us despite their relentless disappointment in their therapy, too. They want to feel better. They want to believe, despite themselves, that we can make it happen for them.

In those instances when I can move clients swiftly and effectively to focus on *their* roles in their problems, I keep myself on steady ground. For example, I have no trouble when a new client peers sternly over the top of his glasses, declaring in the slightly clipped English of his second language: "My expectations of people are rarely met. My wife isn't there for me. No one helps me. I've had countless years of therapy. I have no idea why Dr. J thought we would be a good match when he referred me to you."

I recoil in mock shock, my hands up, palms facing him in a protective position. As playfully as I can, I say: "Is this how you start? Telling people you expect them to fail you? I'm preparing to defend myself." He relaxes. He smiles. He says he's just nervous, and discouraged about feeling better.

We've made a good beginning. He has announced his modus vivendi straightaway, giving me a preview of what's ahead. I've had the presence of mind and good humor to immediately address his process in a way he felt was benign.

With another chronically disappointed client, I also was able to zero in quickly but gently enough that she could feel safe with me. This woman leaned intently forward in her chair, asking me angrily: "Is there anything wrong with wanting my husband to make love to me?" I replied slowly, softly, shrugging my shoulders: "I dunno. You sound doubtful. Do you find you lovable?" She let her body curl back into the

seat, then answered quietly, "No, I don't." Okay. We had a place to go. To explore why she felt bad about herself, and what that might have to do about what wasn't happening with her husband.

Not all of the chronically disappointed are irritable or accusing. Some are emotionally restrained, even inhibited. On the surface, they are very agreeable. Charm by self-deprecation is their mode. But they suffer, too. They can't commit. They hold back. They are ambivalent. They second-guess their life choices. They're disappointed with their mates, if they have them, and with themselves.

For example, one of these frustrated but charming patients made numerous positive changes in her way of reacting to her "impossible, childish" husband. This week, he called her from a trip saying, "I'm a happy man." Before she knew it, she replied from her old position: "I hope you'll still feel that way when you get home." She pushed him away with her protective, knee-jerk rejoinder when he came closer with his warm statement. These repetition compulsions are etched in stone for the chronically disappointed: "I believe I can't get . . . so I'll keep proving I can't."

One of my goals in therapy with chronically disappointed clients is for them to feel safe enough to focus on their own internal states, to become aware of when and how the vicissitudes of their minds decide that their glass is half empty or half full. In my experience, this usually requires them to revisit painful and shameful experiences from the past. Chronic disappointment is one way these patients stay away from old, unpleasant emotions and thoughts. Other clients have different defenses. We all struggle with accepting past realities, giving up cherished self-images (e.g., "I was deprived") and taking new chances. I think what makes the work harder for me as a therapist with these clients is their in-my-face challenges to *my* self-worth.

With the chronically disappointed, it never goes smoothly throughout the treatment. The scared, lonely parts of the "internal families" in their heads regularly sabotage their longings to count on me and others. In therapy, I try to help them develop three basic skills: to observe these negative processes in themselves (such as feeling shortchanged); to have compassion for how and why they learned this way of relating; and to see other options to their habitual, dour take on life.

Therapy moves along nicely as long as the client is feeling safe with me--that is, confident that I am not going to hurt or abandon him or her. For example, with the patient above, she could laugh with me as I noted her "blemish" of a potentially tender moment on the phone with her husband. She could go home and make good use of her therapy learning. Her observing ego is operative and well.

But sometimes, of course, the client feels bad with me in a way that echoes his or her disappointments elsewhere. Maybe he's feeling I don't understand, appreciate or respond well enough to something he shared with me. These "injuries" and "ruptures," in self-psychological lingo, are inevitable and crucial, in my view. These moments are when we discover most about what the patient needs to heal.

Most clients experience ruptures in therapy, but with the chronically disappointed these ruptures are more frequent and volatile and can be countertransference minefields for psychotherapists. With less challenging clients, my more primitive emotions, like anger and fear, are less apt to get triggered. But this group often requires me to face feelings in myself that I'd rather ignore or deny. To help them, I have to take care of my scared or mad parts in ways that do *not* make the client the problem.

Take my brooding, scowling client draped on my sofa who says she feels trapped. What is my part in what's going on? I, too, am trapping myself in my silence because I can't figure out what to say or how to just "be" with myself in her presence. Part of me wants to run or wants her to leave. Part of me wants to get angry, to accuse her of being impossible, to tell her to shape up and talk. Deeper in myself, I'm worrying about disappointing her. But I do not want to impose my insecurities on her, or to withdraw or blame her. So what can I do with myself that is helpful for the client?

I'm always encouraging *her* to talk about what's happening to her--not to attack others, not to act out. To pretend I'm not feeling anything right now would be faking it, lying by a sin of omission. It's a parallel process. The feeling stimulated in me echoes her issues. This is an intersubjective moment, in self-psychology terms, when the client *and* the therapist are both contributing to the impasse. My silence about my experience in this moment perpetuates a hierarchical myth of psychotherapy--that all the disturbance is in the patient.

I do know a reliable road out of this stuck place: to observe my internal process and talk about it. But a big part of me doesn't want to. It's easier to focus on her and ignore my own discomfort and history, precisely because I am uncomfortable, even upset. So how can I say something about my struggle in this moment and *not* blame her?

I force myself to observe my thoughts. She's not actually *doing* anything to me. I'm just uncomfortable with this revival of her chronic disappointment. I search to find suitable words. "Right now, I'm having a hard time sitting with you, with your frown, your silence. I feel you're wanting something from me. I'm wondering if you're angry at me."

Immediately, I feel less trapped. How did I free myself? Good old mindfulness. Paying attention to my experience. Saying it without making her the problem. I feel relief. I'm rejoicing inside! Bless Buddhism. Bless self-psychology. Bless Transactional Analysis . . . "I" statements. Whatever. I feel open, empathic again.

"I don't know what to do," she answers me. "And I know you won't tell me."

I feel more relief. She's "going inside" now, too, "owning" her experience, not just acting it out. She, too, is moving out of the passive, trapped place in herself, using the active voice. We both have quieted our minds and unblocked our energies.

Now I'm pleased with both of us. My careful statement about *my* internal experience, not characterizing her, modeled how to be. Now I can ask her, tenderly, "What's that like for you, not knowing what to do, and me not telling you? Let's look at your experience together--explore what happens for you."

Maybe I'll let her know what just happened to me. Later I do. I tell her that just minutes ago in this session I had had to work hard to take care of myself and not blame her for "doing something" to me. She is grateful I told her, she says, because she feels both understood and not so different from me. It is a sweet moment. She can now move on to what she needs to do today to make things better for herself.

Traditionally, we have been taught, as psychotherapists, to clean up our own emotional houses before entering someone else's. But in reality, we will never be whisker clean. On some days, for some reasons, our vulnerabilities are triggered. I've learned that doing something *with* the patient in the moment, being able to acknowledge that something is happening *in me*, lets me demonstrate what I'm trying to teach in psychotherapy. I do think psychotherapy is fundamentally teaching a process of being with oneself and others. If I don't acknowledge and examine my part in our interaction, I am not practicing what I am teaching.

The chronically disappointed often are tuning in to our emotions better than we are. Those with enough ego strength will speak up. Others will use their old defenses, like rage, detachment or depression, to avoid feeling the pain of our unawareness or denial. Others will distrust their own accurate observations. It's the emperor's new clothes story. It's hard for a child to hold on to his own truth when the adults around him act like the emperor is not naked. Acting like we're not feeling an emotion when we are is, at best, confusing. At worse, it can lead a client to feel his whole self is flawed. Our behavior can be crazy-making, especially if it echoes a client's early experience.

We all know countless tales of extraordinary survivors of poverty, alcoholism, death, war, uprooting or whatever who are not chronically disappointed. What seems to create the chronic disappointment is not so much what happened, as how the parents or early caretakers dealt emotionally with life events. The parents or caretakers whom my chronically disappointed clients describe are people overwhelmed with self-doubt, who feel ineffective in the world and with their child. Even if they had resiliency to deal with life's demands or traumas, their mood was defeatist and acutely worried. Confidence, equanimity and rolling with things are not how these parents are described by their children--my adult patients. They portray their caretakers as preoccupied and unskilled at comforting and reassuring themselves or their children.

The ongoing problems for children raised by caretakers like these are twofold: 1) they can't get what they want from their caretakers; and 2) they feel responsible for making their caretakers feel better. The kids develop various responses, many of which lead to chronic disappointment. They may try not to want; get angry to protect against their disappointment; become overresponsible for others; neglect themselves; or

become afraid to commit in relationships because they expect to be let down or they feel required to abandon themselves for the other.

Attachment disorders characterize kids of such self-doubting parents--they do not develop confidence that they can count on someone for sustenance, physical and emotional. They bring this template to every life situation. They see failure no matter what the reality and constantly try to protect themselves from the anticipated pain of "not getting." Despite their adult bodies, they're lonely, frightened, little children, often with 2-year-old defenses and acting-out strategies.

More overtly angry and disappointed clients can be especially challenging for me because they personally attack with verbal tirades. Another client, John, greets me with a clipped hello and darting glance, broadcasting that his disappointment is riding high today. His elbow jerks back and forth sharply as he cranks open the window in my office--without asking if it's okay with me. His back looks stiff. I hear an annoyed sigh. He turns, wrinkles his nose and announces that he doesn't like other people's smells and energy in here.

I've learned that any bump in the road of daily routines can set him off--his son's getting up late; his wife's cold; a driver on the highway; a coworker who avoids eye contact; something I said, or he thinks I meant, last session. I don't know yet which it is.

He can't tolerate antidepressants because of side effects, including weight gain and headaches. Yet biochemical vulnerabilities clearly affect his mood. Alcoholism, depression and food problems run in the family.

John continues to display his mood, frowning when he sees a chip on the cup from my tea tray. The frown becomes a grimace as he spoons sugar. He glares at the clock on the table between us. He once told me he wanted to smash the clock.

We all occasionally experience ourselves as being at the mercy of a hostile and frustrating outer world, or an overwhelming and frightening inner world. Some American Buddhists (Jack Kornfield, Stephen Levine, Mark Epstein) write about this poetically and matter-of-factly. But for the acutely, chronically disappointed, like John, life is like this *most* of the time. He is eloquent in articulating the fears the rest of us more successfully resolve or bury.

The way he is acting now is exactly how he describes his parents' responding to stress. So I know that what I am feeling now tells me a lot about what he experienced as a boy. In this moment, I am expecting and dreading his lashing out at me. I am already girding myself. If I had been able to, I would have said just that. But I go to an older, less useful defense of my own. I begin tentatively to comment on his behavior, keeping me out of it.

"I see irritation in every move you're making this morning. It looks like you're really cross. What's happening?"

He screams back at me: "You can't understand! You don't have these problems. No one does! No one helps me! I have to do everything." He does throw something--not the clock, but a sofa pillow.

In a moment like this, I'm not doing either of us any good if I just observe his behavior in a detached way, as if *I'm* not involved. It would be grandiose on my part to pretend I can just "take it." Moreover, I'd be giving him the message that it's okay to bully when he's upset. In a raised voice, I insist, "Stop yelling. Stop throwing. Just tell me about what's feeling so bad. Let's see if I can understand." He knocks off acting out, but only when I get emotionally "in," too.

I know that what's happening with him in this moment is connected to old developmental deprivation. For him to be able to talk about what feels bad right now, he has to know I won't tolerate the shouting or throwing. I have to set the limit without attacking, blaming or shaming him. He needs to know my benign strength to feel safe, like a little kid does. I have to be straight, but not verbally abuse him. He is finely attuned to my authenticity. He'll catch any pseudoempathy or distancing on my part in a nanosecond. I have to get *myself* forcefully into the picture, like a loving but firm parent.

When I am clear and firm about what John can and can't do in my office, and that I'll be there, he is able to talk about his fears: of needing me, of losing me, of feeling he is bad because he needs. Also about his belief that he doesn't deserve the attention, love and caring. Once the container I am providing feels strong enough, he can talk about the soft, underlying emotions, the "vast reservoir" of unmet needs, in Stephen Levine's phrase. He can slowly learn it's all right to trust and reach out without hurting or being hurt.

EMDR offers an enormously valuable way to help these clients find alternative ways to view themselves, and to see alternatives to their chronic disappointment, but it is not quick work. We are not dealing with isolated traumatic events, but with legacies of the whole emotional environment in which these clients grew up.

As a beginning psychotherapist, I learned and, in turn, taught my students that reassurances were the weak palliatives of counseling, not real psychotherapy. But my chronically disappointed clients have taught me otherwise. At strategic times, my optimistic reminders of their strengths help them not to slide down their rat holes of hopelessness. My cheerleading is useful *after* we've worked through ruptures, because then I have credibility. I have data from observing and fighting with them. I can remind them what they are capable of: that they can hang in when the going is rough and get what they want--namely, resolved conflicts and loving attachments, with me and others.

Talking about our own internal states with clients is the scariest when our core fears are touched. We become more regressed, more vulnerable. For me, this can happen when I'm feeling anger and am afraid to show it. I'm afraid of hurting another, and of rejection if I do. But if I trust the affect stimulated in me and my client, it can be the guiding force in the therapy. If I try to preserve my control by suppressing my uncomfortable emotion, I get off track.

For example, one smart man I was seeing was insecure, jealous and chronically disappointed in his wife and others, including me, of course. He had a bully father and was scared of authority--issues he had explored tearfully over many sessions, individually, in group, with EMDR and intensive body-work retreats. He wanted answers from experts.

I was uneasy in his sessions. My discomfort had to do with his intense scrutiny of me, his personal questions, darting eyes, sarcasm and nervous, quick rejoinders. Finally I got the courage to tell him I felt protective of myself with him. That I felt he was lying in wait to find fault with me, or even hurt me. I told him I had tried to be brave with him, but actually was scared because I didn't trust his goodwill toward me.

I felt relief confessing, because I didn't have to be so on guard. He was astonished. He had thought of me as so powerful and himself as so puny. The session began an important breakthrough for him. From his chronic disappointment in others' not having answers, he moved on to appreciate his own power and the answers in himself.

Developmentally, chronically disappointed clients need to reassure themselves the way toddlers do, that I'm still there and available while they are exploring these difficult issues in therapy and in growing. So I encourage those who have difficulty holding on to the connection with me between sessions to call my voice mail. I return the calls, briefly, between sessions if they want me to. I see the calls as "touching the hem," in rapprochement terms.

To work successfully with the chronically disappointed, I've learned I must do three things with extra gusto for *myself*. First, I have to attend to my own inner states, thoughts and feelings--be mindful. Second, I must speak about what is happening for me with the client, when my emotions are uncomfortable, without in any way blaming the client for what I am feeling. Third, I must convey my genuine confidence that together we *will* sort out our differences and their troubles.

One day, John, my pillow-throwing patient, looks directly into my eyes and says in a steady voice, "Yesterday I got scared again and felt alone. But I didn't attack my wife or blame my boss. I thought of you hanging in with me, your confidence. I steadied myself. I loved you, and me. Then I felt for my wife and boss. They're struggling, too. And my parents--they just didn't know how to love and care for us better. I see that now. I'm dancing on the new path, Halcy!"

We laughed together at his reference to the one-page "Autobiography in Five Chapters," in which the guy keeps stepping in a hole until he learns to walk on a different street. Such seemingly intractable clients are often those to whom I find myself most openly expressing my love. I think it's because I have had to grow along with them, to take better care of myself, to trust myself. Together, we have learned ways to get past chronic disappointment.

Halcyone Bohlen, Ph.D., is on the faculty of George Washington University Medical School and is in private practice in Washington, D.C. Address: 5357 MacArthur Boulevard, N.W., Washington, DC 20016.

Copyright Psychotherapy Networker, Inc. Jan/Feb 2000. Provided by ProQuest LLC. For permission to reuse this article, contact [Copyright Clearance Center](#)